The BENES ACT, for Medicare Part B, advances in the House

The BENES Act, for Medicate Part The House Committee on Ways and Means advanced the Beneficiary Enrollment Notification and Eligibility Simplification (BENES) Act (S. 1280/ H.R. 2477) in a markup that considered a series of Medicare-related bills. The BENES Act is now included in a larger bipartisan package that was unanimously reported favorable out of Committee. This new package is called the Beneficiary Education Tools, Telehealth, and Extenders Reauthorization (BETTER) Act of 2019 (H.R. 3417).

The BENES Act is urgently needed to modernize and simplify the Medicare Part B enrollment process. Currently, far too many people make honest mistakes when trying to understand and navigate this confusing system.

The consequences of such missteps



The BENES Act would help prevent these costly errors. As included in the BETTER Act of 2019, it would fill long-standing gaps in outreach and education, eliminate needless breaks in coverage, and inform future policymaking on enrollment period alignment.

In addition to these commonsense B, advances in the House this July. are significant including late enroll- BENES Act solutions, the BETTER ment penalties, higher out-of-pocket Act includes several other policies health care costs, gaps in coverage, that are important to people with and barriers to accessing needed ser- Medicare and their families, and priorities for the Medicare Rights Center such as increasing funding for outreach and enrollment assistance to low-income Medicare beneficiaries, and making the Part D Limited Income Newly Eligible Transition (LI NET) Program permanent.

> Together, these and other changes in the BETTER Act bill would significantly improve the health and economic security of people with Medicare today and in the future. Medicare Rights applauds the members of the Ways and Means Committee for advancing these improvements and thank the staff of the Health and Social Security Subcommittees for their tireless work in crafting these complex policy changes. Continued on page 2.

Another Murder on Long Island

The Hunted Girl is the latest mystery in the Danny Ryle series. The Hunted Girl is about six-year old Jennifer who just witnessed the murder of her parents. And the murderer has seen her. She runs to her neighbor, Danny Ryle, because he has helped her before. Only Danny can save her from the killer. He struggles to understand the great crime that will occur and who is behind the murders. She had been hurt, and Danny Ryle gave her what she believed was a magical band aid.

Desperate, she begged Danny not to let her be sent to a strange home. Impressed by the girl's intelligence and kindness. Danny and his friends are determined to protect her by finding the killer and hiding her from the world. Aided by Ari Eilat, who had hunted terrorists in Israel, and Betsy Revere, a former Long Island police officer, Danny calls on a variety of people, including his father, once a hired killer, to do whatever is necessary to save Jennifer.

The search for the killer leads them to discover a staggering plan for a major

Filled with rapid-fire dialogue, page-turning suspense, and colorful characters you'll care about, you won't be able to put down this compelling read.

Yes, Danny Ryle is the same character in the mystery, *The Dead Don't Talk*, which was featured in the RC39 January/February 2019 newsletter. Larry Epstein, Suffolk Community College Emeritus Professor, has done it again, producing another Danny Ryle murder mystery.

The book is available on Amazon, The Hunted Girl (The Danny Ryle Mysteries Book 4).



grandchildren, nieces, and nephews

by William D. Danko, Ph.D. Professor Emeritus University of Albany and Richard J. Van Ness, Ph.D. Professor Emeritus SUNY Schenectady.

A recent book presentation to students and professors at Rensselaer Polytechnic Institute was followed with a question and answer session. A transcript follows.

A. The need to achieve on your own. Recently, Barron's cover story was about parents who subsidize adult "children" with their lifestyle. In many cases, parents have become enablers of deferred emancipation. Not a good thing!

Q. What societal changes have occurred?

A. A demand for immediate gratification- consider all of the quick response tech apps. Oh, and everyone is perfecta trophy for all participants in most events. Delayed gratification seems to have evaporated over the years.

Q. How have behaviors changed from 30 years ago?

A. Having studied consumer behavior and sociology, I know that human nature does not change. If one has no guidelines or guiderails, chaos prevails. We are in a boundless (liberated?) environment. Seems good, until you see the results! Everyone is capable of acting recklessly (greed, sex, sociopathic behavior, etc.!). Constraints passed down by family (and civilization) are in danger of adverse change.

Q. Society says that a kid has to go to college to be successful, but most of my rich friends are trades-people. What do you think?

A. Trade Schools are a perfect fit for many and clearly can lead to financial success. Attending a college is not a guarantee for success.

Q. What is your most firm belief in life when it comes to business?

A. Do the right thing based on a well-informed conscience.

Q. How would you classify experience and is it necessary to become successful?

A. The key is FOCUS. For meaningful experience put

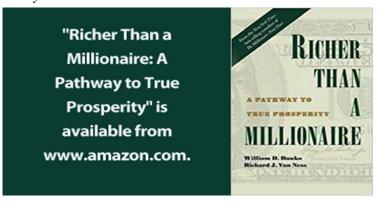
Millionaire Choices Guidance for your children, yourself in a position for being known as one who adds value. Value = Benefits/Costs. Make sure that the ratio is

> Q. What are the factors in one's life that are most positively correlated with happiness?

A. Be a giver. Don't be a taker.

Q. Is happiness a choice?

A. Yes. To quote Edith Donohue, "What I have discovered Q. What is expected of an 18 to 22-year-old now vs. 30 is that happiness is entirely up to me. Others in my life can add to or diminish my happiness somewhat. But the key to knowing and living happiness is to accept that happiness is my choice alone. And I choose it every time. Lucky me!"



Be sure to watch for another featured article with direct questions and straightforward answers.

