



A Citizen Voice for the
Aging Experience

ENGAGING NH NEWS

GUEST OPINION:

NH Shouldn't Skimp on Senior Care

by Gina Balkus

On May 6, the New Hampshire House of Representatives passed legislation that pays nursing homes the funds they are owed for caring for Medicaid clients and balances the state budget with funds intended to help vulnerable seniors stay in their own homes. Gov. Hassan issued a news release signaling her support for this “constructive solution.”

While Senate Bill 8 is good news for nursing homes that are woefully under-reimbursed by the state of New Hampshire, it's yet another step in the deconstruction of home and community services that help keep our elderly loved ones out of nursing homes.

At issue is the state's Choices for Independence (CFI) program. CFI enables low-income seniors whose medical condition qualifies them for Medicaid nursing home care to opt to receive assistance in their home or community.

For instance, a registered nurse will visit when needed to assess the person's condition and treat medical problems; a home health aide will visit regularly to assist with bathing, grooming and assure that medications are taken, or a personal care provider will assist during the day with important personal tasks such as grocery shopping or getting medications from a pharmacy.

Some people who have greater needs may live in an assisted living setting or attend an adult day care program.

We need to treat our seniors better than this.

The beauty of CFI is that it is tailored to the person's individual needs. The goal is to enable them to spend their golden years in the comfort of their own home or community.

And here's the bonus – the Choices for Independence program is about half the cost of nursing home care.

Ask any case manager who helps arrange services, or a home care agency that provides nursing care – the level and amount of services that the state approves for CFI clients have diminished to the point where one really wonders if we are truly meeting the needs of our elders.

Rather than allow a RN to visit once a week to check on a client with a painful chronic condition, approval is granted for visits twice a month; or a home

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2015 Vaughan Award Winners



Back Row: Peter Cassell, Alice & Richard Vierus, Owen Houghton, Jacqueline Gagne. Back Row: Ernest Gould, Grace Anderson, Charlene Mitchell, Lorraine Meyer, Kathleen Crevier. Missing: Kate Kelly. Photo: Ian Raymond

health aide who visited twice a week to help someone shower is now authorized to visit just once a week. The NH Department of Health and Human Services (DHHS) is facing a deficit and needs to balance its budget. The House version of SB 8 will allow DHHS to use “an unexpected surplus” in state fiscal year ‘14 and ‘15 CFI funds to bridge the gap.

How could DHHS have millions of dollars in unexpended funds intended for seniors? So far, nobody has a definitive answer.

According to DHHS, an anticipated increase in the number of people needing services never materialized. But the current caseload is similar to past years, and, even without new people added, the budget should have been spent to assure seniors get the care they need.

Imagine how that feels to people with debilitating pain and who cannot bathe themselves.

There is another way that DHHS has racked up a surplus in the CFI program. The agency has failed to follow RSA 126-A:18-a, a law that was passed in 1997 that requires that Medicaid rates for home care agencies “consider the factors of economy, efficiency, quality of care and access to care” and that those rates be updated annually.

It took 11 years and a lawsuit from home care agencies to force DHHS to comply with the law, and even then, the only time it implemented a formal rate adjustment was in 2009. Since then, DHHS has continued to ignore the law. Payments to CFI providers have remained unchanged and are

far below what it costs to provide care.

Many community agencies that participate in CFI have been forced to cut back on the number of clients they serve, reduce pay to their care staff, or drop out of CFI altogether.

The House version of SB 8 would give CFI providers a one-time, retroactive 2 percent rate increase that would expire June 30. While it is appreciated by providers, it’s a token gesture given that DHHS should have been updating payment rates each year.

Low CFI reimbursement has shredded the community safety net. Who will serve our seniors if community agencies cannot?

Rather than use unexpended funds to fill a budget hole, the Legislature should adopt the Senate version of Senate Bill 8. This would require all the unused CFI funds to go to CFI providers. This would not be simply a kind gesture – it would follow the law.

The reason the House and governor restored payments to nursing homes is because there is a state law that requires any nursing home budget surplus be used to pay nursing homes. It’s time for DHHS to follow the home health law and bring payments up to 2015 levels. This would restore the safety net to some semblance of stability.

Going forward, funds should also be used to assure that seniors at home receive the services they truly need – rather than skimping on baths and forcing them to forgo care.

Mahatma Ghandi once said “a nation’s greatness is measured by how it treats its weakest members.” New Hampshire made a commitment to provide low income, medically fragile seniors with the Medicaid long term care services they need. Balancing the state budget with their funds is not a constructive way to honor this commitment. We need to treat our seniors better than this.

Gina Balkus is the CEO of the non-profit Granite State Home Health Association which advocates for home health agencies and the patients they serve

NH Updates

MISSING FROM HEARINGS

The NH Senate held more than five hours of budget hearings last Wednesday. For several hours, I listened to one resident after another plead for funding for a host of our state’s needs. Through it all, there was a nagging feeling that something was missing.

My heart ached for a mother who lost one child to cancer last year and was losing another to the ravages of mental illness as she pled for adequate mental health funding.

Still, there was something missing. Representatives Hall was filled to capacity, as was the House gallery, the anteroom and the corridor outside, with some attendees escorted to the Statehouse cafeteria to wait for a seat. An estimated gathering of more than 1,000 people turned out for the hearing. Approximately 400 signed up to testi-

fy on the House passed budget. Others signed in favor or in opposition. Still others just came to bear witness.

Yet, there was something missing.

One mother said, “I come here every two years to say the same things. We shouldn’t have to beg you for support year after year.” Like many parents of disabled children, she beseeched the committee to reinstate the thin safety net that provides care for her child while she works each day. These parents pay property and other taxes and save the state tens of thousands, if not millions, of dollars by keeping their adult children out of state care.

But there was something missing.

Chambers of commerce and tourism-related businesses asked for restoration of tourism promotional funds, noting a 9-to-1 return on every dollar so invested in an industry that accounts for more than 34 million visitors and \$4.5 billion in tourism spending. Keene State College’s student president testified about friends who’ve had to drop out due to tuition costs and escalating debt. “I love New

Hampshire. I want to stay, but my college debt and the cost of living here will likely result in my leaving when I graduate.” He won’t be alone: An alarming number of young people are abandoning New Hampshire.

Many sported neon green T-shirts with the chalk outline of a body on the front bearing the number 321, representing those who have died in the past year from drug overdoses. They entreated the restoration of funding for addiction services during the worst opioid crisis in our history.

Dozens of seniors asked the committee to save ServiceLink, a coordinating agency for seniors, and to restore funding for Meals on Wheels. There are practical and economic reasons for maintaining adequate services that allow seniors to stay in their homes. For example, our current county nursing homes can’t accommodate many more.

Suddenly, amid the supplications for prudent investments in our economy, in educating and retaining our young people, and in crafting a budget that demonstrates our moral priorities, I realized what

WHO ARE WE?

EngAGING NH is an all-volunteer not-for-profit organization registered with the State of NH. We work to support and promote activities, policies, planning and values that respect and include ALL older adults.

was missing. In all the hours of testimony, I had not heard one person – not one – who stood up and asked for cuts to the budget; not one who implored the committee to tighten our collective belt and eliminate any of the programs being discussed. Not one person demanded fee and tax cuts. Even a Republican North Country executive councilor, known for advocating fiscal belt-tightening, pleaded with the committee to restore funding for economic development and services needed by his constituents.

Of the more than 800 signatures on sign-in sheets, 10 were in favor of the House-passed budget, with the rest opposed. Even some of the 10 may have been an error, as two individuals indicated they were homeless (who have also seen cuts). Even if we accept every one of those 10 as being in favor of the budget, that's a mere 1.2 percent of those present at the hearings.

