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# RI ARA

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*"NOW, more than ever!!!"*

Publication 20118 Issue 47
Published in house by the
RI ARA

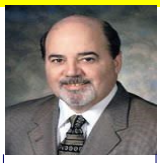
## November 25, 2018 E-Newsletter

## Robert Roach, Jr. and Joseph Peters, Jr. Re-elected as Alliance Leaders

Robert Roach,

The Alliance's 2018 National Membership Meeting took place in Las Vegas, Nevada on Tuesday through Thursday of this week. On the first day, **Robert Roach, Jr.**, who has been President of the Alliance since September of 2015, was re-elected to a four-year term. Prior to joining the Alliance, President Roach served as the General Secretary‐Treasurer of the International Association of Machinists and Aerospace Workers (IAM). In addition to thanking members, President Roach told those in attendance to speak truth to power and urged a return to civil discourse in America.

**Joseph Peters, Jr.**, who has been Secretary-Treasurer of the Alliance since September of 2015, was also re- elected to serve four more years. Mr. Peters was previously an international representative of the UAW, having served more than ten years as regional director of UAW Region 1 in Michigan.



Joseph Peters, Jr.

## National Meeting Includes Several Distinguished Speakers

Rich Fiesta

Pulitzer Prize winner **David Cay Johnston**, a well known investigative journalist and expert on taxes and pensions who had a long career with *The New York Times*, addressed members and stressed that the government has been run "by and for the wealthy" over the past forty years.

He said that unions are needed now more than ever to protect our hard-earned pensions, change the tax code and reduce income inequality.

**Nolan Harrison**, Senior Director of Former Player Services of the National Football League Players Association, spoke of the union's role in protecting the interests of professional football players and retirees and also took questions on a wide variety of topics.

Alliance Executive Director **Richard Fiesta** reviewed the Alliance's 2018 advocacy and electoral work. Renowned author **Nancy Altman**, an expert on Social Security and pensions and the President of Social Security Works, noted the champions of Social Security who will be in the next Congress. Ms. Altman recently published her third book on the history and importance of Social Security.

Additional notable speakers in Las Vegas included labor leaders **Robert Martinez, Jr.**, International IAM President, and **Rusty McAllister**, Executive Secretary-Treasurer of the Nevada AFL-CIO. **Richard Trumka**, President of the AFL-CIO, and **Liz Shuler**, Alliance Executive Vice President and Secretary-Treasurer of the AFL-CIO, sent videotaped messages.

A special intergenerational panel featured 100-year-old legendary Illinois Alliance board member **Bea Lumpkin**; **Lakesia Collins**, an organizer for SEIUHCIIMK (Health Care Illinois- Indiana- Missouri-Kansas); and **Andrea J. Fonte Weaver**, Founder and Executive Director of Bridges Together.

## Resolutions Address Improving Social Security Benefits, the Right to Vote and More

**Ten resolutions were passed at the convention. They included resolutions to:**

1. **Improve Social Security benefits**
2. **Address Social Security office closings**
3. **Advocate for Medicare for all**
4. **Negotiate prescription drug prices**
5. **Address income inequality**
6. **Improve voting accessibility**
7. **Oppose the Government Pension Offset and the Windfall Elimination Provision**
8. **Remove the barriers that prevent people with disabilities from accessing facilities and services**
9. **Protect pensions**
10. **Take on racial injustice and human inequality**

**Resolutions 7 & 8 were Submitted in unity by the ARA New England Region Sub 1 Chapters**

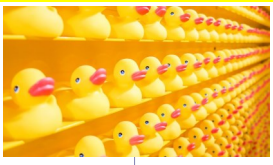
# Lame Duck Session Brings Opportunities to Protect and Strengthen Medicare, Medicaid, and the ACA

This week, lawmakers returned to Washington for the "lame duck" session, where they face a variety of issues to resolve before the end of the year. A lame duck session occurs when Congress reconvenes after an election, and is a reference to the outgoing members who still have voting powers.

Must-do items over the next few weeks include finalizing outstanding spending bills by December 7 and electing leaders for the next Congress—while movement on matters ranging from criminal justice reform to immigration to tax policy are possible.

