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New special counsel Robert Mueller has history of standing up to the White House



Robert S. Mueller III, who served as director of the Federal Bureau of Investigation during the last two

administrations, brings to his new role as special counsel a proven willingness to take on a sitting president.

In a high-drama episode in 2004, he and then-Deputy Attorney General James B. Comey were preparing to resign from their positions if President Bush reauthorized the National Security Agency's warrantless wiretap program without changes. Bush backed down.

Now, Mueller is charged with **another politically fraught**

mission: the investigation of possible coordination between President Trump's associates and Russian officials seeking to meddle in the 2016 campaign.

Former colleagues said the ex-Marine Corps officer and former U.S. attorney, who was sworn in as FBI director a week before the 2001 terrorist attacks, is uniquely suited to the task.

"He doesn't sway under political pressure," said Thomas J. Pickard, who served as deputy director of the FBI under Mueller on Sept. 11, 2001. He noted that President Obama extended Mueller's term, even after he had served through all eight years of the Bush administration. "For 12 years, he kept the FBI out of politics,"

Pickard added.

George J. Terwilliger III, who has known Mueller since both were assistant U.S. attorneys three decades ago, said that "if a special counsel had to be appointed, I think Bob is a terrific choice."

"I have no doubt that he will be even handed — including going hammer and tong after anyone who is leaking investigative or classified information," said Terwilliger, who served as deputy attorney general while Mueller led DOJ's criminal division. "Bob's got a career that is marked by handling the highest-profile matters out of the public eye with his nose to the grindstone and attention to the business..." **Read More**

Trump Says He Knows About Health Care, But Some Of His Facts Seem Alternative

Lost in all the coverage of the firing of FBI Director James Comey last week were a pair of in-depth interviews President Donald Trump gave that included lengthy comments on health care — one with Time magazine and the other with The Economist.

He acknowledged to Time interviewers that health care was not an area of expertise in his previous job. "It was just not high on my list," he said. But he added that "in a short period of time I understood everything there was to know about health care."

Not really.

Among the president's more questionable claims was his description of the House-passed health bill as "You're going to have absolute coverage."

The last full estimate from the Congressional Budget Office predicted that a previous version of the bill would result in 24 million fewer people with insurance after 10 years.

Trump also told The Economist that "we're getting rid of the state lines," a reference to allowing health insurers to sell across state lines. Not only is that not in the GOP bill, many experts agree such a policy **would not work** to increase competition.

Possibly the most curious comment was this one, also in The Economist interview: "[T]his was not supposed to be the way insurance works. Insurance is, you're 20 years old, you just graduated from college, and you start paying \$15 a month

for the rest of your life and by the time you're 70, and you really need it, you're still paying the same amount and that's really insurance."

"He seems to think it's like a life insurance policy, which you can buy at a certain age and it keeps you at a fixed premium dollar forever," said Gail Wilensky, a health economist who ran the Medicare and Medicaid programs under President George H.W. Bush. Except "you can't buy health insurance that way," Wilensky said. "Even if you stay continuously insured, that's just not how it works..." **Read More**



Senate Conservatives: Ease Obama Health Care Law Protections



Conservative senators are pushing to diminish insurance

coverage requirements imposed by President Barack Obama's [health care law](#) as Senate Republicans try fashioning legislation overhauling the nation's health care system.

Their ideas include erasing Obama consumer protections, such as barring higher premiums for people with pre-existing medical conditions, but allowing states to opt into them.

That's a more conservative twist on the health care bill the House approved last week. That measure retains the coverage protections but lets states get waivers to

drop some of them.

Conservatives say eliminating the coverage requirements would remove a top reason why premiums rise. Democrats tout the protections as a major Obama achievement that's helped millions of consumers, and some moderate Republicans also oppose removing them.

Conservative senators are also talking about curbing health care tax credits Republicans want and slowing the growth of the [Medicaid](#) program for poor and disabled people.

