

Health Safety Net Cuts Would Hit Thousands of Seniors Calls to Governor Baker: Stop The Cuts!

Gov. Charlie Baker’s administration plans to cut \$60 million from a state program that pays for health care for uninsured and underinsured individuals, partially by changing eligibility standards. Advocates for the poor worry that changes to program eligibility will force more people into debt when they cannot pay for their care.

The changes, initially scheduled to go into effect on April 1, are now scheduled to be implemented on June 1.

“This policy just cuts the program too drastically,” said Neil Cronin, senior policy advocate for the Massachusetts Law Reform Institute, which provides legal services to poor people. “More people will be going into debt and won’t be able to access the Health Safety Net.”

The Health Safety Net is a state government-run program that reimburses hospitals and community health centers for care they provide to low-income people whose care is not covered by insurance. In fiscal year 2015, the Health Safety Net paid \$403

million to cover health care for 274,000 people.

One-fifth of beneficiaries are elderly, many of whom have Medicare but cannot afford to pay the deductibles or co-pays. Other beneficiaries are immigrants who are ineligible for coverage, because they are undocumented or are waiting for asylum or other legal status. Some are family members of workers whose employer offers insurance, but for whom the cost of a family policy is prohibitive.

The Health Safety Net does not provide insurance. But when a person gets care at a hospital or community health center, rather than billing the patient, who will likely not be able to pay, the hospital can bill all or part of the cost to the Health Safety Net.

The program is paid for primarily by a fee levied on hospitals and health plans, but the state contributes \$30 million annually – a payment Baker wants to halt in fiscal year 2017.

Safety Net continued on p. 6



Call Governor Baker:

Stop the cuts to the Health Safety Net.

617-725-4005

Fight Continues to Protect Public Transit

Premium service cuts and fare increases still a threat



The fight continues to make sure public transportation is a fully funded public good!

Most recently, MSAC and others allies, including Boston Center for Independent Living (BCIL), were able to mitigate the fare increases for seniors and youth. At an MBTA

board meeting on March 7th, MSAC and other transit allies and advocates, including TRiders Union, testified against inequitable fare hikes that would hurt seniors, youth, and low-income riders. MSAC members, including Boston member Ann Stewart (a familiar face at MBTA Board meetings) testified in favor of keeping fares as affordable as possible, and asked that the Board work with MSAC and allies to find sustainable ways to fund paratransit.

Through sustained action over the previous weeks and months, we were able to minimize the fare increases for the Ride to 5% and monthly passes for seniors and students to \$30. This translates to a \$1 increase for seniors and a \$4 increase for the expanded student pass (a pilot program

Transit continued on p. 8



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150 Mt. Vernon Street - 2nd Fl.
Dorchester, MA 02125

This Year MSAC is Celebrating
35 Years of Senior Action!

Celebration Luncheon: Wednesday, June 29th

See page 11 for more information
and RSVP form.

如果你需要中文資料，請聯繫 安娜 (617) 818-1754。

Massachusetts SENIOR ACTION Council

CONTRIBUTORS

Barbara Mann
Justin Rose
Pam Edwards
Carolyn Villers
Anna Tse
Patti Williams
Barbara Cooke
Al Norman
Carl Nilsson
Kristen Alberino
Medicare Rights Center
Shira Schoenberg
Michelle Williams
Marilyn Humphries

OUR MISSION

As a democratic, grassroots, senior-run organization, Mass Senior Action is committed to empowering seniors and others to act collectively to promote the rights and well-being of all people, but particularly vulnerable seniors.

The Senior Action Leader is published quarterly by the Massachusetts Senior Action Council.

MEDIA INQUIRIES

All media inquiries should be made to Executive Director Carolyn Villers, 617-284-1234 or cvillers@masssenioraction.org.

SOCIAL MEDIA

[Twitter] @SeniorActionMA

[Facebook] www.facebook.com/MassSeniorAction

[flickr] www.flickr.com/MassSeniorAction

WEBSITE

www.MassSeniorAction.org

CONTRIBUTIONS

Massachusetts Senior Action Council is a non-profit, non-partisan organization. We welcome tax-exempt contributions of any amount from members and friends to support our organizing, advocacy, and public education work. Please make checks payable to MSAC and send to Mass Senior Action, 150 Mt. Vernon Street - 2nd Fl, Dorchester, MA 02125. Thank you!

