



RI ARA 2017©
All Rights Reserved

RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members".
"NOW, more than ever"!!!



Publication 2017/ Issue 21
Published in house by the
RI ARA

June 4, 2017 E-Newsletter

New Medicare cards offer greater protection to more than 57.7 million Americans



New cards will no longer contain Social Security

numbers, to combat fraud and illegal use

The Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards to help combat identity theft, and safeguard taxpayer dollars. The new cards will use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI), to replace the Social Security-based Health Insurance Claim Number (HICN) currently used on the Medicare card. CMS will begin mailing new cards in April 2018 and will meet the congressional deadline for replacing all Medicare cards by April 2019. Today, CMS kicks-off a multi-faceted outreach campaign to help providers get ready for the new MBI.

"We're taking this step to protect our seniors from fraudulent use of Social Security numbers which can lead to identity theft and illegal use of Medicare benefits," said CMS Administrator Seema Verma. "We want to be sure that Medicare beneficiaries and healthcare providers know about these changes well in advance and have the information they

need to make a seamless transition."

Providers and beneficiaries will both be able to use secure look up tools that will support quick access to MBIs when they need them. There will also be a 21-month transition period where providers will be able to use either the MBI or the HICN further easing the transition

CMS testified on Tuesday, May 23rd before the U.S. House Committee on Ways & Means Subcommittee on Social Security and U.S. House Committee on Oversight & Government Reform Subcommittee on Information Technology, addressing CMS's comprehensive plan for the removal of Social Security numbers and transition to MBIs.

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. Incidents among seniors increased to 2.6 million from 2.1 million between 2012 and 2014, according to the most current statistics from the Department of Justice. Identity theft can take not only an emotional toll on those who experience it, but also a financial one: two-thirds of all identity theft victims reported a direct financial

loss. It can also disrupt lives, damage credit ratings and result in inaccuracies in medical records and costly false claims.

Work on this important initiative began many years ago, and was accelerated following passage of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS will assign all Medicare beneficiaries a new, unique MBI number which will contain a combination of numbers and uppercase letters. Beneficiaries will be instructed to safely and securely destroy their current Medicare cards and keep the new MBI confidential. Issuance of the new MBI will not change the benefits a Medicare beneficiary receives.

CMS is committed to a successful transition to the MBI for people with Medicare and for the health care provider community. CMS has a website dedicated to the Social Security Removal Initiative (SSNRI) where providers can find the latest information and sign-up for newsletters. CMS is also planning regular calls as a way to share updates and answer provider questions before and after new cards are mailed beginning in April 2018.

Thank you Senator Whitehouse for this information.

Trump pulls US from global warming accord, to allies' dismay

SAID DAY FOR PLANET EARTH

WASHINGTON — President Donald Trump declared Thursday he was pulling the U.S. from the landmark Paris climate agreement, striking a major blow to worldwide efforts to combat global warming and distancing the country from its closest allies abroad. Framing his decision as "a reassertion of America's sovereignty," Trump said he was "elected to represent the citizens of Pittsburgh, not Paris."

He said the U.S. could try to re-enter the deal under more favorable terms or work to establish "an entirely new transaction." But he indicated that was hardly a priority. "If we can, great. If we can't, that's fine," he said.

Scientists say Earth is likely to reach more dangerous levels of warming sooner as a result of the president's decision because America's pollution contributes so much to rising temperatures. Calculations suggest withdrawal could

result in emissions of up to 3 billion tons of additional carbon dioxide a year — enough to melt ice sheets faster, raise seas higher and trigger more extreme weather.

By abandoning the world's chief effort to slow the tide of planetary warming, Trump was fulfilling a top campaign pledge after weeks of building up suspense over his decision...[Read More](#)



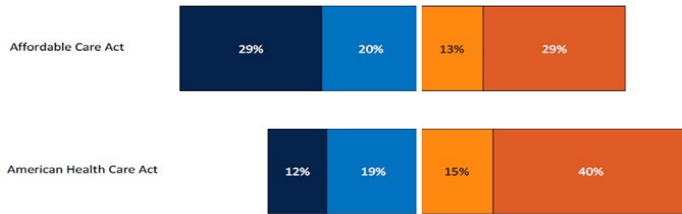
GOP Health Bill Pleases Most Republicans, But Not Many Other Americans

More View the ACA Favorably than View the AHCA Favorably

Do you have a generally favorable or generally unfavorable opinion of each of the following?

