



October 3, 2016 E-Newsletter

The Sneak Attack on Social Security



Since *before* Social Security was created 81 years ago, the actuaries at the Social Security

Administration have been tasked with making real-time analysis and long-term projections of the program's health. Their record has been impressive. For example: in 1934, actuaries projected that the percentage of the U.S. population aged 65 and over would be 12.65 percent in 1990. It turned out to be 12.49 percent.

Given that 60 million Americans depend on Social Security, it's obvious why accurate and consistent information on the program's finances is vital to the

economic health of so many families and our nation. That's why it's also disturbing to see the possibility that politics might be interjected into Social Security's financial analysis and projections by the creation of dueling reports. Some background...

During the Bush administration, the Congressional Budget Office was tasked for the first time in its history to do its own analysis of Social Security. Now, CBO is staffed with economists who examine many federal programs but they're not actuaries or Social Security experts. In fact, they've chosen different assumptions on mortality, interest rates, income inequality and disability rates for

their Social Security calculations than the experts at SSA. Not surprisingly that means their predictions are also different.

- ◆ CBO assumes 75 years of very low interest rates, far lower than we've seen over four decades.
- ◆ CBO predicts income inequality will grow substantially despite efforts in Congress to reverse that trend.
- ◆ While disability rates are slightly lower, CBO predicts they'll increase.
- ◆ CBO assumes longevity rates will improve, even for the oldest Americans. Meaning a 95 year old will see the same longevity increase at a 55 year old?...[Read More](#)

New Bill Seeks to Improve Medicare Coverage and Enrollment

Congress took steps this week to improve Medicare coverage and enrollment rules by introducing the "The Medicare Affordability and Enrollment Act of 2016." If passed, the bill would create an out-of-pocket spending cap, reform the Medicare enrollment process by reducing penalties and gaps in coverage, and increase support for lower-income beneficiaries.

"Medicare has long been an ironclad guarantee to seniors of health care security and peace of mind in their later years," said Senator Ron Wyden (D-OR), one of the original cosponsors of the bill. Today, the promise of Medicare falls short for too many who find their health costs becoming more and more unaffordable. Protecting and strengthening the Medicare guarantee is a vital task as the program prepares to enroll the next generation of older Americans, and these policies will put many seniors on a firm foundation for years to come."

The bill seeks to address several key

challenges that people with Medicare face: affordability for beneficiaries who have low-to-moderate income, but do not currently qualify for assistance; a complicated, outdated, and potentially costly enrollment process in which it is easy to make mistakes; and a long two-year wait for benefits for those who receive Social Security Disability benefits.

Key aspects of the bill include the following:

- ◆ Set a maximum out-of-pocket cap for medical services under traditional Medicare, which exists today for Medicare Advantage and most commercial insurance plans
- ◆ Significantly expand the number of low-income beneficiaries eligible for financial assistance to cover premiums and out-of-pocket costs
- ◆ Eliminate the arbitrary two-year waiting period for people with disabilities to enroll in Medicare
- ◆ Modernize the Medicare enrollment system to facilitate easier enrollment,

begin coverage earlier and reduce arbitrary late-enrollment penalties that today are paid for a lifetime



- ◆ Increase and extend permanent funding for low-income Medicare beneficiary outreach and education activities
- The bill was introduced in the Senate by Finance Committee Ranking Member Ron Wyden, (D-OR). The bill's Senate co-sponsors include Debbie Stabenow, (D-MI), and Michael Bennet, (D-CO), Bill Nelson, (D-FL), and Sherrod Brown, (D-OH).

A companion bill was introduced in the House by Energy and Commerce Committee Ranking Member Frank Pallone, Jr. (D-NJ), Ways and Means Committee Ranking Member Sander Levin (D-MI), Energy and Commerce Health Subcommittee Ranking Member Gene Green (D-TX), and Ways and Means Health Subcommittee Ranking Member Jim McDermott (D-WA).

Medicare Advocates Submit Statement on Part B Prescription Drug Model



This week, the Medicare Rights Center, along with a coalition of 20 organizations sent a

letter expressing support for the mission and goals of the Centers for Medicare & Medicaid Innovation (CMMI), including the proposed Part B Drug Payment Model. CMMI is the part of the Centers for Medicare & Medicaid Services (CMS) tasked with developing and evaluating ways to make the Medicare program more value-driven, more efficient, and more effective at delivering and paying for

needed care.

Through the Part B Drug Payment Model, CMMI recently proposed to alter the way that doctors are paid for medications that they supply and administer to Medicare beneficiaries. The goal of the proposal is to address payment incentives that may lead some providers to prescribe higher cost medications rather than lower cost, equally effective alternatives. This proposal is part of a broader movement away from simple fee-for-service structures, which pay for care based on the volume of services provided, and towards a health care system that

rewards efficient, high quality care.