Where, then, does the outcry to slash these programs come from? As one woman said to the committee, "We heard loud and clear from the House: You don't matter to us, your children don't matter to us. Will you tell us the same thing?"

Is that really what we want to tell the residents of our state – the vulnerable, our students, seniors, tourism businesses – you don't matter to us? Is that truly the best we can do?

Rep. Jackie Cilley, Barrington, NH, Nashua Telegraph, 5/13/15

ANOTHER SCAM WARNING ISSUED

The state Attorney General and the Public Utilities Commission have issued a statewide warning regarding a telephone scam in which customers are told to make immediate payments to avoid having their electricity shut off. The New Hampshire Electric Coop, serving the central part of the state, issued a similar warning last week, which has now been broadened to customers of all utilities in the state.

A number of consumers have

FYI . . .

This newsletter is intended as a forum for you to share personal experiences, information and points of view.

In our media driven world of skillful marketing and political spin, we believe that diversity is critical to discernment and therefore the EngAGING NH Board of Directors welcomes all points of view, expressed with civility!

While the opinions expressed do not necessarily reflect those of the Board members, our intent is to include material that assists you in forming your own opinions.

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complained of receiving calls from individuals pretending to be with the customer's utility company, according to state officials. The scammers have been targeting commercial and residential accounts, telling the customers that they have a past due balance and threatening to disconnect service unless they pay up. The caller ID is often "spoofed" to show the utility company's phone number. The customer is then directed to make a payment to a specific account number at a payment location, usually a supermarket or other retail location that accepts utility bill payments.

These calls are not coming from New Hampshire utility companies. Utility customers who are scheduled for disconnection due to non-payment receive written notice a minimum of 14 days prior to any proposed disconnection date and the notice includes action they can take to maintain service.

Consumers receiving these types of calls should not provide any type of financial information to the caller, including credit card or bank account information, and should not make any payment. Calls should be reported to the Public Utilities Commission at 800-852-3793. Consumers can also call the Attorney General's Consumer Hotline at 888-468-4454.

Union Leader, 5/12/15

DENTAL CARE IN NH

EngAGING NH received the following request from Laurel Redden, NH Dental Alliance Coordinator:

“...It talks about Pew’s latest survey showing NH is once again tops in nation in providing preventative dental sealants to children, which is to be applauded, but of course this does nothing for seniors (and other adults and children) needing restorative care.”

Our response was sent to all NH Newspaper Editors:

The recent news that NH received high marks compared to other states for use of sealants to prevent tooth decay among schoolchildren is cause for celebration. Perhaps this means the next generation will grow up with better oral health outcomes than their parents or grandparents.

But as New Hampshire ages, it’s becoming more obvious that there’s still work to be done toward improving the overall oral health picture for adults as well. Of particular concern to us are elders, for whom restorative dental work is an important issue. Public health surveillance, done last year by the NH Division of Public Health Services, showed almost one in five older adults need early or urgent dental care that may be difficult to access due to financial and transportation issues. This is a significant problem in need of some innovative solutions. Medicare and Medicaid do not cover routine dental care, and there are currently no funding resources to add it to either program, putting needed care too far out of reach for too many elders.

Good oral health is now understood as a key factor in overall health. Poor oral health is linked to diseases such as diabetes and

heart disease. That makes finding the solution all the more pressing as the state’s population ages not only to alleviate suffering but to alleviate costs to the state.

Fortunately, a Commission is underway now in Concord, studying barriers to oral health access. I hope their report not only applauds progress but acknowledges areas where the Granite State could improve access to oral health care, especially for vulnerable elders.

2015 WHITE HOUSE CONFERENCE ON AGING

2015 marks the 50th anniversary of Medicare, Medicaid, and the Older Americans Act, as well as the 80th anniversary of Social Security. The 2015 White House Conference on Aging is an opportunity to recognize the importance of these key programs and to look ahead to the issues that will help shape the landscape for older Americans for the next decade.

Older Americans and leaders in the field of aging attend these “by invitation only” events which are now being held around the country. Topic areas of focus include: Retirement Security, Healthy Aging, Long Term Services and Supports, and Elder Justice.

The Boston Regional session will be May 28. EngAGING NH board members Steve Gorin and Barbara Salvatore, who also attended the 2005 Conference, will be representing NH’s older adults at the Boston Forum. Expect a report in an upcoming issue of EngAGING NH News.

www.whitehouseconferenceonaging.gov

From Our Readers

MANY THANKS

Thanks for newsletter you do a tremendous job much appreciated. Thanks again for the newsletter. Such great info.

Emily LaPlante

What a labor of love is EngAGING NH newsletter. You must need to begin next month’s the moment you wrap up the finished one. I love the humor about the woman and leaving her keys in the car. A gem! Each issue is full of helpful info.

Barbara Richardson

Roger-Thank You for pursuing my nomination for Peter Cassell. The Vaughan Award event was wonderful and we all truly enjoyed the experience. Thank you for your great work and dedication on behalf of the elder citizens of NH! You are a gem!

Pamela Littlefield

(Editor's Note: Roger Vachon, EngAGING NH Board Member, plans, organizes and does the li-



At the 2015 Vaughan Awards
Photo: Ian Raymond

Raise Your Voice!

Please let us know
what's on your
mind and what's
important to you.

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on's share of work that culminates
in a ceremony with the Governor.)

MISSING MONEY

The NH Association of Senior Centers is pleased to bring you contact information for an interesting program opportunity (and it's free!): NH Missing Money <http://www.nh.gov/treasury/Divisions/AP/APsearch.htm>

We had the NH State Treasury (contact info below) do a "remote outreach event" at our Center yesterday. About 25 Seniors attended. After the presentation, Tom had another staff person with him that started doing searches for individuals. They helped thirteen people claim cash proceeds totaling \$1,418.97 and shares valued at \$41.28. Anywhere from \$8 to over \$1,000. We had some very happy seniors!!!!

As a result of this, we've also had two volunteers come forward who will continue this program by "holding hours" once a month at the center and assist others who may not be computer savvy.

Tom, of the NH State Treasury, said he is happy to visit any Senior Center. So, if you'd like to help some seniors discover some new-found money – give him a call!

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*Patti Drelick, Director, Salem
Senior Services*

READING THE STARS: NURSING HOME QUALITY STAR RATINGS, NATIONALLY AND BY STATE

About 1.3 million people receive care each day in over 15,500 nursing homes in the United States that are certified by either Medicaid or Medicare or both. The federal government requires nursing homes to meet minimum standards as a condition of Medicare and Medicaid payment.

In 2008, the Centers for Medicare and Medicaid Services (CMS) launched the Five-Star Quality Rating System on its Nursing Home Compare website to provide summary information to help consumers choose a nursing home in their area. CMS recently modified the methodology of these ratings, began posting more information about nursing home deficiencies from state health inspections, and is planning future steps to increase the star ratings' reliability.

More than half of New Hampshire nursing homes received high ratings. Further, in seven states, including NH, more than 30 percent of all nursing homes have the highest possible overall rating—5 stars.