Very favorable
Somewhat favorable

Somewhat unfavorable
Very unfavorable



NOTE: Question wording abbreviated. See headline for full question wording.
SOURCE: Kaiser Family Foundation Health Tracking Poll (conducted May 16-22, 2017)



The health overhaul bill passed by the House earlier this month accomplishes one major feat: It is even less popular than the not-very-popular Affordable Care Act it would largely replace, a new poll finds.

According to the [monthly tracking poll](#) from the Kaiser Family Foundation, 49 percent of respondents said they have a favorable view of the ACA, while 31 percent said they favored the GOP's

American Health Care Act, which narrowly [passed the House](#) on May 4. (Kaiser Health News is an editorially independent program of the foundation.) But in a mirror image of the ACA's standing

with the public, more than two-thirds of Republicans said they support their party's health plan. Even more Democrats (78 percent) favored Obamacare.

The findings track those of other polls conducted since the Republican House passed the bill. A [Quinnipiac University poll](#) released May 25 found 20 percent of Americans support the AHCA, compared with 57 percent opposition. [A poll](#) from

Morning Consult and Politico just after the bill passed found 38 percent supported the GOP measure and 44 percent opposed it.

Unlikely to boost the bill's popularity is a report last week from the [Congressional Budget Office](#) that found after 10 years the legislation would result in 23 million fewer Americans with insurance and could make it harder for those with preexisting conditions to get and keep coverage.

Indeed, the KFF poll found that even Republicans show scant support for a change to some of the health law's most popular provisions. Fewer than a fifth of Republicans favored changing the provision that limits how much more insurers can charge older people for insurance compared with younger people. And 22 percent of Republicans favored letting insurers charge sick people higher premiums if they have a break in their coverage. ...[Read More](#)

Target Of Medicare Insider Trading Case Boasted He Was Unstoppable 'Beast'

In his prime, consultant David Blaszczak bragged that he made millions for his hedge-fund clients when he predicted important Medicare funding changes.

"Warren Buffett can eat it," Blaszczak wrote in one email in 2013, referencing the legendary stock trader.

He boasted in that same year to a finance executive: "I am a beast that cannot be stopped."

Stopped he was on Wednesday, when federal prosecutors [announced an indictment](#) against Blaszczak and three co-defendants, including an executive-level Medicare employee, for allegedly turning confidential government

information into windfall profits on Wall Street. The Securities and Exchange Commission [also has alleged](#) securities law violations, seeking to recoup \$3.9 million in "ill-gotten gains."

The case targets the narrow but lucrative world of "political intelligence," a web of consulting firms like one that Blaszczak co-founded in 2014. Such firms traffic in crumbs of information coaxed out of federal employees, or simply good hunches, and make money by landing contracts with Wall Street firms. Political intelligence workers track countless decisions Medicare and the Food and Drug Administration make each month about which hospital beds, heart

valves, surgical techniques or drugs will rise or fall in value — or if the government will pay for them at all.

It's a Washington, D.C., industry that reflects the big business of U.S. health care. While patients who get radiation treatments for cancer or dialysis after kidney failure are largely unaware, small tweaks in what the government pays for these services can mean millions to hedge funds and their elite investors. ...[Read More](#)



Trump's Budget Dismays Families Hit by Drug Addiction Crisis



He slept next to his son's ashes most nights back when Craig Moss first met Donald Trump.

In a hall packed with Iowa voters, the presidential candidate looked the middle-aged truck driver visiting from upstate New York in the eye and vowed to fight the opioid

crisis that killed his only son two years earlier.

"He promised me, in honor of my son, that he was going to combat the ongoing heroin epidemic," Moss said of the January 2016 interaction. "He got me hook, line and sinker."

Moss, an amateur musician, quickly sold enough possessions to fund a months

-long tour of more than 40 Trump rallies, where he serenaded voters with pro-Trump songs. His guitar, and the ashes of his late 24-year-old son, Rob, were always close by.

"I had everything riding on the fact that he was going to make things better," Moss said. "He lied to me." ...[Read More](#)

GOP turns gloomy over Obamacare repeal



Senate Republicans leave for recess uncertain they can craft a plan that improves on the House bill and gets 50 votes.

