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"NOW, more than ever!!!"

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Social Security benefits buy 34 percent less than in 2000, study shows

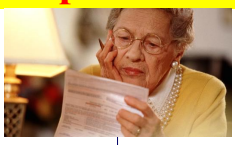
If you feel like your Social Security check doesn't stretch as far as it once did, there's a likely explanation for it.

Since 2000, the buying power of monthly benefits has fallen by more than a third, according to an **annual report** released Thursday by the Senior Citizens League, an advocacy group based in Alexandria, Virginia.

In other words, the cost of goods and services common among retirees have collectively risen faster than the cost-of-living adjustment, or COLA, that Social Security recipients get every year.

"People who recently retired might have seen only a [small] decrease in buying power," said Mary Johnson, a policy analyst for the league. "But those retired for a long time are feeling the cumulative effect of this."

About 47 million older Americans receive Social Security. Overall, the benefits comprise about a third of income among those age 65 or older, according to the Social Security Administration.



The league's annual report examines the costs that typically comprise household budgets of older Americans and compares their price change with annual COLAs. Based on those comparisons, the research found a 4 percent loss in Social Security buying power from January 2017 to January 2018 and a 34 percent decrease since 2000.

While COLA increases since 2000 cumulatively have equaled 46 percent — matching inflation over those years — typical retiree expenses grew by 96.3 percent, the study shows. Of the 39 costs analyzed in the report, 26 grew faster than the percentage increase in COLAs from 2000 to 2018.

Housing and medical outlays top the list of fastest-growing expenses that retirees face. For example, average Medicare Part B premiums have risen 195 percent to $134 from $45.50 in 2000.

"It's not a pretty picture," Johnson said. "It's difficult when costs are increasing so much more quickly than COLAs."

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"It's not a pretty picture," Johnson said. "It's difficult when costs are increasing so much more quickly than COLAs."...**Read More**

Top six fastest-growing retiree costs

Item	Cost in 2000	Cost in 2018	Increase
Medicare Part B monthly premium	$45.50	$134	195%
Prescription drugs annual out-of-pocket	$1,102	$3,172.72	188%
Home heating oil (gallon)	$1.15	$3.22	181%
Medigap	$119.00	$306.64	158%
Propane gas (gallon)	$1.01	$2.60	157%
Real estate taxes	$690	$1,579.06	129%

Supreme Court Rules Against Worker Freedom

Statement of Robert Roach, Jr., President of the Alliance for Retired Americans, following the U.S. Supreme Court's ruling in the case of Janus v. AFSCME Council 31:

"The Supreme Court's ruling in favor of Mark Janus and against the American Federation of State, County and Municipal Employees (AFSCME) today is the latest attack on worker freedom and rights, ensuring increased difficulty for organized workers trying to improve their workplace.

"The Janus ruling affects both current and retired workers. Retirement benefits and pension security are important elements of contract negotiation. Local leaders could see their resources drained and attention diverted to membership retention instead of effective bargaining for retirement issues.

Robert Roach, Jr

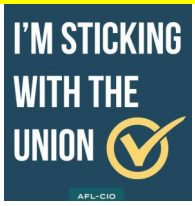
"The Janus case was a direct attack on union strength, funded by sinister interests to rig the system against working people. The goal of conservative donors, such as the Koch brothers and the State Policy Network, was to bleed unions dry of resources that protect workers' rights.

"The corporate narrative of the labor movement's downfall is refuted by working people every single day. The billionaires funding this case had to try three times to get a decision in their favor, one that will undoubtedly stack the interests of the wealthy few above those of the millions fighting for a level playing field.

"Despite these attacks, organized labor remains strong. In a recent single week in 2018, over 14,000 workers joined or formed a union. Labor organizations have prepared for these continued union threats by building stronger relationships with members, organizing internally and educating the public about what's at stake - including better wages and safer working conditions.

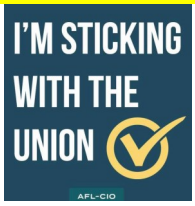
"We have witnessed historic grassroots labor movements and teacher walkouts all across the nation. No matter who tries to bring us down, the Alliance will stand with labor unions to protect active and retired workers' rights throughout the country."