Key National Findings

- More than one-third of nursing homes certified by Medicare or Medicaid have relatively low overall star ratings of 1 or 2 stars, accounting for 39 percent of all nursing home residents. Conversely, 45 percent of nursing homes have overall ratings of 4 or 5 stars, accounting for 41 percent of all nursing home residents.
- For-profit nursing homes, which are more prevalent, tend to have lower star ratings than non-profit nursing homes. Smaller nursing homes (with fewer beds) tend to have higher star ratings than larger nursing homes.
- Ratings tend to be higher for measures that are self-reported (quality measures and staffing levels) than for measures derived from state health inspections.
- In 11 states, at least 40 percent of nursing homes in the state have relatively low ratings (1 or 2 stars). In 22 states and the District of Columbia, at least 50 percent of the nursing homes in the state have relatively high overall ratings (4 or 5 stars).
- States that have higher proportions of low-income seniors tend to have lower-rated nursing homes.

<http://files.kff.org/attachment/issue-brief-reading-the-stars-nursing-home-quality-star-ratings-nationally-and-by-state>

CS

News You Can Use

LONG-TERM CARE: CHALLENGES AND CHANGES

Learn to navigate the costs, shifting coverage options, and insurance policy features

No one really likes to think about needing long-term health care services. But the reality is that each year, an estimated 12 million Americans need some type of long-term care.

Are you prepared? While it used to be that families cared for their aging relatives because there was no other option, today's elderly increasingly rely on professional care from home health aides and nursing homes, particularly when significant care is needed. That can become pricey.

"While many people buy long-term-care insurance to defray these costs, there are just as many who should consider it but haven't," says Tim Gannon, vice president, product management, at Fidelity Investments Life Insurance Company.

No doubt, long-term-care insurance can be expensive, but it doesn't have to be. And it can be money well spent, making a critical difference in your quality of life—and your family's—as you age. The key is weighing your personal needs against the costs and potential benefits of coverage.

The good news: New products offered by insurance and financial companies may increase your choices. Below, we discuss four

WE WANT YOU TO KNOW . . .

EngAGING NH promotes citizen leadership and the active involvement of New Hampshire's older adults in the development of communities and public policies that support all individuals as we age. We are a COMPLETELY VOLUNTEER organization with no paid staff, and a limited budget.

We actively partner and work with other NH advocates.

Formal Partnerships

- NH Voices for Health Care
- NH State Independent Living Council
- State Committee on Aging-Vaughan Awards
- Disabilities Rights Center—NH
- NH Cares
- UNH Center for Aging and Community Living
- Oral Health Care Expansion, Children's Alliance of NH
- Self Advocacy Leadership Team (SALT)

Active Collaborations & Groups:

- Older American's Action Partnership
- Elder Rights Coalition
- Aging and Mental Health
- Department of Health & Human Services

Other Groups we work with:

- AARP
- NH Hospice and Palliative Care Organization
- NH State Committee on Aging
- NAMI
- NH Alliance for Retired Americans
- DD Council
- UNH Institute on Disabilities
- NASW-NH
- Area Committees on Aging
- NH Association of Senior Centers
- NH Statewide Independent Living Council
- NH Legal Assistance
- ServiceLink

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long-term-care options, and how to weigh the pros and cons for your particular situation.

The cost of care

To decide whether you need long-term-care insurance and how much to buy, you need a sense of how much your care could cost. According to the Genworth 2014 Cost of Care Survey:

Home health aide services had a national median hourly rate of \$20.

Adult day care had a national median daily rate of \$65.

Assisted living facilities had a national median monthly/yearly rate of \$3,500/\$42,000.

Nursing home care had a national daily/monthly/yearly rate of \$212/\$6,360/\$77,380 for a semi-private room and \$240/\$7,200/\$87,600 for a private room.

Coverage options

Essentially, there are four different ways to pay for long-term care: government assistance; traditional long-term-care insurance; “hybrid” insurance, which offers life insurance or annuity benefits with long-term-care coverage; and personal savings. Which you choose depends largely on your financial circumstances—both now and in retirement.

Government programs: Veterans and people with low income who can’t afford to cover long-term-care expenses might be eligible for long-term-care assistance from the federal government, through Medicaid and the Veterans Administration, or state-run assistance programs.

However, you can’t rely on Medicare to cover these costs, even if you’re age 65 or older. Medicare provides limited benefits for long-term care, and would not cover an extended stay in a nursing home.

As for Medicaid, benefits kick in only once you’ve depleted your savings, and the choices for where and how you receive care could be limited. Benefits and eligibility vary from state to state, and savings and income are frequently key factors.

Traditional long-term-care (LTC) insurance policies. These policies are still the most widely used type of long-term-care insurance. You can choose the amount of coverage, how long it lasts, and how long you have to wait before receiving benefits. Typically, you pay an annual premium for life, although your premium payment

period could be shorter.

However, many carriers no longer offer traditional policies and those that do may raise annual premiums after purchase. Still, the annual cost with traditional policies may be lower than other options.

Hybrid policies. One type of hybrid insurance offers life insurance with long-term-care coverage. “A life insurance/long-term-care hybrid policy will pay for long-term care during your lifetime if you need it. But if you don’t use your long-term-care benefits, it will pay a life insurance death benefit to your beneficiary upon your death,” explains Tom Ewanich, vice president and actuary at Fidelity Investments Life Insurance Company.

If you had a long-term-care need, you would be able to draw down or accelerate the death benefit amount to pay for your care, subject to a monthly maximum amount. However, even if you used up the entire death benefit, the insurance company would still provide additional long-term-care coverage.

Another type of hybrid is a long-term-care annuity, which provides long-term-care insurance coverage at a multiple of the initial investment amount. The investment grows tax free at a fixed rate of return, and if used for long-term-care expenses, gains will be received income tax free. If you qualify for long-term-care benefits, the long-term-care coverage would draw down both the account value and the long-term-care pool. Once your account value has been exhausted, the insurer would

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Make your check out to Disabilities Rights Center-NH, Inc. and note “EngAGING NH” on the memo line. DRC’s mailing address is 18 Lowe Avenue, Concord, NH 03301.

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provide the remaining long-term-care pool benefits, which is effectively the insurance component of the policy.

However, today's low interest-rate environment has made it challenging for insurers to provide annuities with long-term-care coverage. So, it's important to note that these products have yet to gain any significant traction in the market, and as a result may be not be available through your insurance company or they may be new products.

Personal savings. Not everyone needs long-term-care insurance. "The very wealthy will have enough assets to cover their income and lifestyle needs, and still be able to carve out enough assets to fund their potential long-term-care expenses," says Gannon. This is sometimes known as "self-insuring." Even if you're not wealthy, the cost of long-term care has risen so high in recent years that it may be prohibitively expensive in your state, making self-insurance the option of last resort.

Understanding your options

If you've decided you want long-term-care insurance, you need to think about when to buy it, how much coverage you want, and the types of features that make sense for your situation. How does someone actually figure out whether long-term-care insurance is right for him or her? See Viewpoints: How to manage the cost of long-term care.

When to buy

The older you are, the greater the chance you'll have a medical

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event that requires long-term care or you'll develop a health issue that will keep insurers from approving your policy. People typically buy long-term-care insurance when they're in their 50s. At that point in your life, Ewanich says, "you're old enough to think seriously about long-term care, but young enough for your premiums to be affordable, and you're less likely to have medical issues that disqualify you for coverage." In addition, long-term-care considerations should be a part of your retirement planning discussions with your financial adviser.

When do benefits begin?

Typically, you become eligible for your long-term-care benefits when you can no longer perform a certain number of "ADLs," or activities of daily living (e.g., eating, bathing, dressing, etc.) without help. Then, most policies have a waiting period ("elimination" or "deductible" period), during which you pay for your care until you can receive benefits.

How much coverage?