Republicans have started writing the very basics of their repeal legislation, even though they've made few decisions about what it will say. Staffers will work on the bill over the break to try to increase the pace of negotiations, as well as haggle with the Senate parliamentarian over whether the chamber can even

consider the bill because of procedural reasons.

But in the meantime, frustrations are rising and confidence is diminishing. "We talk about it every goddamn day," said one GOP senator, who did not want to be quoted criticizing his own party. "But we haven't done anything about it."

Senators privately reported being surprised by Senate Majority Leader Mitch McConnell's assessment on Wednesday that he doesn't know how the party gets the requisite 50 of the party's

52 members on board. Though aides said McConnell was restating the challenge of passing a bill in a sharply divided conference, senators said they also did not take the calculating majority leader's words as a vote of confidence.

"He doesn't do much that's not purposeful. So is he sending a message here of: 'Don't anybody think this is likely to happen?'" said a second Republican senator. "If I had to bet my house, I'd bet we don't get it done." ...[Read More](#)

President Trump's Proposed Budget Cuts Essential Programs

This week, President Trump released his proposed budget for the 2018 fiscal year, which includes drastic cuts to essential services for people with Medicare, their families, and caregivers.

The President's proposal slashes Medicaid by **\$610 billion**, on top of the more than **\$800 billion** in cuts included in the American Health Care Act, putting access to needed care at risk for American families. This includes **one in five people (11 million)** with Medicare who rely on Medicaid. These cuts pose a severe threat to older adults and people with disabilities who rely on both Medicare and Medicaid

for basic health care, long-term services and supports, nursing home care, and help with out-of-pocket health care costs.

In a statement, Joe Baker, president of Medicare Rights, said, "We strongly oppose the President's shortsighted plan to end Medicaid as we know it, which will inevitably harm the growing numbers of aging Americans who now and will someday need Medicare and Medicaid."

Buried amid the **budget's details**, the President proposes eliminating the Medicare State Health Insurance Assistance Programs (SHIPs). With only \$52 million in federal funding, SHIPs

provide personalized, one-on-one counseling to older adults, people with disabilities, and families nationwide, helping people choose how to receive their Medicare benefits, manage denials and appeals, solve billing disputes, and more.

"This seemingly minor, pernicious cut strikes at the heart of the program, leaving people who need help understanding their Medicare with nowhere to turn," Baker said. "Congress must reject the President's call to end the SHIP program."



VERIFIED: Millions Would Lose Health Coverage Under the American Health Care Act



Yesterday, the Congressional Budget Office (CBO) released new estimates for the American Health Care Act (AHCA), which was passed earlier this month in the U.S. House and is currently under review in the U.S. Senate. The new numbers are not much different from previous estimates. CBO continues to show that under the current version of the AHCA, millions of people would lose health coverage, access to needed care would be restricted, and health care costs would increase for many, most significantly for the oldest and sickest among us.

According to CBO, **23 million** people would lose health coverage over the next decade if the AHCA becomes law. The bill's **\$834 billion** in cuts to Medicaid would end the program as we know it, risking access to home and community-

based services, nursing home care, and other essential services, including for the **one in five (11 million)** people with Medicare who also rely on Medicaid.

The CBO report affirms that older adults will be among those hardest hit by the ACHA. Again, the CBO finds that the number of uninsured would increase most significantly among low-income, older Americans. Insurance premiums for a 64-year old living on only \$26,500 would increase by as much as **800%**.

CBO also estimates that the AHCA would increase Medicare spending by **\$43 billion** over ten years. Further, an **independent analysis** finds that lost revenues to the Medicare Hospital Insurance (Part A) Trust Fund could lead to the Trust Fund's insolvency two years earlier than anticipated, effectively undermining the Medicare program's fiscal health.

Earlier this week, more than 75 national organizations, led by the Medicare Rights Center, sent a letter to U.S. Senate leaders, urging them to reject the AHCA and to engage in a transparent, bipartisan dialogue on needed reforms to enhance health care access and affordability. The letter voices opposition to provisions in the AHCA that undermine Medicare's financing and risk access to essential care for people with Medicare and Medicaid.

In a written statement about the CBO estimate, Joe Baker, president of Medicare Rights, said, "The CBO report makes it clear: Senate Republicans now revising the AHCA must come out of the shadows and write a bipartisan health care bill in plain view that works for American families."