The coalition letter expresses support for these broad transformations and highlights the importance of ensuring that beneficiaries needs are met throughout the transition to value-based payment models. Enhanced educational efforts, stringent monitoring, and close oversight are needed to make certain that changes to payment models do not disrupt access to care. With adequate protections, however, changes like those tested by CMMI are essential to ensuring the future stability and health of the Medicare program.

[Read The Letter](#)

Poll Finds Majority Of Americans Want Restraints On Drug Prices

An overwhelming majority of Americans favor government action to restrain prescription drug prices, according to a poll released Thursday.

Eighty-two percent of those polled said they want Medicare to negotiate prices with the companies, which Congress does not allow. Seventy-eight percent favored limiting the amount companies can charge for high-cost drugs, such as those that fight cancer or hepatitis, according to the poll from the Kaiser Family Foundation. And more than two-thirds want to let Americans buy drugs imported from Canada. Support is strong no matter the political party. (KHN is an editorially independent program of the foundation.)

The views come as the skyrocketing prices of some drugs are under intense

scrutiny, with new evidence showing massive price hikes by some companies. Some members of Congress have called for investigations, but there is no consensus on how to effectively rein in the cost, particularly for lifesaving and unique treatments such as the EpiPen for people with deadly allergies and the hepatitis C-curing drug Sovaldi.

The poll found that while a majority of Americans still believed prescription drugs developed over the past two decades have improved lives, respect is dwindling. In 2008, 73 percent of Americans said the medicines had this positive effect, but that number dropped to 62 percent in August 2015. The new poll found that now 56 percent of Americans consider the drugs beneficial.

“Cost could be one reason why the share of Americans who say prescription drugs have made

the lives of people in the U.S. better is declining,” the pollsters wrote.

The poll found that three-quarters of Americans considered drug costs unreasonable. Despite the perceived burden, the poll also discovered that 73 percent of people taking prescription medicines said it had been easy to afford their drugs. People in fair or poor health and those taking four or more drugs were more likely to say they were having trouble affording prescriptions than more healthy people....[Read More](#)



CMS Restores Nursing Home Residents' Rights, Prohibiting Pre-Dispute Forced Arbitration Contracts

This week the Centers for Medicare & Medicaid Services (CMS) **ruled** that all federally funded nursing homes cannot force a pre-dispute arbitration agreement on their residents.

CMS's ruling means that families can hold nursing homes accountable when residents are harmed or neglected. Previously, families could be forced to sign binding agreements that they would not dispute the facility or its practices.

“This week's ruling is a victory for seniors and their families,” said **Richard Fiesta**, Executive Director of the

Alliance. “The Alliance has been working to restore the rights of seniors to hold nursing homes accountable, and our efforts have been rewarded.”

“The days of nursing homes using forced arbitration agreements to evade accountability and force residents and their families into signing away their legal rights are nearing an end. Today the Obama administration finalized regulations prohibiting pre-dispute arbitration clauses, taking a tremendous step toward protecting nursing home residents by ensuring that they can hold

facilities accountable in cases of abuse or neglect.

“Families harmed by nursing homes united with a wide array of advocates for seniors and consumer groups to urge CMS to prohibit pre-dispute arbitration, and their voices were heard. Today's rule will ensure that arbitration is truly voluntary by permitting its use only after a dispute arises.

“This will greatly improve patient safety at nursing homes and restore the rights of nursing home residents and their families.”

October Is Breast Cancer Awareness Month



October is Breast Cancer Awareness Month, which is an annual campaign to

increase awareness of the disease. While most people are aware of breast cancer, many forget to take the steps to have a plan to detect the disease in its early stages and encourage others to do the same. We have made a lot of progress but still have a long way to go and need your help!

Click on each picture for more information



[Early Detection](#)

Create an Early Detection Plan and invite others to do the same.



[Share Beyond The Shock](#), our breast cancer educational resource, with friends and family. [For more information on Breast Cancer visit the Breast Cancer Web Site](#)

Congress Takes Steps to Address Sky-High Drug Costs and Require Greater Transparency

A new bill, the **Fair Drug Pricing Act**, was introduced in both the Senate and the House this month promising to bring greater transparency to increases in drug prices.

If passed, the bill would require drug manufacturers to notify the U.S. Department of Health and Human Services (HHS) 30 days before the price of any drug is increased by more than 10 percent. In addition to notification, pharmaceutical companies would also have to provide a report to HHS outlining their justification for the price increase as well as information on manufacturing,

research and development costs for the qualifying drug, net profits attributable to the qualifying drug, marketing and advertising spending on the qualifying drug, and other information as deemed appropriate.