Most long-term-care policies cover the same types of costs, from nursing home stays to home health aides. You have to decide how much coverage you want, both in terms of the dollar amount of your benefits and how many years you want those benefits to last. As Ewanich points out, buying long-term-care insurance is like purchasing a pool of money that you can use for daily coverage (e.g., \$200 per day) or monthly coverage (e.g., \$6,000 a month).

Importantly, don't buy more coverage than you can afford. Instead, consider reducing the amount of coverage to balance your financial situation with your long-term-care needs. Also, recognize that there are different ways to pay for your policy. While some are single premium policies that you pay in one lump sum, other policies, like traditional long-term-care coverage, can be paid for through periodic premium payments. Keep in mind, however, that when you choose periodic premium payments, your premium level isn't guaranteed, and it could grow over time to keep pace with rising medical costs.

Sustaining your coverage

If you're going to spend the money on long-term-care insurance, make sure your benefits will be sufficient—and available to support you. Since medical costs will likely continue their upward climb, you might consider adding inflation protection.

Also, choose an insurance carrier with a strong track record and sol-

id financial health. You want to make sure the carrier has the longevity to be around years after you buy your policy, so it can pay your benefits when you need them.

Make it personal

Your long-term-care insurance fits your personal situation. An individual may need or be able to afford a different level of coverage than a married couple because he or she has to consider the long-term-care needs of only one person. For couples, consider the impact on your spouse’s financial situation if you have an extended LTC situation. It’s also important to factor in your family medical history and know the risks you face. Certain hereditary diseases in your family—like Alzheimer’s or high blood pressure—could make it more likely that you’ll have a long-term-care event in the future.

A thoughtful long-term-care coverage decision is all about balance—weighing what you can afford, the kind of care you want, and the risks you might face. Made carefully, it’s a decision that may help avoid financial catastrophe and help keep your lifestyle in retirement on an even keel.

*Fidelity Viewpoints,
04/29/2015*

GRANDPARENTS ARE KEY TO HAPPY GRANDCHILDREN

A grandparent’s love for their grandchildren is often said to be the most magical love of all – it’s boundless, unconditional and un-

breakable. Without the daily pressures of parenting, grandparents and grandchild often develop a bond that is as close as it is strong.

Now a study from Brigham Young University in the USA, which examined the role grandparents play in the development of children, has confirmed what every grandparent knows (or hopes, at least) – grandparents are key to grandchildren’s happiness!

“We wanted to see how grandparents matter to children, so we asked a number of questions related to emotional closeness to grandparents”, said lead author Jeremy Yorgason, assistant pro-

fessor in the School of Family Life.

The study asked 408 fifth graders questions about their relationship with their grandparents including whether they get advice on important decisions and feel like they can discuss problems with their grandparents. The questions were followed up a year later.

The results found “the emotional relationship between grandparents and their grandchildren can significantly affect the children’s academic, psychological, and social development.” When grandparents are involved in their grandchildren’s lives, kids are not only

How to Contact Your State Committee on Aging Representatives

County	Name	Email
Belknap	Rich Crocker	richcrocker@metrocast.net
Carroll	Kate Cauble	kemc226@aol.com
Cheshire	Bob Ritchie	fictionfitz@gmail.com
Coos	Mark M. E. Frank	maxfra@aol.com
Grafton	Chuck Engborg	eengborg@roadrunner.com
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more social but also more engaged in school. Researchers also noted kids were more likely to develop pro-social skills essential for social development, such as showing care, compassion and kindness for people who are not part of their inner circles.

“Grandparents matter above and beyond parents”, said Yorgason, adding, “They are an important resource.” Regular contact with adults outside children’s immediate family means they are more likely to be able to think outside of themselves.

The strong grandparent-grandchild connection was found regardless of income or whether it was a single parent or two parent households. In fact, grandparents who do not live with their grandkids were found to have the strongest bond.

As the study notes, it may be because “non-resident grandparents take on a role that encourages positive development rather than disciplining negative behavior... which is particularly important in early-adolescence when parent-child conflict increases.” Grandkids can find secure allies in grandparents, Yorgason said, continuing, “Grandparents are like the National Guard, if there is a problem, they come in and help out.”

All in all, the study concluded, “children have a higher level of self-confidence when grandparents give more affection. Such emotional closeness has long-term positive impacts on children’s lives, including the value children

derive from giving and receiving care from another person.”

The message to take away from this study? A close grandparent-grandchild bond does a world of good for both generations and grandparents can and do make a difference in a grandchild’s life. So go forth, and continue loving your grandchildren because you’re doing the right thing!

CALL ON CONGRESS

Support the Improving Access to Medicare Coverage Act of 2015 (S.843/H.R. 1571)

Ask your Congressional members to help Medicare beneficiaries who are hospitalized in observation status by passing legislation that would require that time spent in observation be counted towards meeting the three-day prior inpatient stay that is necessary to qualify for Medicare coverage of skilled nursing facility care.

Visit OpenCongress.org to find your local representatives and contact them today to share the following messages:

- Medicare beneficiaries are being denied access to Medicare's skilled nursing facility benefit because acute care hospitals are increasingly classifying their patients as "outpatients" receiving observation services, rather than admitting them as inpatients.
- Patients are called outpatients despite the fact that they may stay for many days and nights in hospital beds and receive medical and nursing care that is often indistinguishable from

the care they would receive if formally admitted as inpatients.

- In times of sickness, Medicare beneficiaries and their families should not have to worry about their hospital billing classification status and whether or not Medicare will reimburse their care.
- There is bipartisan support in Congress to fix this problem. The Improving Access to Medicare Coverage Act of 2015 (S. 843/H.R. 1571) would require that time spent in observation be counted towards meeting the three-day prior inpatient stay that is necessary to qualify for coverage of skilled nursing facility services under Medicare.
- Please cosponsor S. 843 or H.R. 1571.

BOOMERS, REJOICE! 60 IS THE NEW 50

As life expectancy increases, so does the concept of aging. Remember the legend of Ponce de Leon, the 16th century explorer who discovered the Fountain of Youth in, of all places, Florida? The story goes that this magical water source was capable of reversing the aging process and curing sickness.

Well, it turns out that Ponce de Leon’s got nothing on current-day “explorers” when it comes to turning back the hands of time. Researchers from the International Institute for Applied Systems Analysis and Stony Brook University recently released a study that

suggests the start of middle age is no longer 45 or 50 but, instead, 60.

That's right: 60 really is the new 50. Boomers, rejoice! Life expectancy is increasing at a faster rate than ever. The Wittgenstein Centre for Demography and Global Human Capital projects an increase in life expectancy of 1.4 years per decade in Europe. In response, according to the study, the definitions of "old" and "middle age" have to change. Rather than basing age categories on the amount of time someone has lived so far, the researchers argue that the categories should be based, instead, on the amount of time one has left to live.

"What we think of as old has changed over time, and it will need to continue changing in the future as people live longer, healthier lives", says Sergei Scherbov, co-leader of the study.

For a generation that's so allergic to the thought of aging that the mere mention of "Social Security" or "AARP discount" can induce anaphylactic shock, this is the best news since the invention of Botox.

So long as the definers of age keep moving the goalpost, boomers may never have to grow old.

I wish I'd known this sooner. Here I was, believing that being in my 50s meant I'm middle aged, when, really, I'm still terribly young. What a fool I've been, going to sleep by 11:30. I could be pulling all-nighters. To think I gave up tennis because an orthopedist apparently misdiagnosed my shoulder pain as osteoarthritis.

That's a condition for middle-aged people, not a young, athletic woman like myself. And all the technology and devices I have trouble learning? That's not a sign of age, that's just a sign of stupidity. Whew.