[Read The Letter To Senate Leadership](#)

Drug Rebates Reward Industry Players — And Often Hurt Patients



Medicare and its beneficiaries aren't the winners in the

behind-the-scenes rebate game played by drugmakers, health insurers and pharmacy benefit managers, according to a paper published Tuesday in JAMA Internal Medicine.

The paper, which dives into the complex and opaque world of Medicare drug price negotiations, finds that rebates

may actually drive up the amount Medicare and its beneficiaries pay for drugs — especially for increasingly common high-priced drugs — and it offers some systemic solutions.

“How these rebates and price concessions happen between the manufacturer of the drug and the PBMs [pharmacy benefit managers] and health plans can directly impact patient cost in a big way,” said the paper’s lead author, [Stacie Dusetzina](#) of the University of North Carolina-Chapel

Hill’s pharmacy school.

The paper’s findings and proposed solutions come as President Donald Trump’s administration, Congress and state lawmakers grapple with ways to control drug prices and overall health spending. Trump’s administration has said it wants to lower drug prices and hinted at [mandating rebates](#) in Medicare. Leaders on Capitol Hill have called for [Medicare price negotiations](#). [...Read More](#)

Consumer Advocates Wary Of New Marketplace Rules For Brokers

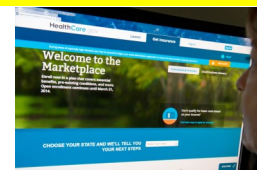
Signing up for coverage on the health insurance marketplace should be easier for some people this fall because [new federal rules](#) will allow brokers and insurers to handle the entire enrollment process online, from soup to nuts. Some consumer advocates are concerned, though, that customers going this route won’t get the comprehensive, impartial plan information they need to make the best decision due to the financial self-interest of insurers and brokers.

“Facilitating the participation of brokers and getting web brokers involved is a good thing for the market,” said [Timothy Jost](#), emeritus professor at Washington and Lee University School of Law in

Virginia and an expert on health reform. But there are risks for consumers. “If you’re enrolling with a web broker, you could see ‘best deals’ that often aren’t the best deal for you but are the best deal for the people who are marketing them.”

The guidance was released earlier this month by the Centers for Medicare & Medicaid Services, which oversees the online marketplaces. It will streamline the enrollment process for consumers who work directly with an insurer or broker to shop for coverage on [healthcare.gov](#), the federal marketplace in more than 30 states. States that run their own marketplaces aren’t affected by this change.

In the past, consumers could start the online enrollment process with a broker or insurer, but then they had to bounce off the broker’s or insurer’s website to go to the federal marketplace website to see if they were eligible for premium tax credits, among other things. In theory, they then could return to the insurer or web broker to complete the enrollment process. In practice, many didn’t — though they may have enrolled elsewhere, either completing the process on [healthcare.gov](#) or with another vendor. [...Read More](#)



What is Extra Help?

Extra Help

Dear Marci,
I am new to Medicare. My income and assets are on the low side and I’m having difficulty paying for my prescription drugs. A neighborhood counselor told me about Extra Help. Do you think this is something for me?

Answer:

Extra Help, also referred to as the Low-Income Subsidy (LIS), is an option worth exploring. This is a federal program that helps pay for Medicare prescription drug coverage (Part D) costs. In 2017, if your monthly income is below \$1,528 for singles (\$2,050 for couples) and your assets are below specified limits, you may be eligible. **Even if your income or assets are above the limit, you may still qualify** for Extra Help because certain types of income and assets may not be counted. For

example, if you are a homeowner, your house is exempt.

If you are approved for enrollment in a Medicare Savings Program (MSP), then you will be automatically enrolled in Extra Help. Your Extra Help benefits will have the same effective date as your MSP benefits.

If you do not qualify for an MSP, but you do qualify for Extra Help, you can apply through the Social Security Administration (SSA) using either the agency’s print or online application at [www.ssa.gov](#). You may qualify for full or partial Extra Help. With full Extra Help, you should pay no Part D premium as long as you choose a plan that offers basic coverage and has a premium **at or below the Extra Help benchmark premium amount** for your state. The benchmark amount varies by state. You will also pay no deductible and

have low copays for your drugs. If you have partial Extra Help, in 2017, you will pay a share of your plan’s premium, an \$82 deductible, and reduced copays.