The lame duck outlook for health care programs is somewhat uncertain, but lawmakers will have several opportunities to protect and strengthen programs for older adults and people with disabilities. In the coming days, we'll be asking Congress to prioritize Medicare, Medicaid, and the Affordable Care Act in the lame duck session, in part by:

- **Passing theBeneficiary Enrollment Notification and Eligibility Simplification (BENES) Act** (S.1909; H.R. 2575), which includes important Part B modernizations;
- **Maintaining the Bipartisan Budget Act of 2018's (BBA) Part D donut hole reforms** that will improve the health and economic security of people with Medicare and their families; and
- **Extending the Medicaid Money Follows the Person (MFP) program** by passing the Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources and (EMPOWER) Care Act (S. 2227/H.R. 5306).



The **BENES Act's improvements** are long overdue. Currently, far too many people with Medicare make honest mistakes about how and when to enroll, due to the cumbersome and confusing Part B rules. The consequences of these missteps can be significant—often leading to a lifetime of higher premiums, substantial out-of-pocket health care costs, gaps in coverage, and barriers to accessing needed services. The bicameral, bipartisan BENES Act aims to prevent these mistakes by empowering beneficiaries to make timely, well-informed enrollment decisions, and by streamlining the outdated Medicare Part B enrollment process.

From our experience assisting people with Medicare, we know that prescription drug affordability is an ongoing challenge. Every day on our National Consumer Helpline, **we hear from older adults and people with disabilities who are struggling to cover their drug costs**. The **BBA of 2018** will help ease this burden by closing the Part D donut hole for brand name drugs one year earlier and by providing beneficiaries in the coverage gap with a higher discount on their prescriptions. This higher discount will allow beneficiaries to move through the donut hole more quickly, lowering their out-of-pocket costs and ensuring they can better access needed care. We applaud these important reforms, and urge Congress to reject efforts that would roll back this progress or otherwise shift costs onto beneficiaries.

We also support the **EMPOWER Care Act,** bipartisan legislation that would extend and improve the lapsed MFP Program. Since it launched in 2007, MFP has helped over **88,000 older adults and people with disabilities** transition from nursing facilities back to the community. According to **independent, national evaluations** MFP participants who have transitioned to community-based settings experience significant and lasting improvements in quality of life, and decrease their overall Medicare and Medicaid expenditures by roughly 23%, generating significant cost savings for the programs.

***What You Can Do***

As Congress begins the lame duck session, your lawmakers need to hear from you! **Call today** and tell them to pass the BENES Act, protect the BBA's donut hole reforms, and extend MFP. **Click here** to urge your members of Congress to co-sponsor the BENES Act and **here** to ask them to maintain the BBA's progress. Stay tuned for new advocacy opportunities in the coming weeks!

# New Phase of the "Save our Public Postal Service" Campaign is Launched

On Thursday, the American Postal Workers Union and the National Association of Letter Carriers began another stage in the shared campaign to "Save our Public Postal Service." A new campaign website, **www.usmailnotforsale.org**, with a short video ad highlighting the stakes of postal privatization was launched as part of the initiative. The Alliance is a partner in the effort.

*The US Mail Not for Sale is a worker-led campaign that brings together labor unions, elected officials, member organizations of A Grand Alliance to Save Our Public Postal Service, community supporters and the public to fight plans to sell the public Postal Service to the highest bidder*.


If the U.S. Postal Service is sold to private corporations, you won't get your mail every day – maybe only every third day – and you will pay more for mail services.

**Take Action**

On July 16, a bipartisan coalition in the House of Representatives took action to help combat the proposal to **privatize the Postal Service** by introducing **House Resolution 993**. On Sept. 18, a bipartisan group of Senators introduced a similar resolution, **Senate Resolution 633.**

Contact your members of Congress and let them know you support maintaining a public Postal Service! Fill out the form and an email will be generated to your representative.

Thank you for your support of the People's Post Office!...**Read More**

***Click here to Sign up***
***Join our campaign to protect the People's Post Office and preserve the public Postal Service. Sign up today!***

**The People's Post Office**
**Keep It. It's Yours.**

# Advocacy Success: Improvements to Proposed Physician Payment Rules


.Earlier this year, the Centers for Medicare & Medicaid Advocacy (CMS)—the federal agency that oversees the Medicare program—proposed **changing the way Medicare pays physicians**, in part by creating a flat fee per office visit. As Medicare Rights and other commenters noted, doing so could have devastating consequences for people with Medicare.

As proposed, the rule sought to consolidate four billing codes for physician services into one, resulting in a single, flat payment rate for all office visits—regardless of the visit's length or the complexity of the beneficiary's condition. Doing so would effectively cut payment rates for time-intensive visits that are currently reimbursed at higher levels, penalizing Medicare providers who treat people with complicated health issues. To offset this reimbursement cut, many providers would likely seek to maximize revenue by reducing the length and narrowing the scope of office visits, asking beneficiaries to make additional visits to address additional issues.