Reaction to the SCOTUS Janus *V.* AFSCME Ruling



AFL-CIO

AMERICA'S UNIONS



From the AFL-CIO

The Supreme Court just ruled against working people in Janus v. AFSCME, Council 31, and in doing so, joined the dark web of corporate interests to continue the assault on all of us. This decision abandons decades of commonsense precedent in favor of greater rights for corporations.

All over the country—from our public schools to the food service industry—working people are taking collective action as we haven't seen in years. The middle class is proof that the best way to get a raise, better benefits and a voice on the job is through a union contract. That's why these corporate elites are doing all they can to break us up.

Share this graphic to let people know you are sticking with the union.

I'm sticking with the union!

Here's the thing: We have never depended on any politician or judge to decide our fate and we aren't about to start now. Workers' rights are constitutional and that hasn't changed.

What has changed is the power of corporations to hurt workers. Greedy CEOs and special interests have used the Supreme Court to do the bidding of the corporations and their donors who want to weaken working people's freedoms. Now people's ability to negotiate together for safer workplaces, higher wages and better benefits is being threatened.

This case was never about the plaintiff, Mark Janus—it is the culmination of decades of corporate attacks on working people, motivated by greed instead of what's best for workers. That's why working people must stand together right now to support our freedom to organize for a level economic playing field.

We are stronger together—we know it and so do they.

Share this image on social media to show you're sticking with the union.

In Solidarity,
Richard Trumka
President, AFL-CIO

From RI AFSCME Council 94

Today, the United States Supreme Court issued a decision, Janus V. AFSCME, that benefits Billionaires and CEOs at the expense of public employees across the country.

The Court's decision is a political power play to weaken your voice at work and our efforts to fight together for better wages, benefits, health care, workplace safety, dignity, and respect.

Council 94 will not stand idly by, and allow wealthy special interests to take away our hard- earned gains embodied in our contracts.

We will redouble our efforts to stand together in solidarity and fight back!

To learn more about the decision, please click here.

Thanks for your continued advocacy and activism.

In solidarity,
J. Michael Downey, President
Rhode Island Council 94, AFSCME, AFL-CIO

From the RI AFL-CIO

Supreme Court decision hurts Rhode Island families

PROVIDENCE, R.I. — In a 5-4 decision, the Supreme Court of the United States today issued a ruling in a case that abandons decades of common sense precedent.

The case, *Janus v. American Federation of County, State Municipal Employees, Council 31*, overturns sound jurisprudence that was established more than 40 years ago in *Abood v. Detroit Board of Education*. The unanimous ruling in *Abood* had allowed states and localities the freedom to choose whether all public employees should pay their fair share for the employment representation they receive.

"The history of the AFL-CIO demonstrates that we have fought through far more adversity than one Supreme Court decision. The AFL-CIO is an organization of unions and by its very nature we depend on cooperation and collective action. This court decision presents a challenge in the short term, but in the long term we will draw on our successful history of labor organizing to grow even stronger," said Rhode Island AFL-CIO President George Nee. As stated eloquently by AFL-CIO President Richard Trumka, "we have never depended on any politician or judge to decide our fate and we sure aren't about to start now."

George Nee, President
Rhode Island AFL-CIO

As Expected, House Budget Plan Targets Medicare and Medicaid

This week, House Republicans unveiled a **2019 budget proposal** that would balance the federal budget in nine years—largely by significantly cutting and fundamentally restructuring Medicare and Medicaid.

This approach is not unexpected. Lawmakers were clear that after passing a costly tax bill that drives up deficits, they would use these higher deficits to justify cuts to programs like Medicare.

In the House budget resolution, they are keeping that promise: the budget would end Medicare and Medicaid as we know them.

In addition to cutting $537 billion from the Medicare program over 10 years, the House plan would transform Medicare into a 'premium support system,' in which Medicare's guaranteed, earned benefit package would be replaced with a fixed-dollar amount (or voucher) that beneficiaries would use to purchase health insurance. This shift would put the 59 million older adults and people with disabilities who rely on Medicare's promise of affordable, comprehensive health care at risk of higher costs, fewer coverage options, and greater uncertainty.

The House plan would also jeopardize eligibility and benefits for the 74 million Americans with Medicaid—including nearly 12 million low-income Medicare beneficiaries who also rely on Medicaid for critical health care services. The budget would end their guaranteed coverage by transforming Medicaid's open-ended financing system into a per-capita cap or block grant, severing the federal-state partnership on which the program was built, shifting costs and risks to states and, ultimately, to people who need and provide services. The budget's changes would cut Medicaid and other health programs by $1.5 trillion over the next decade.