The current research seems to echo findings by Bernice Neugarten, a pioneer in the study of adult development, who began arguing for a more complex view of aging decades ago. One of her most significant contributions to the field was to differentiate the "young-old" from the "old-old" rather than categorize people who are decades apart the same way.

But, today, many of the "young-old" would be called middle aged. Today's research also confirms what we've already known, anecdotally: Good health, an active lifestyle, and a young attitude may have more to do with a person's "age" than their date of birth. You don't have to look any further for proof than last week's Boston Marathon, where a dozen men and women in their 80s qualified to run. These incredibly fit Marathoners are definitely not your parents' grandpas and grandmas.

*Meta Wagner, Boston Globe,
4/27/15*

**Looking for a back
issue of an
ENH newsletter?**

**Check our website:
www.engagingnh.org**

Health & Wellness

FEDERAL RESOURCES FOR CAREGIVERS

<http://www.whitehouseconferenceonaging.gov/happening/resources-caregivers.html>

FIVE WAYS THAT MEDITATION CHANGES THE BRAIN

1. Meditation keeps your hippocampus healthy to enhance learning and memory. The hippocampus is a small region of the brain buried deep within the subcortex. It plays important roles in learning, emotion regulation and specifically helps with the consolidation of information, from the short-term to long-term memory.

In 2011, researchers at Harvard were among the first to demonstrate that just eight weeks of mindfulness meditation training caused significant increase in the thickness of the hippocampus.

2. Meditation tells your amygdala to chill out and helps to lower stress levels. The same team of Harvard researchers also found that mindfulness meditation decreases brain cell volume in the amygdala, the part of our brain responsible for fear, anxiety and stress. These changes matched with the participants' self-reports of their stress levels, demonstrating how changes in the brain correlate with subjective perception and feelings as well.

3. Meditation builds a faster, fatter and fitter frontal cortex, helping to improve focus, concentration and attention. Since focusing our attention on an object (ex: breath or mantra) is one of the central practices of meditation, it's no surprise that meditation should help improve our ability to focus and be less susceptible to distractions.

Improved concentration and attention is one of the most well-studied benefits of meditation. How this happens is actually quite simple. When we focus our mind, we activate the frontal cortex and increase blood flow to this area. If we do this enough times, we start to see that enhanced blood flow activity become more stable. This activity leads to the growth of grey matter (known as cortical thickening) and can be seen in the brains of meditators.

4. Meditation increases gray matter and lengthens telomeres helping to slow the effect of the ageing in the brain. The human brain starts to decrease in volume and weight as we age, but research has shown that long-term meditators have better preserved brains than non-meditators, as they age. They have more grey matter volume and while older meditators still had some volume loss, it wasn't as pronounced as the older non-meditators.

Meditation also helps to protect our telomeres, the protective caps at the end of our

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engagingnh@gmail.com

chromosomes. Telomeres are longest when we're young and naturally shorten as we age. Shorter telomeres are associated with stress and higher risk for many diseases including cancer, and depend on the telomerase enzyme to enable them to rebuild and repair. Researchers at the University of California were the first to show that meditators have significantly higher telomerase activity than non-meditators. Their findings have since been replicated.

5. Meditation activates the insula, enhancing empathy and compassion. Empathy is about reading others — it's defined as the ability to understand the feelings of another. Compassion is something different — it's about sympathetic concern for the suffering of another or oneself.

In the past 10 years, research has consistently shown that meditation enhances both of these qualities. These benefits are traced to a brain region known as the insula. The insula is a key player in self-awareness and empathy for emotions. It enables us to be mindful of our own emotional

reactions, as well as better read and understand those of others. The more empathic people are, the more the insula lights up when we witness emotions in other. Meditators show enhanced activity in the insula and greater cortical thickness in this region. More recent studies have also shown that meditation increases compassionate responses to the suffering of others.

So there you have it — why not give meditation a try. The more you commit to a regular practice, the more your brain will reap the benefits. Plus, you'll be a lot happier and healthier overall, too.

Mind Body Green

MEDICARE REMINDERS

Hospice

Medicare will help pay for your hospice care if you meet all of the following criteria:

- You have Part A;
- The hospice medical director (and your doctor, if you have one) certify that you have a terminal illness (your life expectancy is six months or less);
- You sign a statement electing to have Medicare pay for palliative care such as pain management, rather than care to try to cure your condition;
- Your terminal condition is documented in your medical record;
- You receive care from a Medicare-certified hospice agency.

You do not need to be homebound to qualify for the Medicare hos-

pice benefit. The benefit is a comprehensive set of services delivered by a team of providers. Most hospice services are provided in the home, but inpatient care is covered under specific circumstances.

The hospice benefit is always covered under Original Medicare. If you have a Medicare Advantage plan and elect hospice, your hospice care will be paid for by Original Medicare. [Click here to learn more about the hospice benefit on Medicare Interactive.](#)

Therapies

Medicare covers therapy services that help you maintain your ability to function, prevent you from getting worse, or slow worsening symptoms. As long as you meet the following requirements, Medicare should cover your **outpatient** therapy whether or not your condition is temporary or chronic:

1. You need the technical skills of a trained therapist to provide safe and effective treatment;
2. Your doctor or therapist sets up the plan of treatment before you get care; and
3. Your doctor regularly reviews the plan of treatment to see if changes are needed.

If you have Original Medicare, Medicare Part B generally covers 80 percent of the cost of each outpatient therapy service and you or your supplemental insurance is responsible for the remaining 20 percent. In 2014, there is a \$1,900 therapy cap for physical and speech therapy combined and a

separate \$1,900 cap for occupational therapy. However, you may be able to continue receiving therapy past the cap if it is medically necessary.

If you have a Medicare Advantage plan, it can set its own cost rules for physical, occupational, and speech therapy.

[Click here to learn more about physical, occupational and speech therapy coverage on Medicare Interactive.](#)

HAVE A STORY TO SHARE?

As the 50-year anniversary of Medicare and Medicaid approaches, the Centers for Medicare & Medicaid (CMS) would like to hear your story about Medicare and how it has benefited you, your family member, or your friends.

You can share your story by emailing the following information to partner-shop@cms.hhs.gov.

- First Name:
- Last Name:
- Email address:
- Telephone:
- Age (optional):
- City and state of residency:

Your story: In 4-5 sentences, share your story or experience on how having Medicare coverage has benefited your health, loved ones, or improved your quality of life.

Photograph (optional): Please include as an electronic attachment.

Dollars & Sense

WHY YOUR WILL MAY BE OUT OF DATE

See if your estate plan documents were written before these four dates

Whenever clients ask if they need to update their will or trust, my first question back to them is: "When was it created?" If they tell me it was 10 to 15 years ago or longer, I might react like I'd found expired food in the fridge because it may not be safe to use something that old.

Your family and personal situation has probably changed a lot since then (perhaps your will or trust was created when your children were in high school, but now they're married with kids). The tax laws have changed a lot over the years, too. Even if your estate planning documents are still valid, they may no longer work the way you intended.