Such shorter, more frequent visits would mean more cost sharing for patients, and more burden in traveling to and from appointments. In the worst cases, we feared this change could drive some providers out of the Medicare program entirely, reducing people's access to care. This would be particularly devastating for beneficiaries who rely on certain specialty providers and those who live in rural or underserved areas. The Medicare Rights Center submitted comments expressing these and other concerns with the proposed rule, and encouraged all who were interested to weigh in as well. This month, we learned that our collective advocacy worked.

CMS recently **finalized changes** to the physician payment structure and chose not to implement the single payment rate as initially proposed. Instead of collapsing four payment levels to a single, flat fee, there will be two levels, allowing physicians with the most complex patients to still be reimbursed for their time. In addition, the new payments will not go into effect until 2021 instead of 2019, giving stakeholders the opportunity to continue to shape the policy.

While there is still risk that physicians will have incentives to shorten visits further, the revised payment rates and delayed implementation date represent improvements over the original proposal. We hope our outstanding concerns can be addressed before the new payment structure takes effect, and that the eventual policy appropriately incentivizes providers, protects beneficiaries, and reflects clinical considerations.

**Read more about our concerns with the proposed rule.**

**Read Medicare Rights' comments on the proposed rule.**

**Read the final rule.**

# How to Avoid Medicare Scams

Fraud costs the government and consumers billions every year. Help by preventing scams and reporting suspicious behavior.

**ACCORDING TO THE** Coalition Against Insurance Fraud, scams against government and private health care insurers form the largest type of insurance fraud – by far. No one knows exactly how much money is lost through health care fraud, but it is likely in the tens of billions of dollars a year, the group claims. In addition, medical identity theft is now one of the top complaints received by the Federal Trade Commission, CNBC reports.

Government insurance, including Medicare, is a frequent target. Indeed, scammers are using this year's newly issued Medicare ID cards as a way to steal identities. The new cards replace Social Security numbers with randomly generated, 11-character numbers. Scammers posing as Medicare officials are asking people to pay for the new cards, which are in fact free. Or they are calling people to say they have a refund coming and need the ID number and a bank account number to deposit it. These, and **many other Medicare scams,** are used to steal money or the person's identity and use it for their own medical care or sell it on the black market.

Billing fraud is another huge problem, and it's not always easy to tell what is legitimate and what isn't. "There can be confusion about services that are being billed for, and it is hard to parse out if it's fraud or a billing error," says Fred Riccardi, vice president of client services at the Medicare Rights Center. Fortunately, there are many resources to help.

**Fraud Prevention Tips**

The Centers for Medicare and Medicaid Services lists numerous **tips for preventing fraud** on its website. Some of the most critical include: Protect your Medicare and **Social Security numbers** and treat your Medicare card like it's a credit card. Don't give your Medicare card or number to anyone except your doctor or people you know should have it.

- Remember that nothing is ever "free." Don't accept offers of money or gifts for free medical care.
- Educate yourself about Medicare. Know your rights and what a provider can and **can't bill to Medicare**.
- Be wary of providers who tell you that the item or service isn't usually covered, but they "know how to bill Medicare" so Medicare will pay.

Always check your pills before you leave the pharmacy to be sure you got the correct medication, including whether it's a brand-name or generic and the full amount. If you don't get your full prescription, report the problem to the pharmacist.

There are just as many don't's as do's. The most important: Don't believe everything you hear from unknown sources. During open enrollment and throughout the year, "you will be inundated from many forms of communication," says Chris Hakim, vice president of Medicare products for eHealth, an online marketplace for health insurance plans. "Consumers need to be very wary and look for reputable organizations."

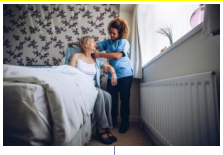
Medicare will never call you on the phone and ask for information, and selling Medicare products and services door to door is prohibited by law, Hakim says. CMS warns against being taken in by media advertising as well because many television and radio ads "don't have your best interest at heart," it explains….**Read More**

# What Is Senior Home Care?

**AGING IS A FACT OF LIFE** – we simply can't stop the clock, and for most adults, there will come a time when a little extra assistance performing the tasks of daily living would be helpful. The Home Care Association of America reports that "nearly 70 percent of Americans who reach 65 will be unable to care for themselves at some point without assistance." For some people, this assistance means moving into an assisted living facility or a nursing home, but for many more, "aging in place" at home is a much more attractive goal that can be achieved with the help of senior home care.