The budget also lays the groundwork for lawmakers to try once again to repeal the Affordable Care Act through the fast-tracked, filibuster-proof reconciliation process, and recommends changes to Medicare Part D that would increase out-of-pocket costs for some beneficiaries. It also proposes adding work requirements in Medicaid and SNAP, and would cut Social Security by $4 billion.

Since this is an election year, the plan is not expected to get much traction. The House may vote on the plan next week, but its adoption is not guaranteed. The Senate is unlikely to advance a budget resolution or take up the House version prior to the November elections. However, the budget process could be used by lame-duck lawmakers to push through priority, party-line items later this year.

Despite its uncertain fate, this budget resolution nevertheless serves an important role by outlining Republican House leaders' fiscal priorities and goals for future legislative action. It is incredibly troubling, then, that the budget seeks deep cuts to programs critical to the health and economic security of older adults and people with disabilities—including Medicare, Medicaid, and the Affordable Care Act. We urge lawmakers to reject this flawed approach and to instead pursue policies that prioritize the health and well-being of all Americans.

Read the budget resolution.

New ACA Repeal Framework Resurrects Damaging Ideas from 2017

This week, the Health Policy Consensus Group—a consortium of think tanks and former and current lawmakers—put forward a new **plan to repeal the Affordable Care Act (ACA)** that would end Medicaid expansion and eliminate the ACA's robust consumer protections for individuals with preexisting conditions, adults over 50, and women. If this sounds familiar, it should. Last year saw several plans to end the ACA's Medicaid funding and consumer protections, often couched in language promising states more "flexibility." **These proposals** would have caused millions of Americans to lose access to critical services, pay more for care, or even lose health coverage entirely.

The ACA repeal bill led by Senators Bill Cassidy (R-LA) and Lindsay Graham (R-SC), generally referred to as "Graham-Cassidy," bears the most resemblance to this latest proposal. **The Graham-Cassidy bill** would have caused most states to lose significant funding for both their Medicaid programs and individual Marketplace coverage. The bill would have eliminated guaranteed protections for millions of Americans with pre-existing conditions and steeply increased costs for adults ages 50-64.

The Brookings Institution, a nonpartisan policy think tank, **estimated** that Graham-Cassidy, if passed in 2017, would have resulted in about 15 million people losing coverage in 2018 and 2019, with an additional 17 million losing coverage within 10 years. In addition, the Graham-Cassidy plan was expected to increase individual market premiums by 20%, putting people who rely on Marketplace coverage—including many older adults who are not yet eligible for Medicare—at risk of not being able to afford care.

While the new Health Policy Consensus Group framework is not fully developed and most experts think it is unlikely to pass, its broad strokes are very similar to Graham-Cassidy, and it would likely lead to similar outcomes if it were able to gain traction. In addition to the inherent risks of the plan, it comes in a new environment. Congress has eliminated the penalty for violating the "individual mandate"—the requirement that people maintain health insurance—, which has **already led to coverage losses and rising premiums**. This could mean that any new proposal would cause even higher coverage losses than were estimated under Graham-Cassidy. The final result could be much more extreme.

This new framework has also come as the administration is **expanding the availability of non ACA compliant health plans** as well as **joining a lawsuit aimed at undercutting the ACA's consumer protections**. Taken together, these efforts create a huge threat to health care for tens of millions of people of all ages. In addition, they are already **driving up costs for the Medicare program**.

Medicare Rights will continue to monitor these threats, especially as they put coverage for people approaching Medicare eligibility and the Medicare program itself at risk.

Read the new ACA repeal framework.
Read more about Graham-Cassidy

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96% of Americans Are Not Taking Advantage of This Social Security Benefit

Boosting your monthly Social Security check is easier than you may think.

One of the biggest advantages of the Social Security program is its flexibility. You can start claiming retirement benefits as early as age 62, or you can wait and receive fatter checks each month.

The amount you'll receive each month depends in part on the age at which you file for Social Security. If you wait until your **full retirement age** (which is between 65 and 67, depending on the year you were born), you'll receive 100% of the amount you're theoretically entitled to. If you claim earlier than that, your benefits will be cut for every month you're ahead of schedule, by up to 30% if you fill as soon as you're legally able. However, for each month you *delay* taking benefits past your full retirement age (up to age 70), you'll receive a bonus to make up for the time you spent forgoing benefits.