If you have Extra Help, you will have a Special Enrollment Period (SEP) to change your prescription drug coverage up to once per month. You can choose a new stand-alone Part D plan, enroll in a Medicare Advantage Plan with prescription drug coverage, or disenroll from your Medicare Advantage Plan and enroll in a stand-alone Part D plan with Original Medicare. Changes made usually take effect the first of the following month. For example, someone may want to change their plan if they need to take a drug that their current plan does not cover. If this person has Extra Help, they have the option of enrolling in a new plan that does cover their drug. [...Read More](#)

Vital Talks to Have Before an Aging Loved One Is Admitted to the ER



Falls and accidents happen routinely. Planning ahead can prevent needless heartache.

A 79-year-old man is involved in a serious car accident. He's not able to breathe on his own, so a breathing tube is inserted to help him. An 80-year-old woman living alone **falls at home** but isn't found until the next day. She has suffered trauma to her brain and can no longer speak coherently.

As a trauma surgeon, I've met hundreds of these types of patients. When I do, I already know I am at a disadvantage. These emergency room patients likely have more than one chronic medical condition and **take more than one medication**. But they are often

unable to articulate any of this.

I've spent hours trying to gain information from aging spouses and family members, who don't know what medical problems their loved one has, and can't remember the names of their loved one's medications or doctors. Hours are spent calling pharmacies, digging through old records and checking labs just to gain the most basic of health information. And what if the patient's condition does not improve? **What are his or her wishes in this situation?** As the treating emergency physician, how am I going to find that out, in order to honor those wishes? Does the family even know?

The U.S. aging population is growing. In fact, more than 1 in 10 Americans is over age 65, and that number is expected to almost double in the next 20 years.

For those of us with loved ones in this age group, that's great news – we can expect to have them with us longer. It also means that now, more than ever before, we need to know how to help our aging parents and family members have the healthiest golden years possible.

Unfortunately, in my line of work, I too often witness accidents that could have been prevented and wishes that could have been honored, if families had been prepared. The truth is, it's only a matter of time before falls and accidents affect the majority of our aging loved ones. Every 11 seconds, an aging adult is evaluated in an **emergency department** because of a fall, according to the National Council on Aging. And almost 650 aging adults are injured in car accidents daily....**Read More**

Putting In Place An A-Team Of Allies

Earlier this year, 30 senior citizens convened in a living room to talk about growing older and needing more help.

Who will be my allies as I go through this process, they asked.

Many were unmarried, without children, living alone. Some had adult children living elsewhere, with demanding jobs and busy lives. Others had spouses who were ill or temperamentally unsuited to the task.

None of the seniors had talked about this issue in a public forum before the gathering here. Most weren't sure what to do.

Millions of older adults are in a similar situation, peering into an uncertain future without knowing whom they can count on to be at their side.

The Chicago get-together, organized by **The Village Chicago**, a community of adults 50 and older on the city's north side, offers some "I'm in the same boat" guidance.

At that meeting, Bill Gordon, 80 — single, with no children — got up and described an extensive "allies" system he's worked hard to put in place over the past several years.

The setup has four tiers. In the first are three close friends who have powers of attorney for legal, financial and health care decision-making, should Gordon not be able to handle these responsibilities.

In the second are more than 25 friends and acquaintances whom Gordon — disabled by degenerative motor neuron disease — can call on for a ride to the doctor or a trip to the grocery store....**Read More**



A New Zika Threat Hovers As Summer's Mosquitoes Get Bzzzzzy



Zika, the mosquito-borne virus that triggered public health alarm bells last summer, has receded from the spotlight. But, experts say, expect the virus to pose a renewed threat this year.

How great of a threat? That's where it gets tricky.

No locally acquired cases of the virus have been reported in the United States this year. But as public health agencies gear up for mosquito season, uncertainty

remains around what resources states may need and whether they will receive adequate federal support. In addition, researchers still have questions about how the virus works and its long-term effects. These forces could complicate efforts to track outbreaks and provide accurate information about prevention and disease management.

"We still have much to learn. And much remains to be done," Lyle Petersen, director of the Centers for Disease Control and Prevention's Division of Vector-

Borne Diseases, said last week at a House Energy and Commerce **subcommittee** hearing.

Zika, which can cause birth defects if contracted by pregnant women, is primarily transmitted by a mosquito more commonly found in southern areas of the country such as the Gulf Coast. Texas, Florida, Southern California and Louisiana were all deemed high-risk areas last year. It hit the **Americas in 2015** and reached the United States via infected travelers....**Read More**

Caring For A Loved One? Care For Yourself, Too



Michael Sloss' mother was diagnosed with dementia about five years ago, and his father a year after that.

