Rhode Island Alliance for Retired Americans®

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Trump Administration Clears Way To Require Work For Some Medicaid Enrollees

The Trump administration early Thursday initiated a pivotal change in the Medicaid program, announcing that for the first time the federal government will allow states to test work requirements as a condition for coverage.

The announcement came in a **10-page memo** with detailed directions about how states can reshape the federal-state health program for low-income people.

The document says who should be excluded from the new work requirements — including children and people being treated for opioid abuse — and offers suggestions as to what counts as "work." Besides employment, it can include job training, volunteering or caring for a close relative.

"Medicaid needs to be more flexible so that states can best address the needs of this population," Seema Verma, administrator of the Centers for Medicare & Medicaid Services (CMS), said in a press release. "Our fundamental goal is to make a positive and lasting difference in the health and wellness of our beneficiaries."

Adding a work requirement to Medicaid would mark one of the biggest changes to the program since its inception in 1966. It is likely to prompt a lawsuit from patient advocacy groups, which claim the requirement is inconsistent with Medicaid's objectives and would require an act of Congress.

Republicans have been pushing for the change since the Affordable Care Act added millions of so called "able-bodied" adults to Medicaid. It allowed states to provide coverage to anyone earning up to 138 percent of the federal poverty level (about $16,600 for an individual).

The Obama administration turned down several state requests to add a work requirement.

Ten states have applied for a federal waiver to add a work requirement — Arizona, Arkansas, Indiana, Kansas, Kentucky, Maine, New Hampshire, North Carolina, Utah and Wisconsin. Officials in several other states have said they are interested in the idea.

An HHS official, who spoke on the condition of anonymity because the official had not been authorized to discuss the developments, said the agency may approve Kentucky's request as early as Friday. Gov. Matt Bevin, a Republican, **first sought** to add such a provision in 2016. The current **request would require** able-bodied adults without dependents to work at least 20 hours a week.

While more than 74 million people are enrolled in Medicaid, only a small fraction would be affected by the work requirement. That's because children — who make up **nearly half** of Medicaid enrollees — are excluded. So are the **more than 10 million** people on Medicaid because they have a disability.

More than 4 in 10 adults with Medicaid coverage **already work full time**, and most others either go to school, take care of a relative or are too sick to work. ...**Read More**

Ryan Determined to Cut Social Security, Medicare

In interviews last month, House Speaker Paul Ryan (R-WI) signaled his intention to force a 2018 debate on "restructuring" Medicare, as well as several big safety-net programs. "We have to address entitlements, otherwise we can't really get a handle on our future debt," Ryan said on "CBS This Morning" in December.

Ryan is **expected** to move so-called "entitlement reform" through the House and then exert pressure on the Senate to take up the issue. Among the ideas that Ryan favors are raising the Social Security retirement age and the Medicare eligibility age, and converting Medicare to a voucher program, ending the promise of guaranteed medical benefits for retirees.

There are some GOP senators who share Ryan's enthusiasm for cutting Social Security and Medicare, including Sen. Orrin Hatch (R-UT), chairman of the Senate Finance Committee, who announced this week that he will not seek re-election this year.

"I'd love it," said Sen. Jeff Flake (R-AZ). "That's a heavy lift, particularly after the tax bill … but we know we've got to rein in these programs in order to make them sustainable."

When asked this past Wednesday whether the President's campaign pledge not to cut Social Security, Medicare and Medicaid still stood, White House press secretary Sarah Huckabee Sanders **said** "at this point" that the President hasn't changed his position.

"'At this point,'" is quite a choice of words, said Robert Roach, Jr., President of the Alliance. "It is a far cry from 'the President will keep his promise to the American people.' That is deeply troubling."

Rich Fiesta

"It sounds suspiciously like a White House that is trying to create wiggle room," said Richard Fiesta, Executive Director of the Alliance. Please join our **Rapid Response team** to receive special updates and action alerts on this topic.

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New Year, Same Threats

MEDICARE RIGHTS CENTER
Getting Medicare right
Blog

Lawmakers began returning to Washington this week, where they face a backlog of unresolved issues and a policy agenda that puts **Medicare at risk**.

Before adjourning in December, Congress cleared a short-term spending bill that pushed contentious fiscal debates into early 2018. The result is a daunting to-do list this month, which includes the need to pass another temporary spending bill to keep the government open past January 19. Also on that list is a longer-term CHIP fix, full-year appropriations, DACA, a health care package, expiring Medicare policies, and additional disaster aid.