EXECUTIVE DIRECTOR

Carolyn Villers CVillers@MassSeniorAction.org

COMMUNITY ORGANIZERS

Pam Edwards PEdwards@MassSeniorAction.org
Patricia Williams PWilliams@MassSeniorAction.org
Barbara Cooke BCooke@MassSeniorAction.org
Anna Tse ATse@MassSeniorAction.org

PROGRAM SUPPORT COORDINATOR

Justin Rose JRose@MassSeniorAction.org

BOOKKEEPER/OFFICE MANAGER

Serene Wong SWong@MassSeniorAction.org

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CONTACT INFO

Main Office/Eastern MA
150 Mt. Vernon St. 2nd Fl.
Dorchester, MA 02125
617-284-1234

Bristol County, MA Chapter
P.O. Box 1443
Westport, MA 02790
508-993-2680

Western MA (Springfield)
P.O. Box 2233
Agawam, MA 01001
413-774-6406

CHAPTER MEETINGS

BOSTON CHAPTER

meets 2nd Thursday of the month
Meeting Time: Noon to 2:30 pm
Location: Charles St. AME Church
551 Warren St., Dorchester, MA

CAMBRIDGE CHAPTER

meets 3rd Friday of the month
Meeting Time: begins at 12:30 pm
Location: Cambridge Senior Center
806 Mass. Ave., Cambridge, MA

NORTH SHORE CHAPTER

meets 3rd Wednesday of the Month
Meeting Time: begins at 10:30 am
Location Varies: 10 Church Street
St. Stephen's, 25 Pleasant Street, or
St. Mary's, 30 Pleasant Street

METRO NORTH CHAPTER

meets 4th Wednesday of the month
Meeting Time: starts at 1:30 pm
Location: Malden Senior Center
7 Washington St., Malden, MA

SPRINGFIELD CHAPTER

meets 4th Wednesday of the month
Meeting Time: starts at 1:00 pm
Location: Springfield Hobby Club
309 Chestnut St., Springfield, MA

BRISTOL COUNTY CHAPTER

meets 4th Thursday of the month
Meeting Time: 1 - 3 pm
Location: St. George Church Hall
12 Highland Ave., Westport, MA

MEMBERSHIP--AFFILIATION FORM

Enclosed are my annual dues: \$10 for 1 person. \$15 for a couple.

Enclosed is my organization's annual \$50 affiliate dues.

I am a union retiree. Name of Union and Local # _____

NAME(S) OF MEMBER(S) OR ORGANIZATION _____

ADDRESS _____ APT. _____

CITY _____ ST _____ ZIP _____ PHONE _____

EMAIL _____ FAX _____

I WOULD LIKE TO MAKE
AN ADDITIONAL, TAX EXEMPT
CONTRIBUTION OF: \$ _____

Make checks payable to **MSAC**, and mail to **Mass Senior Action**, 150 Mt. Vernon Street - 2nd Fl., Dorchester, MA 02125

MESSAGE FROM THE PRESIDENT

Hello fellow senior activists,

Happy Spring! As we say goodbye to winter we can look forward to a spring and summer filled with action, but first let me catch you up on what we have been up to since the last newsletter.

In January, I traveled with MSAC Executive Director Carolyn Villers to Minnesota to witness how their plan to expand dental health access is working (see page 5). I must tell you, I was impressed. Since becoming MSAC President, I have heard from seniors across the state who struggle with dental costs and the limited number of providers for low-income people. If we convince our state legislators to copy the Minnesota dental model, hundreds of low-income and minority people will have access to life-changing dental care. Find out how you can help to pass our dental bill in this issue and expand dental care throughout Massachusetts.

Each year, MSAC has hosted an annual celebration and fundraiser dinner. Traditionally, this event is scheduled for the evening. Occasionally, the night event caused a burden for the chapters who are based outside the Boston area. Many did not get home until late or close to midnight. After receiving a lot of feedback, the Executive Committee with the State Board's endorsement voted to move the annual dinner to a

celebration lunch, and the date has been set for Wednesday, June 29, 2016. Please mark your calendar and join us as we commemorate this 35 year milestone. Details are in this issue on page 11.

In the past few months MSAC once again proved that participation matters. Our efforts to stop Transportation Secretary Pollack's proposal to eliminate the premium service area for The RIDE was stopped. The MBTA control board agreed to meet with MSAC and our allies to find a solution to the paratransit budget woes without hurting those who do not have any other option.

MSAC members in Western Mass fought back against a similar proposal to cut local paratransit options and won, with no cuts for the immediate future.

North Shore members fought back against a short sighted proposal to force seniors to pay to park at the Lynn Senior center and won! Seniors who attend activities at the center will continue to receive a parking pass at no charge.

MSAC members from across the Commonwealth created a sea of blue shirts at the State House to support funding for home care, the workers who provide the care, Meals on Wheels, and other vital programs for seniors. I was filled with pride looking out at the turnout by our members. Our advocacy is



important to so many who depend on these life-saving services.

These victories did not come easy. Members organized their neighbors, family members, and other seniors who are affected and responded to the attacks. Current MSAC members follow the blueprint for success started by those who went before us 35 years ago, continuing the tradition of empowering the senior community. We are living proof that participation does matter and that when we fight, we win (see page 7)! So join us and you will see firsthand how our success is based on our motto, "We do not take it, we take charge!"

