



October 17, 2016 E-Newsletter

Social Security checks to get a tiny increase in 2017



Social Security checks are about to get a little bit bigger. Very little. Checks for 66 million beneficiaries will rise between 0.2% to 0.5% in 2017. That works out to between \$2.61 and \$6.53 a month more for the typical retiree, according to the American Institute for Economic Research, a nonpartisan think tank.

The average retirement benefit check is currently \$1,305.30, according to government figures.

This is by far the the smallest percentage increase of any year in which benefits did rise.

But it's better than 2016, when Social Security checks didn't increase at all. There have only been three years without any increase at all since Social Security's cost-of-living adjustment was put in place

in 1975 -- 2010, 2011 and 2016.

In all three of those years, **falling gasoline prices** played a big role in capping inflation, which is the measure that Social Security increases are tied to.

The government won't release the official cost of living adjustment until after the September inflation reading, which is due on Oct. 18. But the AIER's estimates, which use government data, are typically on the mark.

The formula used to calculate Social Security benefits is somewhat flawed, since retirees typically do not drive as much as younger workers who commute to work. So they don't benefit as much from the lower gas prices. And retirees often spend a bigger proportion of their money on health care, which has seen prices rise faster than overall inflation.

At the same time, retirees get hurt by low interest rates, since many depend on

savings for at least part of their living expenses.



*People say you should hold off taking Social Security until full retirement age or later rather than starting benefits early. I disagree. I think I can do better by taking benefits as soon as I can and investing them, even if I earn only a modest rate of return. And if I invest more aggressively I believe I can come out even further ahead.
What do you think? --Gordon*

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Protect Social Security for all beneficiaries!

Will you accept cuts to future Social Security benefits? Will you accept a cut to the Cost-of-Living Adjustment (COLA)? Do you support privatizing Social Security and turning over control of your benefits to Wall Street bankers? If the answer is "NO," then please sign this petition to your federal representatives right now!

Your Message

Subject I need you to support Social Security Now

Dear [my representative]
Message

As your constituent and someone who has paid into Social Security my entire working life, I am concerned about the agenda now underway in Washington to target Social Security with deep cuts.

Congress has created a Social Security crisis where there isn't one — currently the Social Security Trust Fund has a surplus of \$2.8 trillion! Yet lawmakers have put Social Security on a collision course that will devastate this program and reduce the benefits that millions of Americans depend on to survive.

That's why I'm writing to you today to remind you:

--Social Security is our government's most successful and popular program, and any cut to benefits would endanger the well-being of millions of current and future recipients and their families.

--Social Security is an insurance policy that millions of American citizens deserve to receive if they cannot work because of a disability.

--Social Security is an earned benefit that

American workers pay for throughout their productive lives.

It is not an "entitlement" and it is not a handout.

At a time when more Americans than ever before are counting on their earned benefits for a secure retirement and a minimal safety net, Congress should be working to support, protect and strengthen Social Security. That's why I urge you to work closely with the National Committee to Preserve Social Security and Medicare as you consider legislation that could impact earned benefits.

Sincerely,

[Sign the Petition here](#)



Hospitals Say They're Being Slammed By Drug Price Hikes



“Drugs that were around for decades — almost a century, sometimes — caught us off guard,”

said **Scott Knoer**, chief pharmacy officer of the Cleveland Clinic, referring to price hikes for drugs such as nitroprusside, which increased 672 percent per unit from 2013 to 2015, according to the report. “For a long time, old generic drug prices were so stable we didn’t even think about that,” said Knoer, who participated in the press briefing.

The brand name version of nitroprusside, Nitropress, was originally

approved in 1981 to treat cardiovascular patients. Today, it’s made by just one company, Valeant Pharmaceuticals, which bought it in early 2015, and pushed the price to \$790.46 per unit from \$150 per unit, according to the report. The price hike has been the subject of Congressional attention.

Nitroprusside cost hospitals almost \$95 million in 2015 up from \$48.3 million the year before, according to the report.

“We understand the value of innovation,” said Rick Pollack, the American Hospital Association’s president and CEO. “However an unaffordable drug is not a lifesaving drug

and a price increase resulting from market manipulation is simply wrong.”

The Pharmaceutical Research and Manufacturers of America (PhRMA) said the report misses the big picture by honing in on the drugs in the report, and it leaves out the fact that hospitals mark up drug prices when they bill patients.

“Focusing on a set of unrepresentative, older and off-patent medicines at a time when new generic drug applications had a record backlog gives a distorted portrayal of medicine spending,” said PhRMA spokesperson Holly Campbell...[Read More](#)

Providers say CMS needs to push plans harder to prevent 'surprise bills'

Providers say the CMS isn't doing enough to protect consumers from receiving surprise bills or to ensure low-income exchange enrollees have access to care.