As congressional leaders and White House officials negotiate these priority items, Medicare Rights continues to strongly support inclusion of the **BENES Act** in the forthcoming legislation. Similarly, as lawmakers look to fund and extend important health and social services, we encourage them to seek responsible offsets that do not jeopardize funding for other critical programs, including Medicare.

Looking beyond the immediate legislative calendar, Medicare is likely to remain in the cross-hairs this year, as lawmakers pivot from taxes to "entitlement reform." Last month, Congress passed and the President signed the tax bill and, as anticipated, legislation waiving its $25 billion in automatic cuts to Medicare. While we welcome this waiver, we remain concerned about the tax bill's longer-term consequences.

By increasing deficits by $1.5 trillion over ten years, the tax bill paves the way for future, even steeper cuts to Medicare, Medicaid, and Social Security. As soon as this year, lawmakers are expected to use rising deficits as an excuse to pursue "entitlement reform"—seeking significant "savings" from programs like Medicare under the guise of deficit reduction.

The Senate reconvened yesterday. The House will be back in session on January 8.

CMS Moves Forward with Plan to Increase Oversight of MA Plan Networks

This week, the White House's Office of Management and Budget (OMB) approved a Centers for Medicare and Medicaid Services (CMS) request to increase the frequency of review for Medicare Advantage (MA) plan networks.

Under current rules, CMS rarely evaluates a plan's compliance with the standards for network adequacy—how many in-network providers it has in various specialties throughout the geographic region it serves. CMS reviews a plan's network when the plan first starts operating, when it expands to a new area, or when triggering events occur, such as complaints about inadequate networks. Most of the reviews following triggering events are limited—looking at only a particular region or specialty. This means that for many plans, the network is not formally reviewed by CMS after its initial application.

This lack of oversight may contribute to some of the problems with MA networks the **Government Accountability Office**, advocates, and even CMS have raised in the past: namely, that MA networks seem to be increasingly narrow, that mid-year network changes can be confusing and harmful to beneficiaries, and that communications to enrollees about MA networks are often inaccurate or incomplete. Last year, Medicare Rights **wrote** about the findings from a review of 54 MA organizations showing widespread inaccuracies in MA provider directories published online. According to the review, around 45% of the provider directory locations listed in these online directories were inaccurate.

The new rules would allow CMS to review plan networks every three years,

starting in 2019. Medicare Advantage plans will upload their network information into a centralized federal database for review if they have not undergone a whole-network review in the previous three years. The agency estimates that 304 plans will be subject to the more thorough review next year.

Read our previous blog post on inaccurate provider directories.

Read the Government Accountability Office report on network adequacy.

Maine Voters Chose Medicaid Expansion. Why Is Their Governor Resisting?

View Video

Donna Wall cares for her three adult autistic children at her home in Lewiston, Maine. It's a full-time job. Sons Christopher and Brandon have frequent outbursts, and the stress of tending to them can be overwhelming.

When her twin sons turned 18 a year and a half ago, Maine's Medicaid program dropped her health insurance. Wall is considered a "childless adult" in Maine and other states that didn't expand Medicaid, and so she isn't eligible for coverage. She can no longer get her antidepressants and anti-anxiety medications. She can't see her psychologist or a doctor to check up on a troubling spot on her eye.

She needs to stay whole, she said, for her kids.

"I'm 60 years old. Things start going wrong when you get older," she said. "I haven't had a Pap smear or breast exam in two years. I'm just worried something will happen to me, because who is going to take care of them? It's a big job. If I put the boys in a home, it would cost the state a lot more to take care of them than it would be to pay my medical."

Even on frigid, wintry nights, Wall delivers newspapers, earning $150 a week when her kids are asleep.

"I go out about 2 in the morning. And it usually takes me four to five hours," she said. "I try really hard not to fall, but I have had a few accidents. One of them was on black ice last winter."

At one point, Wall thought she might have broken a rib. But she stayed away from the emergency room for fear of a costly medical bill.….**Read More**

Care Suffers As More Nursing Homes Feed Money Into Corporate Webs

When one of Martha Jane Pierce's sons peeled back the white sock that had been covering his 82-year-old mother's right foot for a month, he discovered rotting flesh.