Barbara Mann

MSAC is fighting to make healthcare and dental more affordable!

We want to hear from you!

Have you avoided needed health care procedures due to cost?

Are you struggling with high out-of-pocket expenses?

Are you concerned about the cost of eye or dental care?

Do you have difficulty finding a dentist or getting to the dentist's office?

Do you want to Bridge the Gap to Affordable Health Care?

Contact MSAC:

617-284-1234 or

cvillers@MassSeniorAction.org



North Shore State Board Delegate Kathy Paul testified with SEIU1199 at the State House in March asking legislators to keep quality care in our communities by supporting community hospitals.

Network for Good™

Support MSAC and help us keep the buses running!

Check out our website where you can donate:

www.MassSeniorAction.org

Seniors and Advocates Rally to Make MA Elder-Ready

Content contributed by Al Norman.

On February 29th, a dozen elder advocacy groups gathered at the base of the State House's Grand Staircase to rally for the 2016 Elder Lobby Day.

More than 50 MSAC members joined with elder advocates on this unusual calendar day to highlight the new challenges facing the Commonwealth as our elder demographics continue to skyrocket. Indeed, Representative Denise Garlick, House Chair of Elder Affairs, reported that the elderly population in Massachusetts will increase 40% by the year 2035 -- that's 360,000 seniors between 2010 and 2030! Nearly 40% of these people will need long-term care services for more than two years in their lifetime.

MSAC President Barbara Mann joined an impressive roster of speakers at the start of the day, reminding the crowd to push for expanding access to affordable healthcare to more seniors in addition to protecting existing programs and services.

"Each budget season we unite to fight for the funding we know is necessary to keep the services people depend on," said Barbara. "But it is not enough to fight for what we have. We have to fight for what we need!"



MSAC President Mann led the crowd with a chant, "Home Care First!"

After the morning rally, MSAC members and dozens of other advocates dispersed through the State House to visit with their legislators and discuss concerns in Governor Baker's \$39.6 billion budget for Fiscal Year 2017. The budget is an incredibly dense and complicated document, so here are some of the key issues we pulled out that are of particular concern for elders:

Authority to Restructure MassHealth Benefits: Outside Section 39

The Governor refiled an Outside Section 39, which contained language that would grant the executive branch sweeping powers to "restructure" billions of dollars in MassHealth program for children, adults, and elders. This takes away the input from the Senators and Representatives that know us and the people living in their districts.

What we want: Any changes in MassHealth benefits should continue to be decided by the Executive and the Legislative branch.

"It is not enough to fight for what we have. We have to fight for what we need!"

- Barbara Mann

Senior Care Options: Passive Enrollment Language

The Executive Office of Health and Human Services has indicated it wants to expand the Senior Care Options (SCO) plan, which currently has an enrollment of more than 40,000 seniors age 65 and over. As the name implies, SCO is an "option" for seniors. Under House 2, based on authority requested in Outside Section 39, all seniors on MassHealth would be assigned ("passively enrolled") into a SCO plan, and would have to "opt out" if they preferred not to be in a SCO.

For many the Senior Care Option program can be a great benefit, however for others it requires a change in doctors. Seniors must be able to make this choice on their own, to determine the best plan for them without being automatically enrolled.

What we want: Keep the SCO program a voluntary choice for seniors, and maintain voluntary enrollment as currently provided by law. The merits of this plan should be sufficient to attract senior enrollments.

Reducing home care to pay for SCO

The Governor proposed new language in the home care services line item, 9110-1630, that would require the Executive Office of Elder Affairs to transfer home care funds to the SCO program whenever a home care client transfers to the SCO program during FY 17. This would reduce funds available for other



MSAC members from across the state joined allies to fight for the care we need!

low income elders who are not on MassHealth, but whose annual income is \$27,014 or less.

What we want: Delete the money transfer language in item 9110-1630, and invest home care funds in serving elders who are not eligible for MassHealth.

MassHealth Estate Recovery

Outside Section 11 of House 2 makes significant changes to the MassHealth estate recovery statute that will have a significant adverse impact on seniors and their families, and impose a tremendously costly administrative burden on the Commonwealth.

Current law limits estate recovery to a decedent's probate estate. The Outside Section 11 would dramatically expand estate recovery to include a vast range of non-probate assets, including life estates, joint interests, and trust interests in both real estate and non-real estate assets. Among those who may be harmed by this proposal are (1) surviving spouses who will find newly-expanded estate recovery claims negatively impacting them long after the death of their spouse, (2) families who establish 3rd party special needs trusts for



MSAC members from Boston, Malden, and Cambridge at the Home Care rally.

their disabled children, and (3) beneficiaries of a decedent's non-probate assets who are to be held personally liable into perpetuity for estate recovery claims, which they will almost certainly know nothing about due to the woefully inadequate proposed notice provisions. The costs to accurately administer the proposed expanded estate recovery will almost certainly exceed any additional revenue that conceivably may be generated.