Surprise medical bills come when consumers get care at an in-network facility by an out-of-network specialist. Many times this happens because their insurer hasn't properly informed its customers.

In a proposed rule that outlines coverages policies for plans in 2018, the CMS suggested that plans should count enrollee cost sharing for care provided by an out-of-network provider at an in-network facility toward the [enrollee's annual deductible](#). The agency

proposed the policy for plans both and off the exchange. CMS received 664 comments on the proposed rule by its Oct. 6 deadline.

It also suggested plans could more actively inform enrollees about to get services from an out-of-network provider. But doctors and hospitals felt the agency should have gone further in protecting consumers.

“We believe CMS' proposals fall short,” Tom Nickels, executive vice president of the American Hospital Association said in a comment.

The trade group suggested that CMS embrace a policy suggestion made by the National Association of Insurance Commissioners that allows consumers to

appeal the bills through a mediation process between the health plan and the out-of-network provider.



Insurers should also be required to use standardized language to describe their out-of-network coverage, Dr. James Madara, EVP and CEO, American Medical Association added in a comment. Payments to non-participating providers reflect the cost of providing that care. Such fair coverage will reduce cost-shifting onto patients and maintain reasonable incentives for insurers to create adequate networks that provide access to hospital-based care, Madara said....[Read More](#)

Looming Republican Post-Election Sneak Attack on Social Security



Speaker Congressman Paul Ryan, (R), Wisconsin

Rep. Levin, AUFC Sound the Alarm on Looming Republican Post-Election Sneak Attack on Social Security

Washington DC (October 11, 2016) – On the campaign trail, Republicans have been quiet on the issue of Social Security

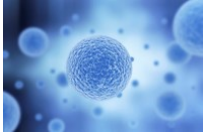
– for a reason. They’ve seen the same [polling](#) in key swing-states that voters overwhelmingly oppose any cuts to Social Security including proposals to raise the retirement age and let Wall Street gamble away earned benefits via privatization. But there are clear warning signs that if the election goes their way and Republicans retain control of Congress and seize the White House, Donald Trump, Speaker Ryan and Senator McConnell will launch another January surprise attack on American’s retirement security as President Bush did in 2005. They want to finish what Bush started. Congressman Sander Levin

joined Americans United for Change on a conference call today to help nip the scheme in the bud, releasing a new report [‘Social Insecurity: GOP Plans Another January Surprise Attack on Earned Benefits’](#)

[*Read New Report, ‘Social Insecurity’](#)

[*Listen to Audio Recording of Today’s Press Call](#)

Beware Of Unapproved Stem Cell Treatments



A website for five affiliated stem cell clinics, hails a “breakthrough” for Parkinson’s disease: “Stem Cells Replace Damaged Nerves, Reverse Symptoms.”

For those of you whose lives — or whose loved ones’ lives — have been upended by chronic or incurable conditions such as Parkinson’s, that’s just the kind of breakthrough you’ve been waiting for.

But today, I’m going to pass along some advice about these and other for-profit

stem cell treatments that you probably don’t want to hear: “Steer clear of them. They’re probably taking advantage of you and it’s probably unproven,” says Lawrence Goldstein, director of the Sanford Stem Cell Clinical Center at UC San Diego Health.

Stem cell science is a relatively new field. Stem cells hold great potential for medicine because of their ability to develop into different types of cells in the body, and to repair and renew tissue.

But so far, the only stem cell treatments approved for wide use in the U.S. involve

stem cell transplants from bone marrow or blood for patients with certain cancers and other disorders, says Sidney Golub, director of the Sue and Bill Gross Stem Cell Research Center at the University of California, Irvine.

Meanwhile, dozens of experimental stem cell treatments are being tested across the country in clinical trials on human subjects.

“There are some really exciting developments showing great promise, but they are unproven at present,” Golub says... [Read More](#)

Combatting Late-Life Anxiety With Education, Support And Treatment

A successful former businessman develops a sudden fear of driving. A longtime homemaker is convinced she never has enough groceries in the house. It’s a pattern familiar to many of us with aging parents: the overwhelming worry or constant nervousness over day-to-day tasks, from taking medications to parking the car. Left untreated, this anxiety-related agitation in the elderly can disrupt sleep and eating, exacerbate chronic medical conditions, and ultimately contribute to a downward spiral of fear and isolation.

Anxiety occurs in older Americans with

surprising frequency. In fact, some reports estimate anxiety affects between 10 and 20 percent of the older population — although exact numbers are hard to pin down since the condition often goes undiagnosed. The prevalence is even greater among older adults with chronic illness or physical disability, with some 40 percent of that population reporting anxiety symptoms.

“Anxiety in the elderly is far more common than we thought — maybe more common than depression and dementia,” says Kathleen Wolfe, LCSW, who is

director of social work and behavioral health at my organization, [VNSNY CHOICE Health Plans](#).