"It looked like a piece of black charcoal" and smelled "like death," her daughter Cindy Hatfield later testified. After Pierce, a patient at a Memphis nursing home, was transferred to a hospital, a surgeon had to amputate much of her leg.

One explanation for Pierce's lackluster care, according to financial records and testimony in a lawsuit brought by the Pierce family, is that her nursing home, Allenbrooke Nursing and Rehabilitation Center, appeared to be severely underfunded at the time, with a $2 million deficit on its books in 2009 and a scarcity of nurses and aides. "Sometimes we'd be short of diapers, sheets, linens," one nurse testified.

That same year, $2.8 million of the facility's $12 million in operating expenses went to a constellation of corporations controlled by two Long Island accountants who, court records show, owned Allenbrooke and 32 other nursing homes. The homes paid the men's other companies to provide physical therapy, management, drugs and other services, from which the owners reaped profits, according to court records.

In what has become an increasingly common business arrangement, owners of nursing homes outsource a wide variety of goods and services to companies in which they have a financial interest or that they control. Nearly three-quarters of nursing homes in the United States — more than 11,000 — have such business dealings, known as related party transactions, according to an analysis of nursing home financial records by Kaiser Health News. Some homes even contract out basic functions like management or rent their own building from a sister corporation, saying it is simply an efficient way of running their businesses and can help minimize taxes.

But these arrangements offer another advantage: Owners can establish highly favorable contracts in which their nursing homes pay more than they might in a competitive market. Owners then siphon off higher profits, which are not recorded on the nursing home's accounts.

The two Long Island men, Donald Denz and Norbert Bennett, and their families' trusts collected distributions totaling $40 million from their chain's $145 million in revenue over eight years — a 28 percent margin, according to the judge's findings of fact. In 2014 alone, Denz earned $13 million and Bennett made $12 million, principally from their nursing home companies, according to personal income tax filings presented in court….**Read More**

HHS Nominee Vows To Tackle High Drug Costs, Despite His Ties To Industry

Senate Democrats on Tuesday pressed President Donald Trump's nominee for the top health post to explain how he would fight skyrocketing drug prices — demanding to know why they should trust him to lower costs since he did not do so while running a major pharmaceutical company.

Alex M. Azar II, the former president of the U.S. division of Eli Lilly and Trump's pick to run the Department of Health and Human Services, presented himself as a "problem solver" eager to fix a poorly structured health care system during his confirmation hearing before the Senate Finance Committee. Azar said addressing drug costs would be among his top priorities.

But armed with charts showing how some of Eli Lilly's drug prices had doubled on Azar's watch, Democrats argued Azar was part of the problem. Sen. Ron Wyden of Oregon, the committee's top Democrat, said Azar had never authorized a decrease in a drug price as a pharmaceutical executive.

"The system is broken," Wyden said. "Mr. Azar was a part of that system."

Azar countered that the nation's pharmaceutical drug system is structured to encourage companies to raise prices, a problem he said he would work to fix as head of HHS.

"I don't know that there is any drug price of a brand-new product that has ever gone

down from any company on any drug in the United States, because every incentive in this system is towards higher prices, and that is where we can do things together, working as the government to get at this," he said. "No one company is going to fix that system."

Azar's confirmation hearing Tuesday was his second appearance before senators as the nominee to lead HHS. In November, he faced similar questions from the Senate Health, Education, Labor and Pensions Committee during a courtesy hearing. ...**Read More**

Expect More Attacks on Health Care Access in 2018

The Hill newspaper listed five likely ways Trump could undermine ObamaCare in the year ahead. The first is based on Trump's executive order from October, said to be aimed at easing Affordable Care Act rules. The major implications of the change are still to come. Agencies need to issue regulations to bring the order into effect, and that has not happened yet. There are questions about how far those regulations will go and how they will impact the stability of ObamaCare. Democrats fear the order will undermine the law by opening up skimpier, cheaper plans that will siphon healthy people away from ObamaCare plans. For instance, in making technical changes to "association health plans," allowing more companies and self-employed individuals to join them, they would exempt the associations from some of the law's core insurance rules. Also on the Hill list: cuts to funds for outreach offering sign-up information; targeting essential health benefits that are currently required; allowing counties to lose insurers; and withholding support for stabilizing the ObamaCare markets.

RI ARA HealthLink Wellness News

What is atypical Parkisonism?

People with atypical Parkinsonism develop the same symptoms as those with Parkinson's disease, such as tremors and stiffness, but the disease also causes a range of additional problems.