What we want: To maintain the current MassHealth estate recovery provisions in Massachusetts law consistent with and limited to that mandated by Federal Law.

In addition to advocating for the budget, MSAC members continued to push for Bridge the Gap to Affordable Healthcare Campaign, asking legislators to contact Chairman Sanchez and members of Joint Committee on Health Care Financing to release our Healthcare Bills and our Dental Access Bill from Committee with a "favorable report" so they can continue to move on through the legislative process.

Each year the Elder Lobby Day is an important occasion for seniors and advocates to make sure that our elected officials produce a budget that reflects the needs of the elderly, especially those who are most vulnerable. In other words as the demographic need grows, the budget needs to grow with it.

While the day was a success, it is important to remember that the real work does not end with a single lobby day -- we must always work together to make sure we stay educated and involved in the process, to make sure seniors join their voices together and create the change we need.

Dental Lessons From Minnesota, MA Could Follow And Expand Access

In the last edition of "Senior Action Leader" MSAC announced a new campaign to expand dental access and affordability in Massachusetts.

Across the Commonwealth people are going without dental care due to cost, suffering with dental pain and poor dental health, often for years. In Massachusetts, the burden of dental disease is disproportionately borne by low-income residents, racial and ethnic minorities, people with disabilities, seniors and those living in rural areas. Many in these groups struggle to access dental care, often because they cannot find a dentist who accepts public

insurance. In many other cases people are unable to get to a dentist's office because of mobility challenges, or because they simply cannot afford a dentist.

Cambridge/Somerville Chapter President John Robinson explained how he is only able to afford his current dental plan because he lives in subsidized elderly housing. After retiring early, John had to pay out of pocket for a \$1,900 procedure that was not covered by his dental plan.

"It's a major stress on your income," he said. "Most elderly people can't afford it and they're on their own. I'm lucky with my housing situation, but still living on the edge."

Newburyport member Kathleen French testified at the State House about how far she had to travel to find a provider that would accept MassHealth. Half way through her dental treatment she was cut off of MassHealth, which forced her to resort to painful extractions, leaving her without teeth and unable to afford dentures.

In community after community, we hear the same dental challenges. MSAC researched other states to see if Massachusetts could find a way to bridge the dental care gap.

On January 21st, MSAC President Barbara Mann and Executive Director Carolyn Villers made their way to Minnesota to see first hand how a new kind of dental provider there is expanding access to quality dental care for seniors and low-income residents.

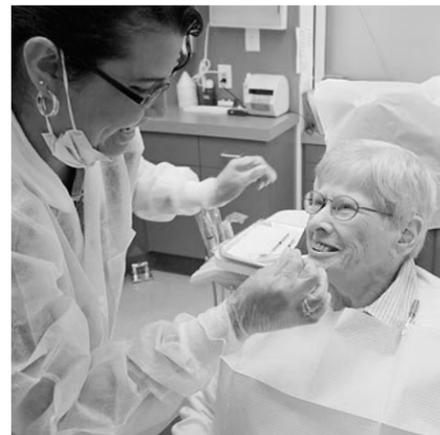
The trip highlighted a new mid-level dental provider known as a Dental Hygiene Practitioner (DHPs), which was created in 2011. DHPs are

dental hygienists who, after completing additional training, are able to deliver basic but critical care to underserved populations.

MSAC has been sharing this plan in the community. Staff and members spoke with seniors at the Senior Center in Winthrop. A 72-year-old retired, disabled man shared his dental struggle, "while my wife was working we had dental insurance through her work at \$25.00 per week. Two years ago, her company went out of business and she was laid off, she lost her job and we lost all of our dental benefits. The dentist we had been going to refused to take MassHealth, and it is difficult for me to travel. The last quote I received for the care I need was over \$300. We just do not have it."

A woman from Quincy attended the MSAC outreach in her building. She was nearly in tears when she shared, "Two of my front teeth have been giving me trouble for some time now. I have one that is cracked and another tooth that is loose - they both need to be pulled. I called up a whole list of dentists and not one would take MassHealth. The cheapest quote I got was \$1000 to pull the two teeth. I am miserable and do not have any place to turn."

"Since becoming MSAC President, I have heard story after story of long waits at the dentist office and high out-of-pocket cost," said MSAC President Barbara Mann, reflecting on her experience in Minnesota. "I was so impressed to see how this legislation allowed access to those who need it the most. This bill would really help Massachusetts seniors, people with disabilities, and specifically those without dental options."



MSAC would like to replicate the successful steps that Minnesota has taken here in Massachusetts. DHPs will increase access for Medicaid patients and decrease travel and wait times. DHPs are not only providing care in the communities and schools where dentists are few and far between, but they are also able to provide care to those unable to use a traditional dentist office due to a disability or physical challenge.

