

### AIDS WALK!! September 9th



Next Meeting

July 11th

Chiva Markandeya, CRM, CADC Candidate, LGBTQ Recovery Mentor

**Empowerment Clinic Services** 

## Join our team and walk with us!!







#### HOW YOU CAN GROW YOUR SOCIAL SECURITY BENEFITS BEYOND RETIREMENT AGE

#### By Alan Edwards, Social Security Public Affairs



For more and more Americans, reaching retirement age no longer means the end of an active working life. Many people are choosing to work past the age of 65, according to the Department of Labor's Bureau of Labor Statistics.

If you're willing and able, maintaining gainful employment later in life could go a long way toward ensuring a secure future for you and your family. Besides providing you with additional income to pay your bills, extending your employment or working for yourself could boost your lifetime Social Security benefits.

Here's how:

Waiting to claim your Social Security retirement benefits could grow them by up to 32 percent. Through delayed retirement credits, your monthly benefit amount increases by about eight percent for each year you wait between your full retirement age and 70. Full retirement age is between 65 and 67, depending on when you were born. To learn more about delayed retirement credits, please visit <u>www.socialsecurity.gov/planners/retire/delayret.html</u>.

You get credits on your earnings record for each year of additional work income. Once you start receiving retirement benefits, we'll automatically review your earnings record each year to determine if you're entitled to an adjustment. When we calculate your retirement benefit amount, we use your best 35 years of earnings. We'll increase your benefit amount if your new year of earnings is higher than one of the years we used to calculate your initial benefit amount. To see how we calculate your benefits, visit www.socialsecurity.gov/pubs/EN-05-10070.pdf.

An increased benefit amount for yourself could mean more support for your family, too, through Social Security spousal benefits, child benefits, and survivor benefits.

We also encourage you to set up your own *my Social Security* account so you can verify your lifetime earnings record, check the status of an application for benefits, and manage them after you're receiving them. You can create your personal my Social Security account today at <u>www.socialsecurity.gov/myaccount</u>.

Social Security is committed to helping you prepare for a secure today and tomorrow for you, your family, and future family. You can access all of our retirement resources at <u>www.socialsecurity.gov/planners/retire</u>.

#### **TICKET TO WORK PUTS PEOPLE BACK IN THE DRIVER'S SEAT**

#### By Alan Edwards, Social Security Public Affairs



Social Security encourages people to rejoin the workforce when they are able. Ticket to Work is our free and voluntary program that helps people get vocational rehabilitation, training, job referrals, and other employment support services.

This program is for people ages 18 to 64, who are receiving disability benefits, and need support re-entering the workforce or working for the first time. While many disabled individuals are unable to work and may never be able to return to work, we know that some are eager to try working again. Work incentives make it easier to work and still receive health care and cash benefits from Social Security while providing protections if people have to stop working due to a disability.

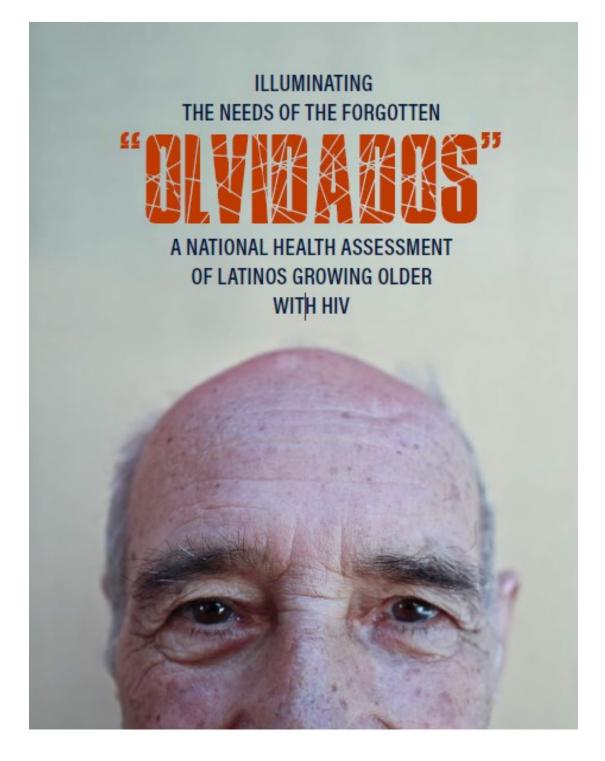
Social Security works with employment networks to offer beneficiaries access to meaningful employment. Employment networks are organizations and agencies, including state vocational rehabilitation agencies that provide various employment support services. Some services they may help with include résumé writing, interviewing skills, and job leads.

Ticket to Work gives individuals the opportunity to choose from several employment networks. Participants are free to talk with as many employment networks as they want before choosing one. If someone signs an agreement with an employment network, they'll help the individual develop an employment plan. We'll review their progress toward achieving the goals of their employment plan every 12 months. If they are making timely progress in their return to work plan, we will not conduct a medical review of their disability during the time they're in the program.

Many people have successfully completed the Ticket to Work program. Anyone interested in the Ticket to Work program should call the Ticket to Work Helpline toll-free at 1-866-968-7842 (TTY 1-866-833-2967). More information on the program is available online at <u>www.socialsecurity.gov/work</u>.

Remember, Social Security is with everyone through life's journey, providing resources that can help people reach their work and retirement goals.

The **Latino AIDS Commission** recently released this report looking at the needs of Latinos growing older with HIV Click <u>here</u> to read the report.