But what does senior home care, also sometimes called elderly home care, entail, and how will you know whether it's the right choice for you or your loved one? "There is a crazy array of potential services to help people at home – everything from technology to human services," says Danielle Pierotti, acting president and CEO of ElevatingHOME and the Visiting Nurses Associations of America. A registered nurse with a doctor of nursing degree, Pierotti says ElevatingHOME and the VNAA are trade associations for in-home care services: The VNAA represents not-for-profit home health and hospice providers while ElevatingHOME, "expands that conversation" about care in the home, with the goal of helping Americans stay in their homes as long as possible. "How do we maximize wellness and health and support our communities as we grow older?" she asks. Which is an important question, given that "nine out of 10 Americans 65 and older want to stay at home for as long as possible, and 80 percent think their current home is where they will always live," according to the HCAA.

With staying at home as the primary goal, Pierotti says senior home care can generally be divided into two big categories. "One of them is what we would think about in terms of personal care, and that might be a homemaker, someone who does light housekeeping, does errands or would assist a senior to do errands. Maybe they help someone get dressed or take a shower – they're personal care support." These personnel are not usually licensed, and how these caregivers are trained varies from company to company. The form of care is also typically paid for out-of-pocket by the senior or the family. "Although some Medicare Advantage plans are beginning to explore these options, mostly right now that's a service that people contract for privately and pay for directly and not through an insurance company," Pierotti says.



The second big category of care is what Pierotti calls "professionally-driven care – that's care that's going to involve a licensed professional and a physician's order," and may be thought of as "more traditional home health care that will involve a registered nurse or a physical therapist. There may also be personal care support that is being done in coordination and under the oversight of a registered nurse as part of a plan that a physician or other licensed provider is making." The key distinction is whether a physician is involved in this form of care, and health care services delivered this way are usually covered by Medicare or a private insurer. "That is included as part of a physician's plan," and the patient may have to pay copays, "but usually those are very low if there are any at all," she says.

Lakelyn Hogan, gerontologist and caregiver advocate for Home Instead Senior Care, an international in-home care agency with 650 locations in the U.S. and Canada, adds that "when we refer to 'home,' it could be a residential or a community setting," and is not strictly limited to an individual's private residence, although that's typically where this type of care takes place. No matter in which version of "home" the care transpires, "the idea of home care is to help older adults remain safe and independent as much as possible by helping with activities of daily living," such as **eating** and bathing, "and what we call the instrumental activities of daily living," such as driving or housework.

**What services are offered by senior home care organizations?**

The menu of options offered by senior home care organizations is virtually limitless, but is often dictated by the family budget. Services for seniors receiving in-home care may include:

- · In-home nursing care, such as wound dressing, IV therapy, health monitoring, pain control and other nursing duties
- · In-home physical, occupational or speech therapy
- · In-home doctors' visits or telemedicine check-ups via video conferencing or phone
- · Medical social services, such as counseling and identifying community support and other resources
- · Medication management or reminders
- · Light housekeeping – cleaning and laundry services
- **Meal preparation or delivery** and diet monitoring
- · Assistance with eating
- · Personal services, such as assistance with bathing, dressing or walking
- · Assistance with shopping and other errands
- · Companionship and social interaction
- · Transportation
- Volunteer services, which can run the gamut from simple companionship to transportation, personal care, emotional support and more specialized skills such as assisting with paperwork or other needs.

Different organizations offer these services using one of three models, Hogan says. "There's the neighbor down the street that you could hire independently," which is known as the independent caregiver. "Then there's registries where it's kind of a list-serv of home care providers that the registry helps connect the family with." In both those cases, the family would likely be responsible for handling payroll and taxes. "And then there's the agency model, where the agency employs the professional caregivers," who are sent into clients' home to care for them. She says that agency organizations can range in size from "mom and pop operations that are local, or they could be regional or national franchise organizations."

The Centers for Disease Control and Prevention report that in 2014 (the most recent year for which data are available) there were 12,400 home health agencies in the United States that cared for nearly 5 million people at some point during the year. Some of these individuals needed short-term assistance after **coming home from a hospital stay** or recovering from an illness or injury, while others needed ongoing assistance due to chronic conditions, advanced age or cognitive decline.

….**Read More**

# RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

## Can Protein Keep You Healthier Longer?

Researchers seeking the elusive fountain of youth are shining the spotlight on protein.