The most popular age to start claiming benefits is 62: In 2013, 42% of men and 48% of women filed at that age, according to the Center for Retirement Research. And despite the opportunity to earn a large boost in their benefits, very few people wait until age 70 to file for Social Security. In fact, only 4% of women and 2% of men hold out that long. That means the other 96% to 98% of Americans are missing out on this major Social Security perk.When it pays to wait

Age	Lifetime Benefits When Claiming at 62	Lifetime Benefits When Claiming at 67	Lifetime Benefits When Claiming at 70
62	$11,760	-	-
67	$58,800	$16,800	-
70	$94,080	$50,400	$20,832
75	$152,880	$134,400	$104,160
80	$211,680	$218,400	$208,320
85	$270,480	$302,400	$312,480
90	$329,280	$386,400	$416,640

Of course, not everyone can wait until age 70 to start claiming benefits. Maybe you lost your job or had to retire early because of health issues, and you needed to claim benefits earlier than you anticipated just to get by. There are also a few other scenarios when **claiming benefits early makes sense** -- for example, you may have reason to believe you won't live much longer than age 70, or you may want to start receiving Social Security benefits while you're young enough to travel or otherwise enjoy that extra income.

If you wait until 70 to claim, though, you will receive significantly bigger checks for life. By waiting until your full retirement age, you'll receive your full benefit amount. If you claim early, your benefits will be cut by up to 30%. Wait until age 70, though, and you can receive up to 24% on top of your base benefit amount.

Also, if you continue to work until age 70, you'll be adding to your retirement fund rather than withdrawing it, which will increase your nest egg -- and therefore the annual income you can enjoy in retirement.

For instance, say you're 62 years old, have $300,000 saved for retirement, and are contributing $200 per month toward your retirement fund. If you continue to save at that rate while earning a 7% annual rate of return on your investments, you'll have roughly $541,00 saved by the time you turn 70. Add the extra Social Security benefits you'll earn by delaying benefits until they max out, and your retirement outlook will be pretty strong.

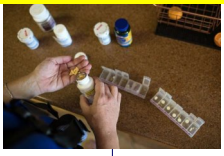
There's no one right answer to when you should claim Social Security benefits. In certain situations, claiming early is the best bet. If you can, though, it's often smart to delay benefits as long as possible. That little extra cushion each month will go a long way toward making your golden years enjoyable and stress-free.

A drug costs $272,000 a year: Not so fast, says New York state

A wave of breakthrough drugs is transforming the medical world, offering hope for people with deadly diseases despite their dizzying price tags.

But what if it turns out that some of these expensive new drugs don't work that well?

That's the quandary over Orkambi, a drug that was approved in 2015 for cystic fibrosis and was only the second ever to address the underlying cause of the genetic disease.



Orkambi, which is sold by Vertex Pharmaceuticals, costs $272,000 a year, but has been shown to only modestly help patients.

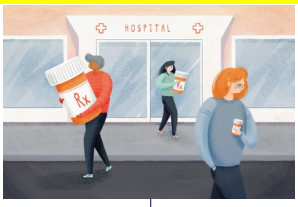
Now, in a case that is being closely watched around the country, New York state health officials **have said Orkambi is not worth its price,** and are demanding that Vertex give a steeper discount to the state's Medicaid program. The case is the first test of a new law aimed at reining in skyrocketing drug costs in New York's Medicaid program.

The high price of prescription drugs has ignited a populist furor, and in May, the Trump administration **unveiled a set of proposals** to address the issue. But while the ideas at the federal level are still mostly theoretical, some states have begun tackling the issue themselves. Earlier this year, **Massachusetts asked the federal government** for permission to limit its coverage of drugs in an effort to secure larger discounts from drug makers. Other states, like **California** and **Vermont**, have passed laws requiring drug companies to turn over certain financial details if they raise prices significantly….**Read More**

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Doling Out Pain Pills Post-Surgery: An Ingrown Toenail Not The Same As A Bypass



What's the right painkiller prescription to send home with a patient after gallbladder surgery or a cesarean section?

That question is front and center as conventional approaches to pain control in the United States have led to what some see as a culture of overprescribing, helping spur the nation's epidemic of opioid overuse and abuse.

The answer isn't clear-cut.

Surgeon Marty Makary wondered why and what could be done.