So how do you know if your estate plan is out-of-date? If your [will or trust](#) predates these four key "freshness dates", it may be time to visit your attorney for a review:

April 14, 2003 This date relates to the required compliance date of the privacy regulations under the Health Insurance Portability and Accountability Act ([HIPAA](#)), a law which was enacted in 1996. The HIPAA privacy rule imposed strict guidelines on the disclosure of "protected health information" without the patient's explicit permission. While these privacy protections are a good thing, they can

Contact Information For NH Members of the U.S. Congress				
Name	Mailing Address	Phone	Fax	E-Mail Contact Form
U.S. Representative Frank Guinta	326 Cannon House Office Building, Washington, DC 20515	(202) 225-5456	(202) 225-5822	https://guinta.house.gov/contact/email
U.S. Representative Ann Kuster	137 Cannon House Office Building, Washington, DC 20515	(202) 225-5206		https://kuster.house.gov/contact/email-me
U.S. Senator Kelly Ayotte	144 Russell Senate Office Building Washington DC, 20510	(202) 224-3324	(202) 224-4952	http://www.ayotte.senate.gov/?p=contact
U.S. Senator Jeanne Shaheen	520 Hart Senate Office Building Washington, DC 20510	(202) 224-2841	(202) 228-3194	http://shaheen.senate.gov/contact/

also become problematic if your [executor](#), [trustee](#) or agent (under a durable [power of attorney](#)) needs to deal with your employer, insurer or medical providers such as doctors, clinics and hospitals.

Due to this rule, in order to act on your behalf, an authorized person must have a written document executed by you, with very specific language mandated by HIPAA. So if your will, [revocable trust](#), durable power of attorney or [health care power of attorney](#) was executed before April 14, 2003, your executor, trustee or agent may not be able to work effectively with your medical providers and insurers. To fix this problem, have an attorney update your documents to include the language required by HIPAA.

January 1, 2005 This date is important if you live in a state that imposes its own [state-level estate or inheritance tax](#). Before 2001, there was a federal credit for state death taxes (the size of the credit varied with the size of the estate). Back then, there was not much incentive to make plans for avoiding state death taxes because those taxes were fully offset by the fed-

eral credit. But the Economic Growth and Tax Relief Act of 2001 (EGTRA) phased out the credit between 2002 and 2004.

As a result, since January 1, 2005, state estate or inheritance taxes apply on top of any federal estate tax. Today, 15 states impose their own state estate tax, seven states have an inheritance tax and a few states have both. If you live in a state that imposes its own estate tax and your will or revocable trust was executed before 2005, visit your attorney to start planning for state taxes if they're a concern for you.

December 17, 2010 This is the date of enactment of the Tax Relief, Unemployment Insurance Reauthorization and Job Creation Act of 2010 (let's call it "TRA 2010"), which increased the federal estate tax exclusion to \$5 million for 2010 and indexed it to inflation after that. For 2015, the federal estate tax exclusion is \$5.43 million.

Before 2010, the threshold for owing federal estate taxes was much lower; the exclusion was just \$600,000 in 1996, for instance,

and \$1 million in 2001. Effectively, TRA 2010 eliminated the federal estate tax for thousands of people.

If your estate plan was created before December 17, 2010, your estate planning documents may contain federal tax-planning provisions that are no longer needed. Your attorney might be able to recommend a simpler plan now. In other situations, however, your estate plan may need to become more complex. For example, if you live in one of the 20 states that imposes a state estate tax or inheritance tax, your attorney might favor new strategies to deal with state estate taxes, which often begin at a much lower threshold.

The key point to remember is that tax laws are drastically different today, so documents drafted before December 17, 2010 may produce unexpected or unfavorable results.

January 2, 2013 This date is important for married couples with a combined taxable estate exceeding \$5.43 million. The American Taxpayer Relief Act of 2012 (ATRA) became law on January 2, 2013

and made the “portability election” a regular feature of federal estate tax planning. This election lets an executor transfer a deceased spouse’s unused federal estate tax exclusion to a surviving spouse, which can be an important estate-planning tool. In effect, the surviving spouse can “stack up”

the deceased spouse’s exclusion on top of his or her own exclusion.

If you are married and your will or trust was drafted before January 2, 2013, you could be missing some valuable tax planning opportunities. Traditional estate tax planning strategies for married couples relied on creating a “credit shelter” or “bypass” trust that would not be part of the surviving spouse’s taxable estate. However, assets in this trust are not eligible for what’s known as a “[step up](#)” in cost basis at the death of the surviving spouse. (A “step-up” means no capital gains taxes will be due upon your death on the assets that grew while you held them; if the assets were sold in the future, taxes would be due only on the gain since the inheritance).

Today, your attorney might recommend one of several new strategies using the portability election, so assets from the first-to-die spouse would receive an additional “step-up” in cost basis at the surviving spouse’s death. These newer strategies could help heirs save considerable amounts of capital gains taxes, but they don’t apply to everyone. The key point to remember is, if you are married, have a combined estate above \$5.43 million and have wills or trusts created before January 2,

2013, talk to your estate planning attorney

[Dan Prebish](#), April 28, 2015

YOUR PET AND YOUR ESTATE

No Joke: If your pet isn't in your estate plans, it's time to remedy that.

Maybe you heard that Joan Rivers left a portion of her \$150 million fortune to her four rescue pups, who are now living with her long-time assistant. Or that Lauren Bacall’s will said her dog, Sophie, would inherit \$10,000 of her \$26.6 million estate.

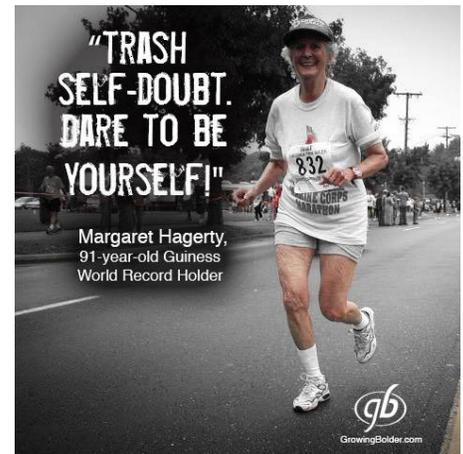
You might have even laughed when you heard the news. But anyone who owns a pet or ever has understands exactly what Rivers and Bacall were doing — ensuring that their loved ones would be cared for after they were gone.

As Rivers told The Daily Beast’s Tim Teeman in early September, “I’ve left money so the dogs can be taken care of.”

(In my own family, the loss of our beloved miniature schnauzer, Chance, a few years ago, was one of the saddest days of our lives.)

If you’re a pet owner, you should follow the lead of Rivers and Bacall, no matter how big your estate will be. I was pleasantly surprised to see that many people do, according to a recent survey.

[Securian Financial](#) polled 903 U.S. pet owners and found that 44 percent have made plans for what would happen to their pets if the owners passed away or were no longer able to care for them (80



percent of the owners had dogs; 65 percent cats and 14 percent had “other”).

“We’ve seen a lot in the media that people feel their pets are part of their family and talked to some of our planners who said this is coming up quite often — owners wanting to be sure their pets will be taken care of”, said Michelle Hall, manager of market research for Securian.

According to the survey, however, in most cases where owners have made plans, their [instructions](#) were just informal and weren’t written down. That could be problematic, since without written instructions, it’s quite possible that the pets won’t receive the medical care, love and attention the owners had in mind.

Of the owners surveyed who have made financial provisions, 73 percent will leave a cash gift to the pet’s caregiver (who may be named as the beneficiary in a pet trust); 38 percent added that caregiver as a beneficiary to their life insurance policy; 35 percent added more life insurance to their policy and 13 percent bought an annuity with the pet’s caregiver as beneficiary.

When You Don't Leave Instructions

If you're a pet owner but haven't included instructions in your will for who you want to care for your pet and how, you really should. Otherwise, the pet will automatically go to whoever in your will inherits everything that isn't specifically mentioned (that person is known as the "residuary beneficiary." And if you don't have will, your pet will likely wind up going to your next of kin.