“Anxiety is characterized by feeling incapable or not having the coping skills to handle whatever challenges you’re faced with. If you consider that being elderly often means being frail and vulnerable to begin with, you can see how it really sets the stage for anxiety.”... [Read More](#)



Study Finds Fault With ICU Treatment of Dementia Patients



A new study raises red flags about the use of ventilators among dementia patients in intensive care units.

Researchers analyzed data from about 635,000 hospitalizations of U.S. nursing home patients with advanced dementia. Between 2000 and 2013, ventilator use among these patients, whose average age was 84, nearly doubled at the 2,600 hospitals studied. But more than 80 percent of the patients died within a year, the study found.

The results suggest ventilators are being overused, leading to unnecessary patient suffering and higher health care costs, according to the authors of the study published Oct. 10 in the journal *JAMA*

Internal Medicine.

“These findings call for new efforts to ensure that the use of mechanical ventilation is consistent with patient’s goals of care and their clinical condition,” said corresponding author Dr. Joan Teno. She is a professor of medicine, gerontology and geriatrics and a palliative care specialist at the University of Washington in Seattle.

“We want to raise a fundamental policy question of how to improve end-of-life care, and particularly for very vulnerable populations. We want caregivers to think and talk about whether this type of care is achieving the patient’s goals and value for society,” she explained in a university news release.

Nursing homes should do more to

educate families about their loved one’s prognosis and the risks and benefits of hospitalization, she said. In addition, hospitals need to ensure that decisions about life-sustaining treatments reflect patients’ wishes, Teno added.

Study co-author Dr. Vincent Mor pointed out that “while it is rarely known in advance that a treatment like mechanical ventilation in the ICU is futile for a given patient, it would be sad to think that a vulnerable patient was admitted to an ICU merely to fill a recently built empty bed, which our data suggests may be happening.” Mor is a professor of health services, policy and practice at Brown University School of Public Health in Providence, R.I.

How Older People Can Head Off Drug Interactions



Taking multiple medications and supplements could cause serious problems, FDA warns

Potentially serious **drug interactions** are a daily threat to older people who take multiple medications and **supplements**, according to the U.S. Food and Drug Administration.

One drug can affect the effectiveness of other **drugs** and how your body uses them. For example, your **kidney** and **liver** may not work as well, which affects how drugs are broken down and leave your body, the FDA said.

"There is no question that physiology changes as we age. Many chronic medical conditions don't even appear until our later years," Dr. Sandra Kweder, an FDA medical officer, said in an agency news release. "It's not that people are falling to pieces; some changes are just part of the normal aging process."

The FDA says these safety tips will help prevent harmful **drug interactions** or side effects:

- ◆ **Follow your doctor's directions.** You shouldn't take drugs that your doctor doesn't know about. Follow

your prescription. Don't skip or change your dosage even if you feel fine or think the medicine isn't working. Let your doctor know if you develop symptoms or side effects. "Medication can't work unless you take it," Kweder said. "For instance, medications that treat chronic conditions such as **high blood pressure** and **diabetes** typically only work when taken regularly and as directed."

- ◆ **Keep a medication list.** Jot down the brand and generic names along with doses and instructions for all drugs you take, and keep this list with you at all times. If anything changes, update your list. Consider giving a copy to a friend or relative in case of emergency, especially when you travel.
- ◆ **Learn about possible drug interactions and side effects.** Some drugs affect how others work and some interactions are dangerous. Even over-the-counter (OTC) drugs or herbal remedies can affect how your medicines work. **Alcohol** can, too. It's important to read the drug-

facts label on medications and any special instructions from your doctor. If you have more than one doctor, tell each one about all prescription, OTC drugs and supplements you take. Your pharmacist can also explain possible side effects and drug interactions.

- ◆ **Routinely go over your medication list with your doctor.** This will help ensure that all drugs and supplements you take are still necessary and appropriate. Let your doctor know if you can't afford any of your medications. Sometimes there are cheaper, yet effective alternatives. Let your doctor know if you think any medication isn't working.
- ◆ "As a society, we have become reliant on pharmaceuticals to help us attain a longer and higher-quality life. It's a wonderful success of Western medicine," Kweder said. "The goal should be for each of us to access that benefit but respect that medicines are serious business. To get the most out of them, you should take them with great care and according to directions."

Exercise, Even In Small Doses, Offers Tremendous Benefits For Senior Citizens

Retaining the ability to get up and about easily — to walk across a parking lot, climb a set of stairs, rise from a chair and maintain balance — is an under-appreciated component of good health in

later life.

When mobility is compromised, older adults are more likely to lose their independence, become isolated, feel depressed, live in nursing homes and die

earlier than people who don't have difficulty moving around....[Read More](#)



Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!!!**

Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

ADD
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**Get The Message Out:
SIGN THE PETITION!!!!!!**

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973

ADD
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**& Get The Message Out:
SIGN THE PETITION!!!!!!**