Obama's insurance requirements are among the most popular aspects of his 2010 law, and conservatives' chances of annulling them in a GOP Senate bill are uncertain. They're getting pushback from more centrist Republicans, and the

conservatives' effort to void them may not even be allowed into the measure because of special rules the Senate is using.

Win or lose, the effort is one example of the flashpoints GOP senators face early in their closed-door effort to deliver a top priority for themselves and President Donald Trump: scuttling much of Obama's law.

"We're going to leave it up to consumers to decide what they want to buy, what they need, so we're going to eliminate mandates, not add them," No. 2 Senate GOP leader John Cornyn, R-Texas, told reporters Thursday, referring to Obama's coverage requirements. But he added, "We haven't made any decisions." ...[Read More](#)

Study: 6M with pre-existing conditions could be charged more under GOP plan

More than 6 million people with pre-existing conditions could face higher insurance premiums under the GOP's ObamaCare repeal bill because of gaps in coverage, according to a new analysis by the Kaiser Family Foundation (KFF).

Under the American Health Care Act (AHCA), which narrowly passed the House last month, states would be allowed to waive the community rating provision of ObamaCare, which prevents insurers from charging more for those with pre-existing conditions.

The provision was added in the final days before the bill's passage to win

conservative votes. Conservatives argue that the provision won't affect many people, because it only targets enrollees who have had a gap in insurance of at least 63 consecutive days.

But according to the analysis released Wednesday, 6.3 million people who have a pre-existing condition also have had gaps in coverage that would lead to a substantial premium increase. Since the legislation keeps ObamaCare's ban on insurers denying coverage based on pre-existing conditions, those people would instead be charged a lot more money.

More 27 million people had a gap in

coverage of at least several months in 2015, [the analysis said](#).

Karen Pollitz, a KFF senior fellow and one of the study's authors, told The Hill that while the 63-day rule may seem like a long time, "unless you act almost immediately [after losing coverage] you could end up with a 63-day gap."

The AHCA provides \$100 billion to all states for a variety of purposes, including high-risk pools, reinsurance programs and cost-sharing subsidies. States can't get a waiver unless they have a high-risk pool or a reinsurance program. ...[Read More](#)



Commonwealth Fund Releases Study Comparing People with Medicaid to Uninsured and Those with Private Insurance



Last week, the Commonwealth Fund released a [study](#) comparing the experiences of

working-age adults with various insurance statuses over the course of a year. Specifically, the study compared:

- those with Medicaid;
- those with private or employer-sponsored insurance;
- and those without insurance.

With more than 70 million Americans

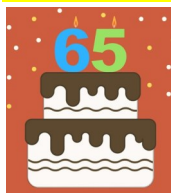
covered by Medicaid, and an estimated 12 million gaining coverage under the Affordable Care Act's Medicaid expansion, it is important to know how people's experience of that coverage stacks up to private coverage and to being uninsured.

The findings indicate that the level of access to health care that Medicaid coverage provides is comparable to that afforded by private insurance. Adults with Medicaid coverage reported better care experiences than those who had been uninsured during the year and had fewer

problems paying medical bills than either the privately insured or the uninsured.

Respondents were asked about their access to health services and their perceived quality of care. Medicaid enrollees were as likely as those with private insurance, and significantly more likely than those who were uninsured, to report having a regular source of care. Medicaid enrollees rated the quality of their care as highly as privately insured adults did and significantly higher than uninsured adults. ...[Read More](#)

35 Organizations Join Together to Provide Recommendations to CMS on the “Welcome to Medicare” Package



The Medicare Rights Center and over 30 other national and state organizations, including the Blue Cross Blue Shield Association and the National

Association of Health Underwriters, submitted comments on the Centers for Medicare & Medicaid Services’ (CMS) “Welcome to Medicare” packages in response to the agency’s request for feedback. These packages are for newly eligible older adults and people with disabilities who are automatically enrolled in Medicare.