So, Makary, a researcher and a professor of surgery and health policy at Johns Hopkins School of Medicine in Baltimore, took an innovative approach toward developing guidelines: matching the right number of opioid painkillers to specific procedures.

After all, most doctors usually make this decision based on one-size-fits-all recommendations, or what they learned long ago in med school.

Even Makary admitted that for most of his career he "gave [painkillers] out like candy."

In December, he gathered a group of surgeons, nurses, patients and other leaders, asking them: What should we be prescribing for operation X?"

The answer was illuminating.

"The head of the hospital's pain services said, 'You're the surgeon, what do you think?'" recalled Makary.

Makary didn't know. Nor did the resident. And the nurse practitioner, who often is the one who most closely follows up with patients, said it varies.

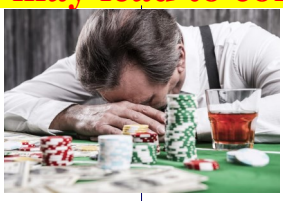
"Wow," recalls Makary of that day when they first considered appropriate limits. "We're the experts, the heads of this and that, and we don't know."

After a quick couple of weeks of intense discussion, Makary's group reached consensus and gave its blessing to **guidelines setting maximum numbers** of opioid-containing pills for 20 different common surgical situations, from relatively minor procedures to coronary bypass surgery.

"We're in a crisis," said Makary, explaining why the group didn't go a more traditional route and publish its findings in a medical journal first, which could take months.

...**Read More**

Parkinson's drugs may lead to compulsive behavior



New research reveals that almost half of people with Parkinson's disease who take dopamine agonists for their condition go on to develop impulse control disorders.

Parkinson's disease is characterized by a deficiency of a key brain chemical called dopamine.

Dopamine plays a crucial role in learning, but it is also known as the "sex, drugs, and rock 'n' roll" neurotransmitter because our brains release it when we experience pleasure.

The production of dopamine can be excessively stimulated by taking drugs such as alcohol, cocaine, or heroin.

So, the neurotransmitter is at the heart of addictions and impulse control disorders ranging from substance abuse to sex **addiction** and gambling.

Such impulse control issues have been found to be common in people with Parkinson's disease. Pathological gambling and compulsive shopping, as well as compulsive eating and sexual behavior, have all been documented among patients with Parkinson's.

The drugs often prescribed to people with Parkinson's are the main risk factor for such compulsive behavior. Because dopamine is deficient in Parkinson's, the go-to treatment is dopamine agonists — which are drugs that activate the brain's dopamine receptors — or the well known levodopa, which turns itself into dopamine.

However, until now, researchers have not been able to establish a clear dose-effect relationship between Parkinson's drugs and impulse control disorders. As the authors of the new research write, some studies found such an association, while others did not.

So, researchers led by Dr. Jean-Christophe Corvol — of the ICM Brain and Spine Institute at the Pitié-Salpêtrière Hospital in Paris, France — set out to investigate whether such a relationship existed in a large, longitudinal cohort of patients.

Having a larger sample size and longer follow-up period in the new research leads to more reliable results, which can settle the discrepancies of previous studies, explain Dr. Corvol and colleagues….**Read More**

Unlocked And Loaded: Families Confront Dementia And Guns

With a bullet in her gut, her voice choked with pain, Dee Hill pleaded with the 911 dispatcher for help.

"My husband accidentally shot me," Hill, 75, of The Dalles, Ore., groaned on the May 16, 2015, call. "In the stomach, and he can't talk, please …"

Less than four feet away, Hill's husband, Darrell Hill, a former local police chief and two-term county sheriff, sat in his wheelchair with a discharged Glock handgun on the table in front of him, unaware that he'd nearly killed his wife of almost 57 years.

The 76-year-old lawman had been diagnosed two years earlier with a form of rapidly progressive dementia, a disease that quickly stripped him of reasoning and memory.

"He didn't understand," said Dee, who needed 30 pints of blood, three surgeries and seven weeks in the hospital to survive her injuries.

As America copes with an epidemic of gun violence **that kills 96 people each day,** there has been vigorous debate about how to prevent people with mental illness from acquiring weapons. But a little-known problem is what to do about the vast cache of firearms in the homes of aging Americans with impaired or declining mental faculties. ...**Read More**

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What are the signs of early-onset Alzheimer's?