Eating more protein may reduce seniors' risk of disability and help them remain independent longer, a new British study suggests.

Dietary protein slows the age-related loss of muscle mass, helping to preserve the ability to do everyday tasks, the researchers said.

"Our findings support current thinking about increasing the recommended daily intake of protein to maintain active and healthy aging," said principal author Nuno Mendonca, of Newcastle University.

His team analyzed data from more than 700 people in two U.K. cities who turned 85 in 2006. More than one-quarter (28 percent) had protein intakes below the recommended dietary allowance.

Over five years of follow-up, the participants who ate more protein at the study's start were less likely to become disabled than those who ate less protein, the study found.

The findings were published recently in the *Journal of the American Geriatrics Society*.

Older adults should eat about 1 gram of protein for every 2.2 pounds of body weight, Mendonca said in a journal news release.

That means someone weighing 160 pounds would require about 58 grams of protein a day. A 3.5-ounce serving of chicken contains about 31 grams of protein, he said.

Good sources of protein include meat, fish, eggs, dairy products, lentils and other beans, nuts, tofu and quinoa.

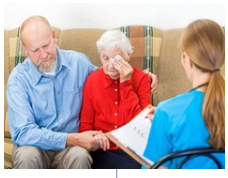
**More information**

The U.S. National Institute on Aging offers **healthy eating advice.**

## Ageism Costs Billions in Health Care Dollars

Prejudice directed at older people results in $63 billion in excess health costs each year in the United States, a new study claims.

Ageism, which is the marginalization of the elderly in society, accounts for one of every seven dollars spent on the eight most expensive health conditions for Americans older than 60. Those conditions include heart disease, chronic respiratory disease and mental health disorders.



The researchers also found that ageism was linked with 17 million cases of those eight health conditions in one year.

"Ageism is one of the least visible prejudices," said study author Becca Levy, a professor at the Yale University School of Public Health.

"Our study helps to increase the visibility of ageism by looking at its consequences," she added in a Yale news release.

The study was published online Nov. 13 in the journal *The Gerontologist*.

"Our findings make a strong case for efforts aimed at reducing the epidemic of ageism, which produces not only a financial cost for society, but also a human cost for the well-being of older persons," Levy said.

In previous research, Levy and colleagues found that ageism harms the health of seniors because it can create stress, which affects many types of health outcomes.

**More information**

The World Health Organization has more on **ageism**.

## Oral Cancer Left This Former Smoker without a Jaw and Teeth

Lung cancer may come to mind when we think about the risks of smoking cigarettes but there are other devastating long-term health problems that can affect both smokers and those closest to them.

*The Doctors* welcome Christine who is part of CDC's Tips from Former Smokers campaign. She is a woman who didn't think she smoked "that much" but still got oral cancer resulting in the loss of her jaw and teeth. Christine says that tobacco not only affected her but also her son who was 17 years old when she was diagnosed at the age of 44. He had to care for his mother, look out for his younger sister and take on many of the household responsibilities. "Tobacco it's a thief where it steals your time away from you. Things were stolen from my kids," Christine says.


CDC's Tips from Former Smokers campaign shows the pain real people who are smokers go through and how it affects others who are close to them. According to CDC, since this campaign began in 2012, at least 500,000 people have quit smoking for good.

Dr. Travis says having a plan in place will improve your chances of success. *The Doctors*share how to create a quit plan.

- Pick a date. Circle it on your calendar or write it out where you can see it every day.
- Let others know that you are planning to quit.
- Throw out cigarettes as well as matches, ashtrays and lighters.
- Get rid of cigarette odor. Clean and freshen up your car, home or workspace since the smell of cigarettes can cause cravings.
- List the reason for why you want to quit. Remind yourself that smoking doesn't solve the problems that are causing you stress.
- Do breathing exercises. They can give you the same calming benefits as smoking without those toxins.
- Seek support. It's important when dealing with temptations to smoke, withdrawals and cravings. Support could be in a quitline, a support group, a friend or your family.
- Reward yourself when you are smoke-free for 24 hours, one week or every month. When you hit a milestone, celebrate.

CDC offers smokers free resources and help with quitting smoking. You can call 1800-QUIT-NOW or visit **cdc.gov/tips**.

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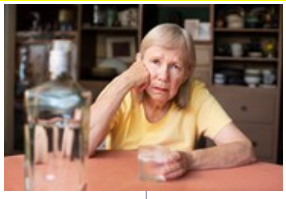
# Alcohol is killing more people, and younger. The heaviest increases are among women



The last time lawyer Erika Byrd talked her way out of an alcohol rehab center, her father took her to lunch.

