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New Disability Statistics Resources About the New Online Social Security Resources



The fictional detective Sherlock Holmes famously warned that theorizing without data is a mistake of the highest order. Over a century later, we rely on data more than ever before to shape public policy.

That's why I'm happy to announce the release of two rich online data resources for researchers, advocates, and policymakers concerning the Social Security Disability Insurance (SSDI) program. Our new **state SSDI fact sheets** and **national SSDI issue paper** make it easy to see exactly how this vital safety net is safeguarding workers and their families in every community across America.

As we commemorate Labor Day, this is a perfect time to focus attention on the disability protections that workers pay for through taxes on their earnings. The average person receiving SSDI payments today paid into the system for 22 years before becoming disabled.

Because the law requires us to apply a very strict definition of disability, those receiving SSDI payments are among the most severely disabled people in the country. For many, this earned benefit is the only thing standing between them and poverty.

About the New Online Resources

The repository of **state SSDI fact sheets** includes a separate fact sheet for every U.S. state, as well as for non-state Congressional districts like Washington, D.C. and the Commonwealth of Puerto Rico. For each state or jurisdiction, they show:

- How many disabled workers, children of insured workers, and spouses of insured workers are receiving SSDI benefits, and the relative sizes of these groups;
- The average annual SSDI benefit in relation to the poverty threshold;
- The total annual benefits for all SSDI beneficiaries; and

A breakdown by Congressional district showing the number of disabled workers, children of insured workers, and spouses of insured workers receiving SSDI benefits; the average monthly benefit for these groups; and the total monthly benefits for the district.

The data-packed **national SSDI issue paper** describes five fundamental tenets that Congress used as a basis for establishing the DI program nearly 60 years ago. The authors then go on to examine whether and to what extent today's program adheres to these core principles. I think you will find it to be an informative and thought-provoking read, as well as a valuable research tool.

I hope you enjoy these new additions to our website! Please share them with your members and colleagues to help them learn more about how the SSDI program is fulfilling its inter-generational promise of support to America's workers and their families.

As always, I thank you for your interest in our programs and services, and for your dedication to the people we serve.

Sincerely,

J. Jioni Palmer

Associate Commissioner for External Affairs

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Consumers With COBRA Coverage Should Weigh Moving To Health Law Plans

By Michelle Andrews



As the open enrollment season for employer-sponsored health insurance gets underway this fall, experts say there's one group that should definitely consider changing plans: people who have coverage through their former employer under the federal law known as COBRA.

COBRA allows people who leave their jobs to keep their job-based group coverage for 18 months, sometimes longer, and COBRA enrollees generally renew that coverage during the company's enrollment period. But the catch is that former workers are responsible for the entire premium, usually a hefty increase over their previous monthly bill because they lose the employer subsidy, which typically runs about 75 percent of the cost.

Before the health law passed, people who lost their jobs may not have had other options. Plans on the individual market could turn people down because of their health, and the coverage was often skimpy and expensive in any case. Times have changed. Now individual policies sold through the state marketplaces must offer comprehensive benefits and accept all applicants without charging sick people more. People with incomes up to 400 percent of the federal poverty level (currently \$47,080 for one person) may qualify for premium tax credits to make coverage more affordable.

People who have COBRA can generally sign up for a marketplace plan only during the regular enrollment period, which this year runs from Nov. 1 through Jan. 31. (They also have a special enrollment opportunity later in the year if their COBRA coverage expires or if they have a major life event such as getting married.) Even if people renew their COBRA coverage through their employer this fall, they can review state marketplace plans starting Nov. 1 and opt to drop their COBRA coverage and sign up for a marketplace plan that would start Jan. 1.

"If people are going through COBRA annual enrollment this fall, I'd suggest looking into coverage on the state marketplaces," says Craig Rosenberg, who leads the health and welfare benefits administration practice at benefits consultant Aon Hewitt. "They may find that it is better to drop COBRA coverage and purchase coverage through the marketplace for 2016."

U.S. moves to protect women, transgender people in health care

The government moved Thursday to strengthen protections against discrimination for women, transgender people, the disabled and others who receive care throughout the health-care system, including those who buy insurance under the Affordable Care Act and providers that receive federal funding.

The ACA already bars discrimination based on sex and other factors, but the long-delayed proposed regulation issued Thursday explains how the protections will be applied to insurers and health-care providers, such as hospitals and doctors who receive Medicare and Medicaid payments, and it clarifies the standards federal officials would use in implementing the law. The proposed regulation comes as social attitudes about sexuality and gender are undergoing major shifts.

The proposal for the first time includes bans on gender identity discrimination as a form of sexual discrimination, language that advocacy groups have pushed for and immediately hailed as groundbreaking.

But the proposed rule does not provide specifics on other key protections that advocates have sought, such as including sexual orientation as a form of sexual discrimination. Officials said they are seeking more input during the comment period that ends Nov. 6 on how best to incorporate those protections. Nor does the proposal address something that many AIDS organizations say is discriminatory — when insurance plans make it difficult for HIV/AIDS patients to get access to and afford needed medications.

Under the proposed regulation, women could not be charged more than men for insurance or services because they need prenatal or maternity care. Insurers could no longer categorically exclude coverage for gender transition services, although they would not automatically be required to provide surgery or other care. Health-care providers could not refuse to treat transgender people. Individuals would need to be given access to bathrooms consistent with their gender identity...[Read More](#)



Medicare launches first ever plan to achieve health equity

Goal is equity for minorities and other underserved populations



A new Medicare plan aimed at achieving equity for minority and other underserved populations and eliminating health disparities among Medicare beneficiaries was introduced yesterday by the Centers for Medicare & Medicaid Services (CMS) Office of Minority Health (CMS OMH).