In line with the Minnesota plan, MSAC joined allies to introduce a state bill to address dental disparities, S.2076 sponsored by Senator Harriette Chandler and Rep. Smitty Pignatelli. The proposal presents a critical opportunity for Massachusetts to close the gap in dental access for seniors, low-income families, children and people with special needs.

The bill has received a positive response from many on Beacon Hill and we hope to move the legislation. In order to pass the bill and expand access, your legislators will need to hear from you.

Contact MSAC if you have avoided dental care due to cost or if you have not been able to find or get to a provider, or if you know someone facing similar challenges. Remember your participation is key to a successful campaign.

QUICK FACTS

- Medicare offers no dental coverage.
- Only 1 in 5 Medicare beneficiaries saw a dentist in the past 5 years.
- In MA, low-income seniors were 8 times more likely to have lost all their teeth.
- 4 out of 5 MA dentists do not accept Medicaid.
- Poor oral health has been linked to diseases such as diabetes and heart disease.

Call Your Legislator:

Support Bill: S.2076.

State House:

617-722-2000

Please fill out and return to MSAC: 150 Mt. Vernon St., FL 2, Dorchester, MA 02125 or call: 617-284-1234 or cvillers@MassSeniorAction.org

Dear Representative _____

As a senior in your community, I am writing to ask for your help to expand access to affordable dental care. Too many of us are going without dental care we need because without coverage the out-of-pocket costs are too much, it can be difficult to get transportation, and still others find it difficult to find a provider who accepts MassHealth. We know there are a lot of children and families that also face challenges to access affordable dental care.

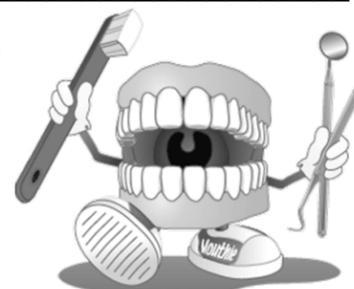
I think that it would help if there were more providers that could deliver quality care at a lower cost and in settings beyond the traditional dental office such as senior housing, schools, and nursing homes.

I ask you to support S.2076 which would create a new mid-level dental professional, the dental hygiene practitioner (DHP). DHPs would be a step towards closing the gap in dental access for seniors, low-income families, children and people with special needs. Thank you,

Name: _____

Address: _____

I have a dental story I would like to share



Safety Net continued from p. 1

The biggest portion of the proposed savings – around \$37 million annually – comes from enforcing an existing regulation, which says anyone eligible for state-subsidized health insurance, called ConnectorCare, can only get reimbursed by the Health Safety Net for 90 days.

Secretary of Health and Human Services Marylou Sudders said the biggest reason for the change is to make sure the Health Safety Net is not paying for people who should be getting insurance. “They’re essentially getting free care when they’re eligible for health insurance,” Sudders said.

The more controversial parts of the changes would limit eligibility for the Health Safety Net. The administration wants to cut income eligibility from 400 percent of the federal poverty level (\$47,080 for an individual) to 300 percent (\$35,310 for an individual).

The administration also wants to cut the level at which a person does not have to pay a deductible from 200 percent of the federal poverty level (\$23,544 for an individual) to 150 percent (\$17,664 for an individual). **Anyone who earns between 150 percent and 200 percent of the poverty level would have to pay an annual deductible of \$516** (for an individual) before a hospital could be reimbursed.

“The changes will hurt low-income people who have gaps in insurance coverage or no access to affordable coverage.”

- Suzanne Curry, Health Care For All

Finally, a person who gets medical care now has six months to apply for reimbursement. The new rules would drop that to 10 days.

Advocates say the eligibility changes will hurt poor people who need health care.

Cronin said the program has had the same eligibility levels since the 1980s. Although Massachusetts has moved toward universal coverage, a portion of the population remains uninsured. According to the Massachusetts Law Reform Institute, in 2013, 7.6 percent of working age adults did not have insurance at some point during the year, and 4.8 percent were without insurance for the entire year. State figures now put the uninsurance rate around 3 percent.

“The number of uninsured is dropping, but it hasn’t hit zero,” Cronin said. “There’s still residual folks who need to be picked up through the Health Safety Net.”

Cronin said the 10-day time frame to apply for



“We feel it’s going to be an added burden on people who don’t have any other option for seeking services,” Curry said in an interview. She said the changes will hurt low-income people who have gaps in insurance coverage or no

Chapter State Sen. Jason Lewis, chairman of the Joint Committee on Public Health, are trying to postpone the changes to give advocates time to make their case.

Lewis and 44 other legislators wrote to Sudders urging her to reconsider the eligibility changes. “We are concerned that the proposed changes will harm residents who are already medically and socially vulnerable, and the health systems that care for them,” they wrote.