People with atypical Parkinsonism do not tend to respond to traditional Parkinson's diseasetreatments.

In this article, learn about the symptoms and types of atypical Parkinsonism and the treatments available.

What is atypical Parkinsonism?

Some people who have Parkinson's disease experience symptoms that are typical of the disease as well as other symptoms that are not typical of the disease. When this occurs, doctors call the condition atypical Parkinsonism or Parkinsonism plus syndrome.

Parkinson's disease is a progressive disorder that affects the brain, chiefly causing changes in movement.

Some of the most common symptoms include tremors, muscle stiffness, and changes in a person's gait when walking.

Atypical Parkinsonism has several known syndromes that affect a person's overall health. Examples include Lewy body dementia, a type of early-onset dementia.

Atypical Parkinsonism may not respond to traditional Parkinson's disease treatments, so getting a correct diagnosis is important to ensure a person receives the treatments most likely to be effective.

Symptoms

People with atypical Parkinsonism experience symptoms in addition to those typical of Parkinson's disease. The symptoms of Parkinson's disease include:

- tremors, or shaking movements that are usually in the hands
- slowed movements
- stiff muscles and lack of "swing" in the arms and legs while walking
- People with atypical Parkinsonism do not tend to have a tremor at rest. They may also develop symptoms of late-stage Parkinson's at a faster rate. These symptoms include:
- vocal changes
- a sudden drop in **blood pressure** when standing up (orthostatic **hypotension**)
- dementia
- difficulty walking
- early gaze palsy or paralysis, where a person may not be able to look up or down
- problems swallowing
- difficulty sleeping
- hallucinations

A doctor will consider these and other symptoms when making a diagnosis.

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For Elder Health, Trips To The ER Are Often A Tipping Point

Twice a day, the 86-year-old man went for long walks and visited with neighbors along the way. Then, one afternoon he fell while mowing his lawn. In the emergency room, doctors diagnosed a break in his upper arm and put him in a sling.

Back at home, this former World War II Navy pilot found it hard to manage on his own but stubbornly declined help. Soon overwhelmed, he didn't go out often, his congestive heart failure worsened, and he ended up in a nursing home a year later, where he eventually passed away.

"Just because someone in their 70s or 80s isn't admitted to a hospital doesn't mean that everything is fine," said **Dr. Timothy Platt-Mills**, co-director of geriatric emergency medicine at the University of North Carolina School of Medicine, who recounted the story of his former neighbor in Chapel Hill.

Quite the contrary: An older person's trip to the ER often signals a serious health challenge and should serve as a wake-up call for caregivers and relatives.

Research published last year in the Annals of Emergency Medicineunderscores the risks. Six months after visiting the ER, seniors were 14 percent more likely to have acquired a disability — an inability to independently bathe, dress, climb down a flight of stairs, shop, manage finances or carry a package, for instance — than older adults of the same age, with a similar illness, who didn't end up in the ER.

These older adults weren't admitted to the hospital from the ER; they returned home after their visits, as do about two-thirds of seniors who go to ERs, nationally. ...**Read More**

How to boost your brain

Do you want to improve your mind in 2018? We have compiled the best methods to boost brain power, improve memory, build new neural connections, ignite learning, and enhance cognitive function.

Humans have brain plasticity, or neuroplasticity, which is the ability of the brain to change for better or worse at any age.

This flexibility of the brain plays a significant role in the development or decline of our brains, and how our distinct personalities are shaped.

Neural connections can be forged or severed, and gray matter can thicken or shrink. These changes reflect transformations in our abilities.

For example, learning a new skill can wire new neural pathways in our brains, while aging may weaken certain neural pathways that once existed and result in our memories not performing as well as they once did.

The American Heart Association/ American Stroke Association have recently developed **seven steps** that aim to help individuals keep their brains healthy, from childhood into old age. They advise people to:

- get regular exercise
- eat a healthful diet
- maintain a healthy weight
- control **cholesterol**
- regulate blood sugar levels
- manage **blood pressure**
- **quit smoking**

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Walk 4,000 steps every day to boost brain function

Recent research led by the University of California, Los Angeles shows that taking a short walk each day can help to keep the brain healthy, supporting the overall resilience of cognitive functioning.