It is the first CMS plan to address health equity in Medicare. The CMS Equity Plan for Improving Quality in Medicare (CMS Equity Plan for Medicare) is an action-oriented plan that focuses on six priority areas and aims to reduce health disparities in four years.

The plan was released at a conference entitled: Medicare & Medicaid at 50: Their Past, Present, and Future Impact on Health Equity, which was held in commemoration of the 50th anniversary of Medicare and Medicaid and the 30th anniversary of the 1985 Report of the Secretary's Task Force on Black and Minority Health, also known as the Heckler Report.

“As we strive to create a health care system that provides better care, spends dollars more wisely and creates healthier people, CMS is committed to achieving equity for minority and other underserved populations and eliminating health disparities among Medicare beneficiaries,” said CMS Acting Administrator Andy Slavitt.

The Equity Plan focuses on Medicare populations that experience disproportionately high burdens of disease, lower quality of care, and barriers accessing care. These include racial and ethnic minorities, sexual and gender minorities, people with disabilities, and those living in rural areas.

The priorities and activities described in the plan were developed during a rigorous year-long process in collaboration with NORC at the University of Chicago, which included examining evidence, identifying opportunities, and gathering input from a broad array of stakeholders across the country. Six priority areas and several high-yield activities serve as the plan's foundation. They include:

- ◆ Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data
- ◆ Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs
- ◆ Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities
- ◆ Priority 4: Increase the Ability of the Health Care Workforce to Meet the Needs of Vulnerable Populations
- ◆ Priority 5: Improve Communication and Language Access for Individuals with Limited English Proficiency and Persons with Disabilities
- ◆ Priority 6: Increase Physical Accessibility of Health Care Facilities

“Making sure care is equitable is often the forgotten core area of focus for ensuring that the health system is meeting patient needs and delivering high quality care. The CMS Equity Plan for Medicare will help to ensure that as we work towards better care, smarter spending, and healthier people we also continue to work to achieve health equity in Medicare,” said Cara James, director of the CMS Office of Minority Health. “We know that in order to achieve the goals of the plan, we need to work with many stakeholders, and we hope that as we start to implement the activities in the plan, we will see a number of them join us on the path to equity.”

The foundation for addressing each of the plan's priorities includes the following interconnected principles that guide CMS' efforts to achieve health equity:

- ◆ Increasing understanding and awareness of disparities;
 - ◆ Developing and disseminating solutions; and
 - ◆ Taking sustainable action and evaluating progress.
- ◆ To learn more about the six priorities and achieving health equity in Medicare visit: <https://www.cms.gov/About-CMS/Agency-Information/omh/index.html>

Note: The Affordable Care Act (ACA) established Offices of Minority Health within six agencies of the Department of Health and Human Services (HHS). The CMS Office of Minority Health (CMS OMH) collaborates with local and other federal partners to improve minority health and eliminate health disparities by ensuring that the voices and the needs of the populations it represents (racial and ethnic minorities, sexual and gender minorities, and people with disabilities) are present as the Agency is developing, implementing, and evaluating its programs and policies.

Aging In Place With Home Care



Aging in place is defined by the Centers for Disease Control as "the ability to live in one's own home and community safely, independently, and comfortably, regardless of age, income, or ability level." The value of aging in place is recognized more now than ever before. Aside from the psycho/social benefits of the elderly remaining home for as long as possible, with institutional care being extremely costly, a home health aide at the appropriate time is the ideal solution.

Unfortunately, there comes a point in most seniors' lives where they cannot manage all their basic needs alone. It varies for everyone depending on their state of health, both mentally and physically. A senior's compromised mobility may make them unable to shop for and prepare meals for themselves. They may need help with basic grooming, dressing and toileting or become forgetful to the degree that relatives are afraid to leave them on their own lest they forget something cooking on the stove or become disoriented and wander away. Whatever the case may be, outside care might become necessary, but how do you go about lining that up?...[Read More](#)

Senior citizens tend to forget their memory problem before dementia strikes

Participants average of 76 years old, showed no signs of memory or cognitive impairments as study began

Virtually all senior citizens who develop dementia will at some time forget they have a memory problem. In most cases, says a new study, they begin to lose awareness of their memory problems two to three years before the actual onset of the disease.

The study published in the August 26, 2015, online issue of *Neurology*, the medical journal of the American Academy of Neurology, also found that several dementia-related brain changes, or pathologies, are associated with the decline in memory awareness.

"Our findings suggest that unawareness of one's memory problems is an inevitable feature of late-life dementia, driven by a buildup of dementia-related changes in the brain," said study author Robert S. Wilson, PhD, with Rush University Medical Center in Chicago.

"Lack of awareness of memory loss is common in dementia, but we haven't known much about how common it is, when it develops or why some people seem more affected than others.

"Most studies of memory unawareness in dementia have focused on people who have already been diagnosed. In contrast, this new study began following older adults before they showed signs of dementia."

The analysis included 2,092 participants from three ongoing studies that have each followed older adults for more than 10 years. At the beginning of the study, the participants were an average of 76 years old and showed no signs of memory or cognitive impairments. They were given yearly tests of memory and thinking abilities.

Participants were also asked how often they had trouble remembering things, and how they would rate their memory compared to 10 years earlier....[Read More](#)



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

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program" Get The Message Out: SIGN THE PETITION!!!!

ADD
YOUR
NAME

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 & S.1651

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