The lawmakers said they worry about the impact of the eligibility changes on elderly people, immigrants, individuals waiting for new insurance plans to be activated, people with language barriers, the working poor and hospitals and community health centers.

“The erosion of (Health Safety Net) eligibility will be an impediment to necessary medical care for residents and lead to consumer medical debt and bad debt at hospitals and health care,” the lawmakers wrote.



access to affordable coverage.

Curry wrote that the drop in eligibility “will impose cost barriers for the working poor, most of whom have no affordable health insurance options, and will impact people with high medical costs the most.”

“As a retired nurse I have seen what can happen when people avoid health care because of fearing the big bills that come after the procedure or test,” said Metro North Chapter President Karen Lynch, in response to the proposal. “I understand if the Governor is trying to tighten the budget, but I feel we should set up a practical enrollment period for an affordable plan before we make drastic cuts.”

A group of lawmakers, led by MSAC’s Metro North

Call Governor Baker:
Stop the cuts to The Health Safety Net.
617-725-4005
Call To Action To Save The Health Safety Net:
Wednesday, May 4, 11:00 am - State House.
Call MSAC for info: 617-284-1234 - x450

reimbursement is too short. Often, people seek health care at night when there is no one at a hospital to help them apply for reimbursement. People do not think about applying for reimbursement until they receive a bill. They might be too ill to fill out paperwork immediately.

Suzanne Curry, senior health policy manager for the advocacy group Health Care for All, wrote to Sudders opposing the changes on behalf of a coalition of health care advocacy and legal services groups, which calls itself the “Affordable Care Today Coalition.” The group does not oppose the requirement that anyone who is eligible for the Connector use it. It does oppose the eligibility changes.

Health Safety Net Eligibility	
Current Eligibility	Changes to take effect June 1st, 2016
Coverage begins 6 months prior to application	Coverage begins 10 days prior to application
Partial benefit eligibility 400% of FPL (\$46,000)	Partial benefit eligibility 300% of FPL (\$35,000)
Full benefit eligibility 200% of FPL (\$25,000)	Full benefit eligibility 150% of FPL (\$16,000)
Under 200% FPL = No Cost	150-200% FPL = \$516 deductible

When We Fight, We Win!

Mass Senior Action Council is celebrating 35 years of senior action this year. As we reflect on our history, we are reminded of how important MSAC members are to their communities.

MSAC has fought back against cuts to Social Security, Medicare, and Medicaid. MSAC protected subsidized housing, public transportation, and choices for long term care.

At the Local level, MSAC fought for new senior centers, access to health care, empowered tenants, and expanded needed



MSAC members taking charge at a recent MBTA Board Meeting. Fought back on huge increases to both senior and student fares.

services. Most recently, the Western Mass chapter stopped the elimination of the area's paratransit service and the North Shore Chapter led a successful community effort to reverse a plan to require seniors to pay to park at the Lynn Senior Center.

Whether it was the MBTA targeting seniors to fix the transportation budget shortfall or Congress destroying Social Security to pay for tax breaks to Wall Street, MSAC members were there to fight back and win.

MSAC members live by the organization's motto, "We do not take it, we take charge!" So when an attack is introduced, members come together to strategize the best way to address the pending threat.

In the past, MSAC members collected postcards, made phone calls, attended meetings with decision makers like elected officials, demonstrated at strategic sites, and even put their freedom on the line with civil disobedience to stand against a harmful policy.

MSAC does not just fight for those in a blue MSAC shirt, we fight for social justice for the entire community. Each



Members in the North Shore taking action with Friends of Lynn Council on Aging and local officials to create a fair parking policy for the Lynn Senior Center.

issue impacts hundreds, if not thousands, across the Commonwealth and with each struggle comes the naysayers, "why even bother, no matter what you do it will not make a difference." Our history proves participation does matter and if you stand together positive change does happen.

So you may choose to sit and complain on the sidelines but you will not be able to convince a MSAC member to ignore a problem because we know, "When we fight, we win!"

Why Seniors—Not CEOs—Deserve a Raise

Contributed by Senator Elizabeth Warren

Any conversation about tackling poverty in the United States should include protecting and expanding Social Security. The reason is pretty straightforward: Social Security is the most powerful tool available to lift people out of poverty. Nearly two-thirds of seniors depend on Social Security for the majority of their income, and millions more children and adults depend upon survivors and disability benefits. According to Center for Budget and Policy Priorities analysis of Census data, Social Security kept 21 million Americans out of poverty in the last year alone. All told, that's more people than any other government program.

Social Security isn't a luxury — it's a lifeline.

Social Security works. No one runs out of benefits, and payments don't rise and fall with the stock market. Despite scare tactics from Republicans in Congress, the facts are clear. Social Security has a \$2.8 trillion surplus. If we do nothing, Social Security will be safe for the next 18 years, and after that will continue to pay three-quarters of benefits through the end of the century.