You might also want to follow the lead of Rivers and Bacall and dedicate a specific amount of money for your pet's medical care and feeding. Be sure that anyone you want to care for your pet knows about it before you die; you don't want him or her to feel burdened or surprised upon your death. Bear in mind, though, that naming a trustee for your pet in your will may not be legally enforceable and there's no guarantee your trustee will do what you ask.

"You have to hope the trustee will follow your wishes", said Karen Leslie, Executive Director of The Pet Fund (ThePetFund.org), a nonprofit that helps people find money to pay their veterinary bills. "It's best to specify as clearly as possible how any money should be disbursed, to whom and for what purpose."

If your estate turns into a pitched battle, having written instructions and a signed agreement with a trustee would likely increase the chances that your wishes will be followed.

Two Types of Pet Trusts

You can't leave money specifically to your pet. Generally, by law "a pet is considered property", said Leslie." That's why you might want to set up a pet trust to help ensure that your dog, cat, bird, fish, guinea pig, iguana (or whoever) gets proper care after you die. With a pet trust, you set aside a specific amount of money to a trusted person who's then responsible for making arrangements for proper care.

A traditional pet trust is effective anywhere. Here, the trustee you designate sees that your caregiver gets the money you allocated for the pet and provides care as you've instructed. Most, but not all states, also recognize "statutory pet trusts", which are often more general. It might say how much money you're leaving in trust for your pet and leave it to the caregiver to decide how to use the cash. You might choose to fund the pet trust by naming its trustee as the beneficiary of a life insurance policy — that could be a special policy bought just for this purpose or a portion of your existing policy.

Make sure your pet's future caregiver knows about The Pet Fund, in case he or she can't afford the veterinary bills. (This group doesn't handle emergency care.) Serious medical problems can be extremely pricey, as with humans.

"A hip replacement can run \$20,000 and a broken leg could cost \$5,000", said Leslie. Yes, those costs are steep. But you do what's needed for a loved one, if you can, human or otherwise.

Richard Eisenberg, 11/3/14,
<http://www.nextavenue.org>

SOME INSIGHT FOR SENIOR INVESTORS

If you are 65 or older, you're considered a senior investor in the eyes of regulators. And every day for the next 15 years, 10,000 more Americans will turn 65, according to the [Social Security Administration](http://www.ssa.gov). The Securities and Exchange Commission and the [Financial Industry Regulatory Authority](http://www.finra.org) see their mission as being the protection of investors. Last week, they released a joint report that you will want to read, called "National Senior Investor Initiative."

The report gives you a peek inside the firms that do business with you. For example, you'll gain some insight on how products are sold, how salespeople are trained to sell them and the legalities behind how the law says products can be sold.

There is a FINRA rule that requires salespeople to "have a reasonable basis to believe that a recommended transaction or investment strategy is suitable for the customer based on the information obtained through reasonable diligence to ascertain the customer's investment profile. A customer's investment profile includes, but is not limited to, the customer's age, other investments, financial situation and needs, tax status, investment objectives, investment experience, investment time horizon, liquidity needs, risk tolerance, and any other information the customer may disclose to the representa-

tive in connection with the recommendation.”

An additional disclosure/information requirement applies to variable annuities, which are one of the top five revenue-generating products sold to seniors. One out of three times, recommendations were “potentially unsuitable”, according to the report.

What is an example? One sales representative engaged in “a consistent pattern of recommending that investors exchange variable annuity contracts purchased within the previous 36 months. In one of those cases, an investor funded the purchase of a new contract by selling a contract he had purchased less than three years earlier, incurring a surrender charge, a loss of death benefit, and an increase in fees. In this case, the cost and commissions charged with the new contract along with surrender charges, increased fees, and a new surrender schedule appeared to outweigh the benefits, given the investor's age.”

Another example? “Patterns of a large percentage of investors' liquid net worth being invested in variable annuities, investment time horizons and age not matching features of the product, firm representative not sufficiently collecting investment profile information, and investment objectives that appeared inconsistent with the terms of recommended variable annuities.”

Firms provide training to avoid these problematic practices and scrutinize their sales representatives through supervisory and

compliance initiatives, which also are explained in the report.

Andrew J. Bowden, the director of the SEC's [Office of Compliance Inspections and Examinations](#), said: “Seniors are more dependent than ever on their own investments for retirement. Broker-dealers are developing and offering a variety of new products and services that are intended to generate higher yields in a low-interest-rate environment. It is imperative that firms are recommending suitable investments and providing proper disclosures regarding the related terms and risks.”

As Susan Axelrod, FINRA executive vice president of regulatory operations, said: “With the dramatic increase in the population of our nation's seniors, it is critical that securities regulators work collaboratively to make sure that senior investors are treated fairly. The culture of compliance at firms is key to ensuring that seniors receive suitable recommendations and proper disclosures of the risks, benefits and costs of any investments they are purchasing.”

You can now call FINRA directly if you need help with an investment question or problem, or to get help with FINRA tools and resources. The free program is called “Securities Helpline for Seniors.” Call [844-574-3577](tel:844-574-3577) between 9 a.m. and 5 p.m. Monday through Friday to speak with a FINRA representative.

Julie Jason, Retire Secure, 4/25/15

Tech Tips

TECH TOOLS AIM TO DRIVE DOWN HEALTH COSTS IN NH

Healthcare reform has brought lots of changes, but here's what hasn't changed: healthcare is still expensive, and the price tag is still rising. Mark Galvin founded a string of tech companies on the Seacoast. And he says one thing has dampened all their prospects: the crushing cost of healthcare.

“Every time I went to start a new company, it went from being kind of a nonissue, to a little bit of an issue, to a bigger issue, to a giant issue”, says Galvin. So Galvin wondered: Could you drive down the cost of healthcare in New Hampshire by helping consumers shop for the lowest price - by creating a sort of Travelocity or Amazon for healthcare?

Apples to Apples

There are lots of obstacles here, but if Galvin could crack the code, it would be a big deal for people like Dave DeBronkart.

“I was diagnosed in 2007 as almost dead with stage four kidney cancer”, says DeBronkart. “I love good medicine because I was saved by it. I mean I was astounded, and I kept finding that when I actually got the bill, there were a whole bunch of things that nobody had told me about. I cannot imagine anything being more crooked.”

And since being saved, DeBronkart, who lives in Nashua, has become an evangelist. He lectures around

the world about healthcare transparency. This maze of problems - no listed prices, misleading prices, hidden prices - it's well documented. What's new though is that rising deductibles are forcing people to spend thousands out of pocket - that's on top of monthly premiums - before their insurance company pays a penny.

Tom Harte, the owner of Landmark Benefits in Hampstead, says more and more clients are coming to him and saying, "Oh my gosh, I wish I had that tool available to me last month when I needed to have my MRI. They will find that they spent a lot more money out of their pocket simply because they didn't log onto an app or go onto a website to find out where they can save money."

As it turns out, a chest X-ray could cost \$600 at some of the state's hospitals - or as little as \$50 elsewhere. Ken Magilton, a stenographer at Derry Imaging, showed me some images of a person's heart during a stress test.

"So we're able to look at the actual walls of the heart", says Magilton. "If there's an area of weakness it will be apparent when we look at these images." Derry Imaging promotes its low prices. It runs radio ads, posts prices right on its website. But how would you know it was cheap if you don't know what other providers charge?

Big savings

That brings us back to Mark Galvin. His latest venture is [My Medical Shopper](#). In New Hampshire the state tracks every cent private

insurance pays doctors and hospitals. Galvin's team runs this data through an algorithm. You type your procedure into the app or website and the program ranks providers around the state by price and quality.