#### A couple reasons to celebrate!

On July 1st, **Oregon became the first State** to offer more than two gender options on identity documents, including driver's licenses. To access the new DMV form go <u>here</u>

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SB 558– Cover All Kids passed and will be sent to the Governor



This bill extends health care coverage through OHP for all children up to 300% FPL and ensures that culturally and linguistically appropriate community based outreach is conducted.

#### HB3391- Reproductive Health Equity Act passed and will be sent to the Governor!

The Reproductive Health Equity Act ensures that Oregonians receive the full range of preventive reproductive health services at zero out-of- pocket cost, fills gaps in reproductive health coverage for those categorically excluded from health programs due to citizenship status, and prohibits discrimination in reproductive health care based on gender identify, income and type of insurance.

#### The FY President's Budget and the Healthcare Bill The issues and ways to get your voice and that of your clients heard!

<u>Communities Advocating Emergency AIDS Relief (CAEAR)</u> engages in advocacy for the needs of the HIV community and the continued funding of the Ryan White Program. The President's Proposed Budget has a number of cuts **proposed** within Ryan White.

- Cut **\$59M** for Ryan White Program
- Same level of funding for ADAP
- \$26 million in cuts to Housing Opportunities for People with HIV/AIDS (HOPWA)
- cut CDC's HIV prevention programs by \$149 million or 19 percent,
- cut CDC's STD prevention programs by \$27 million or 17 percent since FY 2016,

• eliminate the **Ryan White Program's AIDS Education and Training Centers (AETC) and the Special Projects of National Significance** (SPNS) programs,

CAEAR has created a number of helpful information sheets that highlights the importance of Ryan White and it's impact on health outcomes and ending the epidemic.

- Talking Points
- Ryan White Program Fact Sheet
- Part A Fact Sheet
- Part C Fact Sheet
- AIDS Budget and Appropriations Coalition (ABAC) Funding Chart

They encourage folks to use these sheets as they speak with their legislators. If you have questions you can reach out to them at <u>info@caear.org</u>

<u>The Body.com</u> has developed a template of a letter that helps folks talk to friends and family members to ask them to understand the issues and connect with their legislators.

Dear [insert name of family member or friend],

The Senate version of the American Health Care Act (AHCA), known as the Better Care Reconciliation Act of 2017, was released on Thursday. I am writing to you today, in a non-partisan effort, to talk about health care in the US and encourage you to contact your Senator. I believe that health care should not be a partisan issue.

The Better Care Reconciliation Act has a number of points that are concerning. What is the real substance of this bill? While we haven't yet seen the Congressional Budget Office scoring, the score is expected to reflect that more than 23 million Americans would lose health coverage. Both sides agree that it would increase the cost of health insurance premiums overall and reduce tax credits available to offset these costs. It would cut funding to Medicaid, cap individual Medicaid spending and phase out coverage for people living with disabilities and seniors who qualified for Medicaid even before the ACA.

States would be allowed to apply for waivers that would remove coverage for basic medical care or essential health benefits such as outpatient care, emergency services, hospitalization, pregnancy, maternity and newborn care, mental health and substance abuse services, prescription drug coverage, rehabilitative services, laboratory services, preventative care, as well as pediatric services. Once again, people could be denied coverage based on pre-existing conditions as well as facing lifetime benefit spending caps. It will change the basic definition of what constitutes health insurance.

People with pre-existing health conditions could be put in a "high-risk pool" that covers less and charges you more. What is considered a pre-existing medical condition? I was surprised to learn that acid reflux, arthritis, asthma, diabetes, heart burn, lupus, migraines, obesity, pending surgery or hospitalization, pregnancy or expectant parenthood (including fathers) and sleep apnea are all considered pre-existing conditions. There are many, many more.

The AHCA and the Better Care Reconciliation Act of 2017 would also repeal ACA taxes on corporations and cut taxes for those making \$250,000 per year or more by about \$592 billion dollars. This tax money had previously been used to assist in covering the cost of insurance subsidies and maintaining the federal health exchange marketplace. It would decrease the stability of the Medicare Trust Fund, thus endangering the future of Medicare for seniors over 65.

There is a growing list of well over 50 organizations that oppose the AHCA and the Better Care Reconciliation Act. Here are a few that have voiced their opposition: AARP, American Hospital Association, Families USA, American Medical Association, American Nurses Association, American Academy of Pediatrics, American Cancer Society Action Network, American Public Health Association, March of Dimes, National Disability Rights Network and the National Education Association.

I hope these facts will move you to make phone calls, send emails and tweet your Senator's asking them to vote NO on the Better Care Reconciliation Act of 2017.

Please use the following link to locate your legislators contact information <u>https://</u> <u>www.callmycongress.com/</u> or <u>http://whoismyrepresentative.com</u>

#### Sharing stories

Both our State Senators are strong advocates for the ACA and the needs of those that will most be impacted by the President's Budget and the Healthcare Bill Please consider sharing your stories and asking others to do the same. You can access each of our Senators pages below.

Senator Jeff Merkley

Senator Wyden

# And remember to breathe and enjoy the summer sun!!



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Our thanks to OHA HIV Care and Treatment Program for website posting distribution of the newsletter.

The editor is Julia Lager-Mesulam.

Comments/questions about this publication should be directed to: Julia Lager-Mesulam at lagermes@ohsu.edu, or call (503) 230-1202, FAX (503) 230-1213,

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This issue, and issues from January 2011 on, can be found electronically <u>here</u>