Medicare Rights President Joe Baker said, “Consumer advocates, health plans, insurance agents, and health care providers all agree—we must do more to educate and support people new to Medicare who face complex enrollment decisions. There’s nothing partisan, political, or divisive about

making sure people know when and how to sign up for the Medicare benefits they’ve earned.”

“We believe the primary goal of the ‘Welcome to Medicare’ packages should be to ensure that people new to Medicare avoid the harmful pitfalls, including increased health care costs and premiums, gaps in essential health coverage, and disruptions in access to needed care, often associated with honest Medicare enrollment mistakes,” states the letter.

“To mitigate such pitfalls and to improve CMS’ existing educational content,” the organizations made the following recommendations:

- Provide all people approaching Medicare eligibility with enrollment notice and materials;
- Place a greater emphasis on coordination of benefits considerations;
- Retain content on seeking help in other

languages;

- Create separate, standardized content based on the reason for Medicare eligibility; and

- Use consistent branding and a uniform aesthetic on the “Welcome to Medicare” packages.

Importantly, the letter urges CMS to work with members of Congress to pass the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act. This bipartisan legislation would fill long-standing notice gaps for people who must actively choose to sign up for Medicare Part B and otherwise modernize an outdated enrollment system created when the Medicare program started, more than 50 years ago.

For the full recommendations and list of organizations, see the letter.



Blog

5 Things You Can Do to Help Stop the American Health Care Act



Blog

With the House passage of the American Health

Care Act (AHCA) last week, Congress is one step closer to making radical changes to Medicaid, the Affordable Care Act (ACA), and Medicare that will put millions of Americans at risk of losing affordable health care. The AHCA ends Medicaid as we know it, eliminates insurance protections, raises premiums on older Americans, damages employer-based coverage, and undermines Medicare.

◆ Now, Senate Republicans are weighing what’s next for the AHCA, which makes it all the more important to make your voice heard. Here are five things everyone can do to join the fight to protect our care:

◆ **Go to an event where your Representative or Senator is speaking.** Members of Congress need to hear from you about what passing the AHCA would mean for you and your family. Urge them to reject the AHCA and to instead identify bipartisan solutions to protect and strengthen the ACA, Medicare, and Medicaid. If they are not holding town halls, find a rally or demonstration to attend. **Find an event in your district or state.**

◆ **Call Congress.** A phone call is one of the most powerful ways to communicate with your members of Congress. Call the **SEIU Health Care Security Hotline at 866-426-2631** and enter your zip code to be connected to your members of Congress. Tell them what the AHCA bill would mean for you and your family. Demand that they protect the ACA as well as Medicare and Medicaid.

◆ **Stay informed with Medicare Watch.** Medicare Rights will provide timely updates on both the process and policies relevant to your health care each week. Read our weekly newsletter to stay informed. And if you’re already reading, share the content! Ask your friends and family to **sign up for Medicare Watch**. An added bonus: it’s free!

◆ **Spread the word—#ProtectOurCare.** Much of the debate about the future of health care is happening online. Follow the Medicare Rights Center on **Facebook** and **Twitter**, and use social media to share Medicare Watch articles, news, and other perspectives in real time. A simple way to keep up with the latest is by using and following the hashtag #ProtectOurCare.

◆ **Share your story.** More often than not, Congressional debates about the law

become disconnected from the lives of the very families those policies impact.

That’s why it’s crucial to tell your story about what Medicare, the ACA, and Medicaid mean to you. **ACAworks.org** and the **Families USA story bank** make it easy to share your story.

Medicaid helps millions of Americans access affordable health care, including 11 million people with Medicare and over 30 million children. The ACA helps millions of Americans access affordable health care, including people who have lost their jobs or are trying to start a business. Medicare helps millions of Americans access affordable health care, including retirees and people with disabilities.

Together, these three programs help every single American. But we can only protect Medicare, Medicaid, and the ACA if lawmakers in Congress truly understand what these programs mean to the people who elected them.

Whether you do one or all of these five things, it’s important to take action to protect our care. Make your voice heard! And don’t worry, Medicare Rights will be right beside you all along the way.