Of course, we don't have to sit by and do nothing. Since its beginning, Social Security

has been adjusted from time to time, and that's what we need to do now. With some modest adjustments, it is possible to keep the system solvent for decades more, even while increasing benefits.

For the millions of Americans who rely on Social Security, the situation got worse this year. For just the third time since 1975, seniors who receive Social Security—along with many who receive veterans' benefits, Social Security disability benefits, and other monthly payments—aren't receiving any annual increase from their cost of living adjustment (COLA). CEOs at the top 350 American companies received, on average, a 3.9 percent pay increase last year. But seniors and veterans? Not a dime more.

That's why a group of us in Congress have introduced the Seniors and Veterans

Emergency Benefits Act (SAVE Benefits Act). This bill would give a one-time payment of \$581 to those people who aren't receiving a COLA this year—a raise equal to the 3.9 percent pay increase the top CEOs received.

Social Security payments average only about \$1,340 a month—and millions of seniors who rely on those checks are barely scraping by. A \$581 increase could cover almost three months of groceries for seniors or a year's worth of out-of-pocket costs on critical prescription drugs for the average Medicare beneficiary. That \$50 a month is worth a heck of a lot to the 70 million Americans who would have just a little more in their pockets as a result of this bill. In fact, according to an analysis from the Economic Policy Institute, that little boost could lift more than one million Americans out of poverty.

This is about our values — about how we protect each other, our families, and ourselves.

For too long in Washington, Social Security has been under assault. We've heard over and over that we supposedly need to gut the program in order to "save" it. But for the 21 million Americans whose



Social Security benefits are the only thing keeping them out of

poverty, Social Security isn't a luxury—it's a lifeline. The absolute last thing we should do—at the very moment that Social Security has become so essential to millions of our seniors—is to allow the program to be dismantled inch by inch.

This isn't just an argument about math, though. This is about our values—about how we protect each other, our families, and ourselves. In an uncertain world, protection against long-term disability and a guaranteed income for the families of survivors are core parts of the anti-poverty safety net that our Social Security system provides. And, equally important, after a lifetime of hard work, people deserve to retire with dignity—and that means protecting and expanding Social Security.

Things we "can't afford"

-Healthcare	-Renewable Energy
-Infrastructure	-Clean Environment
-Public Transport	-Feeding the Poor
-Education	-Public Elections

Things we "can afford":

Iraq and Afghan Wars: \$4-6 Trillion
Wall Street Bailouts: \$12.8 Trillion
Big Oil Subsidies: \$37.5 Billion per year
F35 Program: \$1.5 Trillion

AMERICAN REFORM

2016 Workshop Series Starts Strong

MSAC members started off 2016 with strong participation in our leadership development workshop series.

MSAC hosts workshops and trainings almost every month to help new members and long-time member leaders learn about key issues like healthcare and public transit policy and also learn basic skills for building power in their communities. The workshops are always well attended and form a key part of MSAC's strategy.

In January, new and existing members learned about MSAC's theory of change and how our organizing methods allow us to build senior power. In February, we discussed the legislative process and how to educate your elected officials about issues that you care about.

Reach out to an organizer or member to find out about upcoming workshop opportunities, or if you have an idea for an issue or skill-based workshop to organize in your community.

Building a powerful senior voice means we must always invest in educating ourselves on the issues and getting the word out about Senior Action!



Above Left: Members practice talking to an elected official to develop skills to push for our plan to Bridge The Health Care Gap and expand Dental Access in MA.

Above Right: Members discuss how important it is to build the senior voice and stand up for our issues.

Bottom Left: Boston members use their skills at the State House.



"Once social change begins, it cannot be reversed."



You cannot uneducate the person who has learned to read.

You cannot humiliate the person who feels pride.

You cannot oppress the people who are not afraid anymore.

- Cesar Chavez

Transit continued from p. 1

for a year-round pass). These increases are significantly lower than what was proposed just a few months ago and were a direct result of our advocacy.

Yet, despite the minimal increases for seniors, the MBTA Board still voted to increase fares by an average of 9.3 overall. The cost to ride MBTA buses with a CharlieCard will increase a dime, to \$1.70, and monthly passes for bus and subway rides will cost riders \$114 more per year. The hikes are sure to hit low-income riders the hardest and will go into effect July 1, 2016.

The Boston Globe reported that "Board members and MBTA officials said they believe the money is needed to put the MBTA on firmer financial footing," and that the Board expects the fare hikes to generate about \$42 million for

improving service.

The fare hike fight comes on the heels of ongoing efforts to cut paratransit. In the final months of 2015 and into January, MSAC also worked hard to make sure the MBTA Board did not vote to eliminate the premium service area for The RIDE, which thousands of seniors rely on as their only means of transportation. That was a critical victory, and we have continued to work with the MBTA to explore cost-saving measures for paratransit, including potential opportunities with ride-sharing services like Uber, that do not harm vulnerable riders.