Galvin says in NH. in 2013-when you look at the 100 most common procedures billed to private insurance-those procedures cost \$466 million. So Galvin and his co-founder jiggered the numbers. They found if everyone had shopped for the cheapest procedure, we would have saved 26 percent. And he said to himself, "Wow! It's unbelievable you can get a 26 percent savings just by shopping off this."

So 26 percent? Big savings, right? But then, he had an epiphany. "Literally I woke up in the middle of the night that night and I went, 'Oh my word. We did the ratio upside down,'" says Galvin. Well what about those healthcare facilities that are charging the 500 percent more? Are those charges going to start coming down? In fact, buying the cheapest procedures wouldn't have saved New Hampshire 26 percent. It would have saved 74 percent.

"It was so dramatic, the 74 percent, looking at the sheet of paper you just automatically flipped the ratio because it's just so unbelievable", Galvin laughs, "that it's a 74 percent savings!"

It remains to be seen if this app and its competitors can actually drive patients to cheaper providers-and more importantly, says Tom Harte, if that competition will be a wakeup call to the ex-

pensive providers. "Well what about those healthcare facilities that are charging the 500 percent more - are those charges going to start coming down?" asks Harte.

Dave DeBronkart answers that question with another question. "When consumers have the ability to know in advance what something is going to cost", says DeBronkart, "they will act. No question. Who in their right mind wouldn't?"

<http://nhpr.org/post/tech-tools-aim-drive-down-health-costs-nh>

Jack Rodolico

HOW SPAM E-MAILERS HIDE THEIR IDENTITIES

Q: Lately I've been receiving spam (unwanted junk) e-mails that come from invalid e-mail addresses. As a result, my security software won't let me add the addresses to its spam list for future blocking. What are the spammers trying to pull now, and what can I do about it?

A: Unfortunately, there's not much you can do about it. You've encountered an old hacking trick called "spoofing," which means faking the originating address in an e-mail. Spam senders use spoofing either to hide their real e-mail addresses (so you can't add them to a spam-blocking list), or to fool you into clicking on an e-mail link because it appears to have been sent by a friend or a company that you trust. Spoofing is widespread because it's easy; there are even online tutorials explaining how to do it.

The only real defense against spoofing is the screening done by

e-mail providers before they send mail to your inbox, but that detection is hit or miss. For example, an e-mail service provider can identify a spoofed e-mail that originated within its own service. But, due to a lack widely accepted e-mail security standards, it's harder to identify spoofed e-mail from an outside source.

Readers who use such e-mail providers as Gmail, Outlook.com, AOL or Yahoo can try a technical trick that may temporarily block spam. By reading the e-mail's accompanying "source code" (see tinyurl.com/9melpmw) they can learn the "IP (Internet Protocol) address" of the spam sender's computer. All online computers have this identifying number, and most security programs can be set to block a specific IP address. But after enough blocked e-mails bounce back, the spam sender will just use another PC with a different IP address.

Although you can't stop spoofed e-mail, you can avoid it. If an e-mail address has misspellings or is quite long and contains blank spaces, it's probably spam. If a sender appears to be someone you know, ask yourself if that sender would e-mail you a message with links to click on.

Steve Alexander, 3/15/15

Laugh & Live Longer

SOME FUN PUNS

All the toilets in New York's police stations have been stolen. As of now, it appears the police have nothing to go on.

I got a job at a bakery because I kneaded dough.

Velcro - what a rip off!

STRANGE HISTORY NOTES

Most people don't know that 1912 Hellmann's mayonnaise was manufactured in England. In fact, the Titanic was carrying 12,000 jars of the condiment scheduled for delivery in Vera Cruz, Mexico which was to be the next port of call for the great ship after its stop in New York. This would have been the largest single shipment of mayonnaise ever delivered to Mexico.

But as we know, the great ship did not make it to New York. The ship hit an iceberg and sank, and the cargo was forever lost.

The people of Mexico, who were crazy about the mayonnaise, and were eagerly awaiting its delivery, were disconsolate at the loss. Their anguish was so great that they declared a National Day of Mourning, which they still observe to this day.

The National Day of Mourning occurs each year on May 5th and is known, of course, as *Sinko de Mayo*.

Purposeful Living

Peter Cassell has held a Hospice volunteer position with Central New Hampshire VNA and Hospice since 2012. Peter has accomplished over 115 visits to Hospice patients providing them excellent support, friendship, comfort, kindness, encouragement. But it is his commitment to Veterans and their families for which he best known.

Peter took on the role of Volunteer Facilitator for the agency's "We Honor Veteran's" Program (WHV). One of the first agencies to take on this endeavor in the State, Peter has established CNHVNAH as the leading agency for honoring Veteran Hospice patients for their service to our country.



Peter Cassell

Peter coordinated with the Congregational Church of Laconia and the NH VA to create special ceremonies for each participating Veteran Hospice patient and their family/ friends. The ceremony *with fellow veterans* involves a reading about that individual's service and a presentation of a framed certificate with the patient's name and branch of service, a pin and a red, white and blue hand-knitted lap robe and always with a salute.

It is amazing and very heartwarming to see a Veteran's eyes light up for being recognized for their service to our country and many for the first time, and families are also often hearing for the first time about the accomplishments of their loved one. Tears of joy, reunification to families and "peace" to our Veterans at end-of life are common.

Peter has also been instrumental in initiating a group of Hospice Veteran volunteers who now are active in both Belknap County and Southern Carroll County. And it doesn't end there. Currently, Peter

is assisting in an Outreach Program with the WHV group of CNHVNAH to visit with various Veteran Service Organizations in each county to help recruit more Veterans and bring recognition to those who served.

This past year Peter set up a Veterans' Christmas tree at CNHVNAH decorated with the names of NH Veterans lost in war during the year and POW's still not home. Peter's work was recently recognized when he was asked to present with NH VA at the 2014 NH Hospice and Palliative Care Program (NHHPCO) Fall Conference. The theme was "Speaking Their Language: Conversations with our Veterans."

Peter's own military service includes four years active duty as an Army Adjutant General, and over 26 years as a Full Colonel. His support of Veterans has covered 40 townships and at CNHVNAH, he helped raise the status to level "3" of 5 in the past 3 years! His commitment and dedication are truly remarkable.

Board Notes

WOW! ADVOCACY WORKS!!

Members of the Elder Rights Coalition, including three EngAGING NH Board members, were instrumental in making our State budget concerns public through a Press Conference covered by the press. The result was a positive response from the Senate Finance Committee to restore certain funds to the House budget

These included services for:

- the developmental disability community;
- in-home services for seniors, low-income individuals, and people with disabilities (such as Meals on Wheels);
- restored funding to Service Link;
- funding to open a 10-bed crisis center at New Hampshire Hospital;
- money to keep emergency shelters open and operating; and
- funding for alcohol and substance-abuse treatment and prevention programs.

However, it did not include a rate increase for providers serving the Choice for Independence (CFI) program. CFI is one of four home and community-based programs, *but the only one with a focus on older adults and the only one NOT receiving an increase in the proposed Senate version.*

Advocacy Works. Progress was made. Now there is an opportunity to carry this momentum forward. The budget negotiations are not over. In June, a Committee of Conference made up of Representatives and Senators will finalize a budget. These negotiations will happen behind closed doors.

It is critical that we continue to make our concerns known with "front page" attention. It is our commitment to have government reflect the will of the people, and to create a budget based on wise and practical solutions. We will let you know who the members of the



Elder Rights Coalition Press Conference, May 18, 2015

Committee of Conference are when that information becomes available. In the mean time, please call or email your Senator to thank them for their efforts on behalf of NH's citizens.

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