As we grow older, **memory problems** can begin to set in. These could be a natural part of aging and a minor annoyance, but in some cases, the issues may indicate **mild cognitive impairment**and could even develop into **dementia.**

Regardless of how mild or severe these memory problems may be, they are definitely distressing and can affect an individual's quality of life.

New research from the Semel Institute for Neuroscience and Human Behavior at the University of California, Los Angeles suggests that there is a relatively easy way of keeping your brain in top shape as you grow older: take a moderately long walk every day.

This could boost your attention, the efficiency with which you process information, and other cognitive skills, say first study author Prabha Siddarth and colleagues.

The research **findings** were recently published the *Journal of Alzheimer's Disease*.

Cortical thickness to assess cognitive health

Siddarth and team initially recruited 29 adults aged 60 and over, of which 26 completed the study over a 2-year period.

The participants were split into two distinct groups:

- a low physical activity group, comprising people who walked 4,000 or fewer steps each day
- a high physical activity group, made up of people who walked more than 4,000 steps per day

All the participants reported a degree of memory complaints at baseline, but none of them had a dementia diagnosis.

In order to explore the potential effect of physical activity on cognitive ability, the researchers used **MRI** to determine the volume and thickness of the **hippocampus**, which is a brain region associated with memory formation and storage, and spatial orientation….**Read More**

Facial exercises: The key to looking younger?

Now that I'm approaching my mid-30s, I've started to notice the subtle signs of aging: wrinkles are creeping in around my eyes, and my skin is certainly not as firm as it once was. So, like most women who want to hold on to their youthful appearance, I turn to anti-aging creams and facials. But according to new research, facial exercises might be worth a try, too.

A new study suggests that exercising our faces for 30 minutes at least every other day can tone up facial muscles and lead to a reduction in the visible signs of aging.

The **findings** — by Dr. Murad Alam, a professor of dermatology at the Northwestern University Feinberg School of Medicine in Chicago, IL, and colleagues — were recently published in *JAMA Dermatology*.

Aging is an inevitable part of life. No matter how much we want to, we can't stop the clock. When it comes to our appearance, however, we certainly try.

The global anti-aging market was worth a whopping $250 billion in 2016. By 2021, this number is expected to reach $331.41 billion.

These numbers incorporate a wealth of cosmetic treatments and products designed to delay or halt signs of aging, including anti-wrinkle creams, Botox, chemical peels, and anti-pigmentation therapies.

To be honest, the thought of using any anti-aging treatment that doesn't come out of a tub sends shivers down my spine, which is why the new study caught my eye.

Facial exercises sound simple and cost-effective, and — most importantly — they don't require going under the knife. But can they really help us to look younger? Dr. Alam and colleagues investigated….**Read More**

Food additive to blame for C. difficile epidemic

When *Clostridium difficile* infections rear their ugly head, patients are at serious risk. But no one knows what is behind the soaring number of infections. New research puts a food additive at the heart of the epidemic.

Clostridium difficile is a bacterium capable of causing life-threatening **diarrhea**, colitis, toxic megacolon, organ failure, and death.

According to the Centers for Disease Control and Prevention (CDC), *C. difficile* is currently "the most common microbial cause of healthcare-associated infections in U.S. hospitals and costs up to $4.8 billion each year."

In fact, *C. difficile* causes half a million infections and kills 15,000 people each year, the majority of whom are seniors. Yet these numbers used to be much lower.

Exactly why the past 20 years have seen a rising epidemic of *C. difficile* infections has remained a mystery — until now.

Writing in the journal *Nature* recently, researchers from Baylor College of Medicine in Houston, TX, and colleagues at the University of Oregon in Eugene, Leiden Medical Center in the Netherlands, and the Wellcome Trust Sanger Institute in Hinxton, United Kingdom, might have located the missing piece in the puzzle.

They point the finger squarely at a food additive, the simple sugar trehalose, which is widely used by the food industry.

The rise of *C. difficile*

The turn of the century saw the emergence of epidemic strains of *C. difficile*, explains Jimmy D. Ballard — a professor in the Department of Microbiology and Immunology at the University of Oklahoma in Oklahoma City — in an accompanying article in the journal *Nature*.

Prof. Ballard explains that most of these strains originated from a single source: a type of *C. difficile*known as ribotype 027 (RT027), which spread from the U.S., Canada, and Europe around the world.

In 2013, the CDC classed the threat level of *C. difficile* as urgent, putting the bug in the top 3 of 18 drug-resistant microbes — well above tuberculosis and MRSA….Read More