"Dad, I know what alcohol has done to me," she told him that day in January 2011. "I know what it has made me do to you and mom. But that wasn't me."

By the time she died three months later, Byrd had blocked her parents' calls because they kept having her involuntarily committed. They once had a magistrate judge hold a hearing at her hospital bed. He ordered her to undergo a month of in-patient treatment.

Byrd, who died in April 2011 at the age of 42, is among the rising number of people in the United States who have been killed by alcohol in the last decade.

It's an increase that has been obscured by the opioid epidemic. But alcohol kills more people each year than overdoses – **through cancer, liver cirrhosis, pancreatitis and suicide, among other ways.**

From 2007 to 2017, the number of deaths attributable to alcohol increased 35 percent, according to a new analysis by the Institute for Health Metrics and Evaluation at the University of Washington. The death rate rose 24 percent.

One alarming statistic: Deaths among women rose 67 percent. Women once drank far less than men, and their more moderate drinking helped prevent heart disease, offsetting some of the harm. Deaths among men rose 29 percent.

While teen deaths from drinking were down about 16 percent during the same period, deaths among people aged 45 to 64 rose by about a quarter.

People's risk of dying, of course, increases as they age. What's new is that alcohol is increasingly the cause.

"The story is that no one has noticed this," says Max Griswold, who helped develop the alcohol estimates for the institute. "It hasn't really been researched before."...**Read More**

# The Flu Shot Doesn't Give You the Flu—but It Can Have These Side Effects

No, **the flu shot doesn't *give* you the flu**, doctors insist. But it does pose potential side effects, just like any other vaccine or medicine. Your arm might be tender after your flu shot, or your child could develop a cough after getting a dose of the nasal flu vaccine.

"The majority of patients really don't have any side effects," says Sandra Kemmerly, MD, system medical director for hospital quality at Ochsner Health System in New Orleans. And when symptoms do occur, they're usually mild and clear up in a day or two, she says.

So why do some people feel sick after the flu shot while others don't? Doctors say reactions to the flu vaccine differ from person to person and that multiple factors are likely at play.

Think about how people respond to the common cold. Some folks get a runny nose and go on with their lives, while others stay home with a fever, and still others develop a cough. It's the same with the flu shot, says Claudia Vicetti, MD, a pediatric infectious disease specialist with UnityPoint Health in Cedar Falls, Iowa. "You're stimulating your body, and your immune system may react in different ways," she says.

Here's how your body may react after the flu shot, when you should and shouldn't worry, and how to feel better once side effects hit.

Common flu shot side effects

Whether you get a flu shot or the spray-mist type, side effects are generally no big deal. You may experience the following:

- Soreness or aching in your arm
- Redness or swelling at the injection site
- Low-grade fever
- **Nausea**
- **Headaches**
- Coughing or sneezing (with the nasal flu vaccine)...**Read More**

# Cancer centers called out for misleading ads

Some of the country's biggest and most prestigious cancer treatment centers are using misleading testimonials that don't disclose their results aren't typical, according to a watchdog report.

Out of 48 cancer centers, 90 percent used "deceptively promoting atypical patient testimonials," according to the report, "**Deceptive Marketing of Hope**," published last month by Truth In Advertising (TINA.org), a nonprofit consumer group.

The report included high-profile cancer treatment names such as MD Anderson in Houston, Memorial Sloan Kettering in New York, Dana-Farber in Boston, and Moffitt in Tampa, Florida.

It also called out Cancer Treatment Centers of America (CTCA), a for-profit hospital headquartered in Boca Raton, Florida, that is the top-spender on cancer center advertising and marketing, according to Kantar Media.

"Cancer patients and their families [are] facing devastating odds of survival and have a right to know the truth," said Bonnie Patten, TINA.org's executive director. "To sway this uniquely susceptible population's decisions as to where they should seek treatment by exploiting false hope is simply not acceptable."

Americans spend nearly $150 billion annually on cancer care, according to the National Institutes of Health. To attract those dollars, treatment centers across the country spend tens of millions of dollars in advertising.

Testimonials with atypical results:

In one **video testimonial** on the Memorial Sloan Kettering website, patient Carl, last name withheld, shares his gratitude for the medical team who saved his life by successfully treating his pancreatic cancer diagnosed in 2009….**Read More**