Now Sloss and his brother care for both parents, ages 83 and 85, whose personalities have been transformed by the decline in their mental and physical health.

The brothers wrestle with their parents' memory loss, anger and delusions. They nurse them when they're sick and help them bathe. And they lift their father into and out of bed.

"Mostly, it's been rough," says Sloss, 60, of South Pasadena, Calif. "But we have been blessed with a lot of support."

The brothers first sought help from their family's church, which offered a respite when their parents attended Bible study and fellowship for a few years after their diagnoses. But that ended when the elder couple's physical ailments made it too difficult to transport them to and from services.

Eventually, the brothers found the [USC Family Caregiver Support Center](#), which has connected them with support groups, caregiver classes and services that give them breaks from caregiving.

The USC organization is one of 11 nonprofit [Caregiver Resource Centers](#) across California that serve about 14,000 families a year. Their aim is to offer low-cost or free services, regardless of income, to people caring for someone 18 or older.

Their offerings include stress-busting activities like yoga and meditation; legal and financial consultations; and tips on how to choose a home health agency, talk to doctors or manage difficult behavior.

"This was designed to help everyone, including middle-income families," says Donna Benton, director of the USC center. ... [Read More](#)

As Government-Funded Cancer Research Sags, Scientists Fear U.S. Is 'Losing Its Edge'

Less and less of the research presented at a prominent cancer conference is supported by the National Institutes of Health, a development that some of the country's top scientists see as a worrisome trend.

The number of studies fully funded by the NIH at the annual meeting of the American Society of Clinical Oncology (ASCO) — the world's largest gathering of cancer researchers — has fallen 75 percent in the past decade, from 575 papers in 2008 to 144 this year, according to the society, which meets Friday through Tuesday in Chicago.

American researchers typically

dominate the meeting's press conferences — designed to feature the most important and newsworthy research. This year, there are 14 studies led by international scientists versus 12 led by U.S.-based research teams. That's a big shift from just five years ago, when 15 studies in the "press program" were led by Americans versus nine by international researchers.

Several of the studies on this weekend's press program come from Europe and Canada, along with two from China.

President Donald Trump has proposed cutting the NIH budget for 2018 from \$31.8 billion to \$26 billion, a decline that many worry would jeopardize the fight

against cancer and other diseases. Those cuts include \$1 billion less for the National Cancer Institute.



[On its website](#), the NCI notes that its purchasing power already has declined by 25 percent since 2003, because its budget — while growing — hasn't kept up with inflation. Congress gave the NCI nearly \$5.4 billion in fiscal year 2017, an increase of \$174.6 million over last year. The NCI also received \$300 million for the Beau Biden Cancer Moonshot through the 21st Century Cures Act in December 2016. ... [Read More](#)

BENES Act Reintroduced in the U.S. House of Representatives



Congressmen Raul Ruiz, M.D. (D-CA.) and Patrick Meehan (R-PA) recently reintroduced the

bipartisan [Beneficiary Enrollment Notice and Eligibility Simplification \(BENES\) Act](#) (H.R. 2575)—an act applauded by Medicare Rights. The BENES Act simplifies Part B enrollment periods and requires the federal government to provide advance notification to people approaching Medicare eligibility about enrollment rules and how Medicare works with other coverage.

"Too many seniors face an often

daunting and confusing process when enrolling in Medicare Part B, which can lead to expensive penalties and higher long term costs. The bipartisan BENES Act will help older American and their families make informed decisions about enrolling in Medicare Part B, avoid costly mistakes during the process, and end barriers to care," said Congressman Ruiz. "As a physician, I am dedicated to making sure seniors don't fall through the cracks and ensuring everyone has access to the quality health care they need and deserve."

People receiving Social Security benefits are automatically enrolled in

Medicare Part B. Increasingly, however, many Americans are working longer, delaying retirement, and deferring Social Security benefits. Unlike those who are auto-enrolled, these individuals must make an active Medicare enrollment choice. Deciding whether and when to enroll in Medicare involves many complex rules, and inappropriately delaying Part B can lead to a lifetime of higher Part B premiums, gaps in coverage, and barriers to accessing needed care. The BENES Act seeks to address these challenges by improving complicated and outdated Medicare enrollment processes. [Read More](#)