The First Warning Sign of Alzheimer's May Surprise You



This problem crops up long before any clinical diagnosis of the disease.

We've all heard the stories of the grandma who got lost on her way home from the grocery store, or the great uncle who relies on GPS for the drive to his weekly doctor's appointment, but now there's research to back up the anecdotal evidence that trouble finding your way around may indicate a much bigger problem.

Recommended for you:
10 Common Dementia Signs - Get to

Know the Warning Signs

Read about 10 signs that could be a warning of the onset of dementia. activebeat.com/Symptoms/Dementia | Sponsored

Problems navigating new surroundings crop up before memory loss, and long before any clinical diagnosis of the disease, according to a recent study published in the ***Journal of Alzheimer's Disease***.

Researchers at Washington University in St. Louis asked study participants to use patterns and landmarks to make their way through a maze on a computer, the *Huffington*

Post reports. The individuals were

divided into three groups: early-stage Alzheimer's patients, undiagnosed people with early markers for Alzheimer's (considered "preclinical Alzheimer's"), and a control group of clinically normal people. The study showed that individuals with preclinical Alzheimer's had more difficulty learning the locations of objects.

"These findings suggest that the wayfinding difficulties experienced by people with preclinical Alzheimer's disease are in part related to trouble acquiring the environmental information," said senior author Denise Head, associate professor of psychological and brain sciences...**Read More**

Like Hunger Or Thirst, Loneliness In Seniors Can Be Eased

It's widely believed that older age is darkened by persistent loneliness. But a considerable body of research confirms this isn't the case.

In fact, loneliness is the exception rather than the rule in later life. And when it occurs, it can be alleviated: It's a mutable psychological state.

Only 30 percent of older adults feel lonely fairly frequently, according to data from the National Social Life, Health and Aging Project, the most definitive study of seniors' social circumstances and their health in the U.S.

The remaining 70 percent have enough fulfilling interactions with other people to meet their fundamental social and emotional needs

"If anything, the intensity of loneliness decreases from young adulthood through middle age and doesn't become intense again until the oldest old age," said Louise Hawkley, an internationally recognized authority on the topic and senior research scientist at the National Opinion Research Center (NORC) at the University of Chicago.

Understanding the extent of loneliness is important, insofar as **this condition has been linked** to elevated stress, impaired immune system function, inflammation, high blood pressure, depression, cognitive

dysfunction and an earlier-than-expected death in older adults.

A **new study**, co-authored by Hawkley, highlights another underappreciated feature of this affliction: Loneliness is often transient, not permanent.

That study examined more than 2,200 Americans ages 57 to 85 in 2005 and again in 2010. Of the group who reported being lonely in 2005 (just under one-third of the sample), 40 percent had recovered from that state five years later while 60 percent were still lonely. ...**Read More**



UnitedHealth Doctored Medicare Records, Overbilled U.S. By \$1 Billion, Feds Claim



The Justice Department on Tuesday accused giant insurer UnitedHealth Group of overcharging the federal government by more than \$1 billion through its Medicare Advantage plans.

In a 79-page lawsuit filed in Los Angeles, the Justice Department alleged that the insurer made patients appear sicker than they were in order to collect

higher Medicare payments than it deserved. The government said it had "conservatively estimated" that the company "knowingly and improperly avoided repaying Medicare" for more than a billion dollars over the course of the decade-long scheme.

"To ensure that the program remains viable for all beneficiaries, the Justice Department remains tireless in its pursuit of Medicare fraud perpetrated by

healthcare providers and insurers," said acting U.S. Attorney Sandra R. Brown for the Central District of California, in a statement announcing the suit. "The primary goal of publicly funded healthcare programs like Medicare is to provide high-quality medical services to those in need — not to line the pockets of participants willing to abuse the system."

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6 colon cancer warning signs never to ignore



You may think of it as an older person's problem, but more adults in their 20s and 30s are being diagnosed with colorectal cancer.