We encourage questions to be submitted through our website using the Contact Us option. All submissions are treated with complete confidentiality and respondents' names are never used.

New York Times bestselling author William D. Danko and Richard J. Van Ness, wrote the research-based book, Richer Than A Millionaire ~ A Pathway to True Prosperity, which shows the way to wealth and happiness. Washington Post's Michelle Singletary selected this book as, The Color of Money Book of the Month. The \$8 billion Vanguard Charitable fund website features our book. It is available at Amazon.com and bookstores.

Visit the authors' website, RicherThanAMillionaire.com Complimentary ancillary materials for teachers and professors are available for classroom use.

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We are also grateful to Rep. Schneider (D-IL) and Rep. Walorski (R-IN) for championing the BENES Act on the Committee, and to House co-sponsors Representatives Ruiz (D-CA) and Bilirakis (R-FL) for their leadership of the bill on the Energy and Commerce Committee.

We urge lawmakers to prioritize the BETTER Acts critical reforms including the BENES Act for immediate passage. A letter of support for the BENES Act as included in H.R. 3417 was signed by eighty-five stakeholder organizations, including the Alliance for Retired Americans.

Source: New York State Alliance for Retired Americans, Monday Alert, 7/1/19

RC39 Website

Go to the RC39 website, http://rc39.ny.aft.org/, where you can read recent NYSUT RC39 newsletters in color, AFT and NYSUT news releases, and much more.

YOUR HEALTH CONNECTION

By Frances S. Hilliard, RN, MS Professor of Nursing (Emeritus), Nassau Community College

AGE-RELATED HEARING LOSS

Approximately one-third of adults between 61 and 70 years of age, and more than 80% of those over age 85, are affected by hearing loss. Usually, men experience greater hearing loss and at an earlier age as compared to women. Age-related hearing loss represents the most common type; however, it is important to undergo a thorough evaluation and investigate other possible causes for the condition. Most often, the hearing loss occurs in both ears, and affects them equally. Since the loss is gradual, it may be difficult for an individual to realize that a problem with hearing acuity exists. The loss can range from mild, where the person misses certain higher-pitched sounds (such as the voices of women and children), to a total loss of hearing.

There are two general types of hearing loss. Conductive loss occurs when sound waves are not able to reach the inner ear. Causes include something as simple as wax buildup, fluid in the middle ear, or a punctured eardrum. Longterm exposure to noise which is too loud or lasts for too long can also contribute to a conductive loss. Sometimes reduced movement or function of the three tiny bones in the middle ear can be the cause. Sensorineural loss (often referred to as "nerve deafness") occurs with damage to the inner ear and/or the auditory nerve. Most older adults with hearing loss have a combination of the two types.

Medical conditions which are more common in older adults, such as high blood pressure, stroke, or diabetes, can contribute to hearing loss. Some medications – referred to as ototoxic – can cause damage to the inner ear and auditory nerve. Usually these drugs are only used to treat very serious health problems, where the risk of damage to hearing is outweighed by clinical necessity. These medications include certain antibiotics (the aminoglycoside class, such as gentamycin and tobramycin), certain chemotherapy drugs used to treat cancer (especially cisplatin and vincristine), and high doses of quinine, aspirin, or other salicylates.

Hearing loss can have a very significant negative impact on the quality of life for older adults. It has social, physical, psychological, and cognitive effects. Hearing loss is associated with an increased risk of dementia, falls, and depression. Individuals with diminished hearing often become socially isolated and experience increased stress and anxiety because they may have difficulty coping with their environment. The effort needed to cope tends to diminish the parts of one's life that matter most: sharing with family and friends, spending time out in the community, and conducting business and/or volunteer work.

If you are having difficulty hearing, there are some things you can do to help:

Let people know about your hearing loss. There is a tendency for individuals to keep their hearing loss hidden, but doing so is not helpful.

Ask people to face you directly when they speak.

Study the speaker's facial expressions and watch how their face moves as they speak.

Ask people to speak more slowly and distinctly. They should speak a little louder than normal, but not shout. Eliminate competing sounds as much as possible. When speaking with someone, turn off the sound on a radio, television, or other device. In a restaurant or other crowded, noisy environment, try to sit away from the kitchen, band/DJ, or sound speakers.

Let others know if you have not understood what was said. Ask them to try again, perhaps rewording the information. Use assistive devices as appropriate: phone amplifiers, smart phone or tablet apps, captioning in theatres, and hearing aids.

Because of the perceived stigma associated with hearing loss, the average older adult waits 7-10 years before getting a hearing aid. It is estimated that only 20-30% of adults who could benefit from getting one actually end up doing so. (Part of the problem is cost. Original Medicare and many insurance plans do not cover hearing aids.) Today's hearing aids are very sophisticated and vastly improved over those available only a few years ago. Other people will probably be less aware that you are wearing a hearing aid than you are, and you will experience much less misinterpretation of words, inappropriate responses, or being left out of conversations. A hearing aid can definitely improve your quality of life, resulting in enhanced self-esteem, more social activity, and improved emotional stability.

This column is not intended as a substitute for medical advice, diagnosis, or treatment. You are urged to seek the advice of a health care practitioner for any questions or concerns you may have about your medical condition or treatment.

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RC39 Newsletter is looking for comments, suggestions and articles from its members.



Send your comments, suggestions, or article to Peter Herron at rc39pete@optonline.net or mail to 98 Rocky Point Landing Road, Rocky Point, NY 11778. Your article will be published when space is available. RC39, NYSUT, and AFT news will be given priority.

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