While the bill would not prohibit drug manufacturers from increasing the costs of prescription drugs, it would, for the first time, give the public advance notice about increases and deeper insight into why the increase is happening.

The Medicare Rights Center offered feedback on portions of the bill and supports this first step toward addressing

high drug prices.

According to a fact sheet released by the bill sponsors, "Part D costs continue to increase considerably faster than other parts of Medicare. According to CMS, about 540 prescription drugs covered by Medicare Part D had increases in cost-per-unit of at least 25% during 2014. The taxpayer-funded Medicare Part D program saw its total drug costs increase from \$104 billion to \$121 billion between 2013 and 2014."...[Read More](#)



Most Hospital Palliative Care Programs Are Understaffed



A growing body of research has shown that palliative care can improve the quality of life for patients with serious

illnesses and complex, long-term needs. In one study, patients with advanced cancer who had discussions with their doctor about their wishes were less likely to die in the intensive care unit, be put on a ventilator or have cardiopulmonary resuscitation, for example.

Although many people, including medical professionals, continue to associate palliative care only with end-of-life care, it is appropriate for many people in many settings who are living with

debilitating long-term illnesses.

In 2013, two-thirds of hospitals with at least 50 beds reported having a palliative care program. At hospitals with 300 beds or more, the figure was 90 percent, according to a study published in the *Journal of Palliative Medicine* earlier this year.

But not all programs provide the same level of service. In the September issue of *Health Affairs*, an analysis of 410 palliative care programs found that only 25 percent funded teams in 2013 that included a physician, an advanced practice or registered nurse, a social worker and a chaplain, the four positions that are recommended by the Joint Commission, which sets hospital standards, including

those for accreditation. If "unfunded" staffers were counted, those who were on loan from other units, for example, the figure rose to 39 percent.

Study coauthor Diane Meier, a professor of geriatrics and palliative medicine at the School of Medicine at Mount Sinai in New York and director of the Center to Advance Palliative Care, said she wasn't surprised by the low numbers.

"There are no regulatory or accreditation requirements that enforce the staffing guidelines," Meier said. Although the Joint Commission recommends a staffing standard, hospitals aren't currently required to have palliative care teams in order to be accredited, Meier said....[Read More](#)

Drug-resistant bugs flourish in America's aging water systems



The thousands of miles of aging, corroding pipes that bring water to Americans each day may be home to dangerous drug-resistant bacteria, a new report warns.

These harmful bacteria include legionella, which causes **Legionnaires' disease**; pseudomonas, which can trigger **pneumonia**; and mycobacteria, which can cause tuberculosis and other illnesses, the researchers said.

While these bacteria thrive in many

environments, they "can [also] live in the pipes; they can survive on tiny amounts of nutrients found in water," explained lead researcher Dr. Jeffrey Griffiths, a professor of public health and medicine at Tufts University School of Medicine in Boston.

Overall, his team's analysis of 100 million Medicare records found that between 1991 and 2006, more than 617,000 older Americans were hospitalized after falling ill from infection with these three common bacteria -- which are often found in plumbing.

Health-care costs for related illnesses totaled \$9 billion in Medicare payments -- an average of \$600 million a year, Griffiths' group said. Conditions like pneumonia, tuberculosis and Legionnaires' disease typically affect the elderly and people with compromised immune systems, experts say....**Read More**



After 10 Years
(30%)



After 15 Years
(50%)



After 20 Years
(70%)

9 Resources to Support Seniors in Need



Bev and her husband have overcome some truly devastating challenges, from fertility struggles to substance abuse. Her husband was recently diagnosed with Alzheimer's disease, and she says that after 50 years together, coping with the necessary changes to her husband's care, her home, and her life overall has been a lonely process.

I decided to reach out to other seniors who might be dealing with similar problems the best way I know how: I put together a collection of resources in the hopes of showing them how much support they truly have. I thought it would be a helpful addition to your website,

especially if placed here: <http://www.ri-ara.org/Related%20Links.html>. Would you be so kind as to share them?

9 Resources to Support Seniors in Need:

Aging at Home: Common Problems and Solutions

How Seniors are Designing Social Support Networks

The Ultimate Guide to Home Accommodations for Persons with Disabilities

The Benefits of Emotional Support Animals

Depression in the Elderly: 7 Ways to Help

Guide to Addiction Prevention for Seniors

Finding a Family: Discovering Your

Queer Community When You're 65
Recognizing and Treating Depression: A Guide for the Elderly & Their Caregivers

Rehab and Medicare: The Ultimate Guide to Addiction Treatment for Seniors

Thank you for your time and help in supporting seniors everywhere!

Sincerely,

Kathleen

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<http://educatorlabs.org/>

The New England ARA state affiliates are actively pursuing these Petitions.

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 YOUR NAME

**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 YOUR NAME

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