Alzheimer's disease is a type of dementia typically associated with older adults. However, early-onset Alzheimer's disease occurs before the age of 65.

Alzheimer's causes memory problems and a variety of related symptoms. It is a degenerative disease, which means the symptoms will get worse over time.

According to the **Alzheimer's Association**, Alzheimer's is the most common form of dementia, accounting for 60 to 80 percent of all known dementia cases.

Though there is no cure, there are some treatments available to ease symptoms and slow the disease's progression.

Signs and symptoms

There are several distinct signs and symptoms of memory loss that may indicate Alzheimer's. If a person experiences one or more of the following signs or symptoms, they should speak to their doctor.

- Memory loss that impedes daily activities
- Trouble completing everyday tasks
- Problem-solving or planning difficulties
- Problems with vision and spatial awareness
- Confusion about location and time
- Frequently misplacing items and not being able to retrace steps
- Problems writing or speaking
- Showing signs of poor judgment
- Mood or personality changes
- Stepping away from social or work activities

Risk factors

According to the **Alzheimer's Association**, age is the primary risk factor for developing Alzheimer's.

From the age of 65, the risk of developing Alzheimer's doubles every 5 years. By age 85, a person has a 50 percent chance of developing Alzheimer's.

Another risk factor is family history or genetics. A person is more likely to develop Alzheimer's if they have an immediate family member with the disease. If more than one person in the family has had Alzheimer's, the genetic risk increases.

Researchers are still unsure why Alzheimer's develops at an early age in some people. However, they have identified **rare genes** in some people who experience Alzheimer's in their 30s, 40s, and 50s.

...Read More on the Signs & Symptoms & complete article

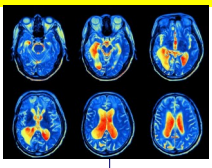
Rheumatoid arthritis: How chronic inflammation affects the brain

A recent study demonstrates how the chronic inflammation that characterizes rheumatoid arthritis affects the brain. The results may explain the cognitive symptoms described as "brain fog."

More than **1.3 million** people in the United States live with **rheumatoid arthritis**.

This is an autoimmune disorder in which the body's immune system does not recognize the synovial fluid in the joints and attacks it, causing chronic **inflammation**.

But does this chronic inflammation also affect the brain? And if so, how?



This question prompted researchers — co-led by Andrew Schrepf and Chelsea Kaplan, from the University of Michigan in Ann Arbor — to examine the brains of 54 people with rheumatoid arthritis.

Schrepf, a research investigator at Michigan Medicine's Chronic Pain and Fatigue Research Center, explains the motivation for the study, the results of which have now been published in the journal *Nature Communications*.

He explains, "Even though it has been assumed for a long time that the inflammation we see in blood is impacting the brain, up until this study we didn't know precisely where and how those changes in the brain were actually happening."

Schrepf adds that the effects of inflammation are easier to understand when the illness is short-lived, such as in the case of the **flu**.

But he also notes that the researchers "wanted to understand what is happening in conditions where patients have inflammation for weeks, months, or years, such as in rheumatoid arthritis."

Studying the brain in rheumatoid arthritis

More specifically, Schrepf and colleagues wanted to see how the peripheral inflammation that is a hallmark of **arthritis** affects the structure and connectivity of the brain.

To this end, they used functional **MRI** and structural MRI to scan the brains of 54 participants aged 43–66. Brain scans were taken both at the beginning of the study and 6 months later....**Read More**

Clinical Trials: Benefits, Risks, and Safety

You may ask yourself, "Why should I try something that researchers are not sure will work?" That is a good question. Being part of a **clinical trial** may have risks, but it may also have benefits.

Benefits of a Clinical Trial

- You may get a new treatment for a disease before it is available to everyone.
- You play a more active role in your own health care.
- Researchers may provide you with medical care and more frequent health check-ups as part of your treatment.
- You may have the chance to help others get a better treatment for their health problems in the future.
- You may be able to get information about support groups and resources.

Risks of a Clinical Trial

The new treatment may cause serious **side effects**.

- The new treatment may not work or it may not be better than the standard treatment.
- You may NOT be part of the treatment group (or experimental group) that gets the new treatment—for example, a new drug or device. Instead, you may be part of the control group, which means you get the standard treatment or a no-treatment placebo.
- The clinical trial could inconvenience you. For example, medical appointments could take a lot of time or you might be required to stay overnight or a few days in the hospital. ...**Read More**

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