One of the most lethal cancers can send loud warning signs to let you know something is wrong.

March is National Colon Cancer Awareness Month and Friday is **Dress in Blue Day** to bring attention to the disease.

You may think of it as an older person's problem, but more adults in their 20s and 30s are being diagnosed with colorectal cancer, a study published Tuesday in the Journal of the National Cancer Institute found. Even as screening has helped to lower the overall number of cases, the obesity epidemic may be fueling the rise among young adults.

Katie Couric's husband Jay Monahan was just 42 when he **died of colon cancer in 1998**. Weekend TODAY co-host Craig Melvin recently learned his 39-year-old brother had been diagnosed with stage 4 colon cancer.

Doctors say it can be awkward for patients to discuss the symptoms.

"People are maybe sometimes uncomfortable about talking about that part of their body," Dr. Jennifer Inra, a gastroenterologist at Brigham and Women's Hospital in Boston, told TODAY.

"There's an awareness among the public, but not enough people are being screened... people are sometimes nervous about the screening tests."

Colorectal cancer is the third most common cancer diagnosed in the U.S. and the second leading cause of cancer deaths in American men and women combined, **according to the CDC**

Here are six symptoms you should never ignore:

Bleeding

Probably the most common warning

sign is rectal bleeding, said Dr. Alfred Neugut, a medical oncologist and cancer epidemiologist at the Columbia University Mailman School of Public Health. If you notice blood on the toilet paper, in the toilet bowl or mixed in with your stool, tell your doctor. The blood can be bright red or a darker maroon color.

It would generally be more significant bleeding than that caused by hemorrhoids or a cut in the area, Inra added.

"A lot of people don't look at their stool and so it's important to look. It's important to see what's going on," she said.

If you notice blood, don't ignore it.

"Rectal bleeding is something, believe it or not, people can ignore for very long periods of time," Neugut said. "It can be intermittent, so you might have it one day and then it'll go away for a few weeks and then you'll get it again. So in-between, you'll think you're OK." But you may not be.

Iron-deficiency anemia

When colon cancer tumors bleed, that causes iron loss in your body. People may not be aware that they're losing blood, but a routine blood test will reveal anemia, or not having enough healthy red blood cells, Inra said.

Abdominal pain

A tumor could cause a blockage or a tear, causing cramps and other pain. The type of abdominal discomfort you may experience — whether dull or sharp — depends on what's going on.

"A sharp, extremely tender abdomen would signify to us maybe there was a perforation," Inra noted.

Pain may be a sign that things can't pass through. You may also experience nausea and vomiting, and abdominal distention.

Narrow stools

Doctors refer to this as a change in your stool caliber. If your stools are regularly much thinner than before, this may suggest a tumor in the colon, Inra said. Watch for other changes in your bowel habits, like constipation.

An unproductive urge to have a bowel movement

Tenesmus is the feeling that you have to empty your bowels, but when you try, no stool passes. This can be caused by a tumor that's in your rectum, Inra noted

Unexplained weight loss

This is always a reason to consider colon cancer or any cancer, in general. You seem to be eating enough, but the disease can change the way your body uses food and prevent you from being able to absorb all the nutrients, the **National Cancer Institute** noted.

When should you start getting screenings?

Screening should start when you turn 50, if you're at average risk for developing colon cancer; earlier, if you have a family history of the disease or other **risk factors**. Screening has made a huge impact in reducing the number of colon cancer cases, Neugut said.

There are different methods available, so talk with your primary care doctor or a gastroenterologist about which one would work for you.

Colonoscopy is the most commonly used screening test, Neugut said. After Couric underwent the procedure live on TODAY in 2000, doctors called the subsequent rise in testing the "**Couric Effect**."

You can also choose a flexible sigmoidoscopy, which is essentially a shortened version of a colonoscopy; or fecal testing, which can detect blood in your stool or DNA that may be shed by a colon tumor.

"There is no one best test. The best test is the one that a patient will do," Inra noted.

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

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