That fight had ripples well outside of Boston.

During the last week of January the Springfield chapter was alerted that the Pioneer Valley Transit Authority (PVTA) Advisory Board was considering possible cuts to the Senior Van Service, a regional door-to-door paratransit service (Dial-a-Ride).

Springfield chapter leaders quickly mobilized and decided to reach out to local members and allies and ask them to attend the next PVTA Advisory Board meeting and voice opposition to any cuts. They also set up meetings with local mayors and other city and town leaders to discuss the impact of the curtailing of transportation for their senior constituents.



Boston Member Ann Stewart testifies to the MBTA Fiscal Management Control Board while members stand in support.

It quickly became very clear that the elected officials and/or their delegates who comprise the PVTA Advisory Board were acutely aware that the proposed cuts would in fact cause great harm.

At a PVTA Advisory Board meeting on February 24th members and allies addressed the importance of senior transportation remaining intact. It was also noted that with the senior population growing in the future that a public authority, run on our tax dollars, needs to figure out how to expand services to seniors, not curtail them.

"I take the van to the senior center 5 days a week," declared MSAC member Pardelma Hall. "It is my only form of transportation."

Thanks to these efforts, the

PVTA Board voted on March 30th to maintain the current service, and, starting on July 1, 2016 to add a Saturday service pilot. Furthermore, the PVTA plans to give vans to four other COAs outside of Springfield in order to provide service to seniors in outlying areas.

Springfield members are staying vigilant, however, and are prepared to continue attending PVTA meetings to make sure the Board does the right thing, to protect seniors' right to have quality transportation.

We congratulate all the riders and advocates who took action in the past several weeks as we continue the fight for a public transit system that is fully funded for the public good!



Springfield member John Bennett testifies to the PVTA Advisory Board in W. Mass.

Major Pushes For Paid Leave, Fight for \$15

Contributed by Carl Nilsson

Raise Up Massachusetts is a coalition of more than 150 community, faith, and labor groups, including Mass Senior Action Council. The coalition is united to ensure Massachusetts continues to be a great place to live, work, and raise a family. Whether motivated by democratic values or religious faith or both, the coalition recognizes that our fates are connected, we are one community, and we all do better when we all do better.

In 2013 and 2014, Raise Up Massachusetts led the campaigns for a higher minimum wage and guaranteed earned sick time for all workers. Mass Senior Action Council was proud to be part of both campaigns, both of which were victorious: Governor Deval Patrick signed a higher minimum wage into law in June 2014 and the earned sick time question went all the way to the ballot and won on November 4, 2014.

In the past few months, Raise Up Massachusetts has made significant progress on its three new priorities: Paid Family and Medical Leave, the Fair Share Amendment, and the Fight for \$15.

The coalition's proposed bill for Paid Family and Medical Leave would provide all workers with up to 12 weeks of paid job-protected leave to recover from his



Bristol County's leadership team getting the word out about MSAC during a Raise Up Massachusetts rally in New Bedford.

or her own serious illness or injury, to care for a seriously ill or injured family member, or to care for a newborn, newly adopted, or new foster child. The bill has garnered a majority of support from both the State House and Senate and its release from the Joint Committee on Labor and Workforce Development is expected any day now. With growing momentum on the bill, Raise Up Massachusetts is making a big push to get the bill passed in 2016.

The second campaign Raise Up Massachusetts is waging is to support the Fight for \$15. Nationwide, the Fight for

\$15 has seen a series of recent victories, including last week, when California signed a law to raise the minimum wage to \$15 an hour by 2022. Here in Massachusetts, Raise Up Massachusetts is supporting a proposed bill that would raise the minimum wage to \$15 an hour for employees at fast food and big box retail stores. This would have give a raise to 187,000 low-wage workers in Massachusetts. The bill is currently in the Senate, where Raise Up Massachusetts hopes to gain its passage this year.

The third Raise Up Massachusetts campaign is the Fair Share Amendment – a proposed constitutional amendment that would raise more than \$1.5 billion for transportation and education by implementing an additional 4% tax on income over \$1 million. Mass Senior Action Council did their part by collecting signatures in the fall of 2015 for this campaign, which now must be voted in the State's Constitutional Convention in two consecutive sessions – once before July and once again during the 2017-18 session.

Mass Senior Action Council is proud to stand with Raise Up Massachusetts as we all continue to fight for social and economic justice in our Commonwealth.

Healthcare Reform Did Not Make Healthcare Affordable

Contributed by Michelle Williams

A decade into Massachusetts' landmark health reform legislation, residents are more likely to go to a doctor's office instead of the emergency room yet still many report going without health care and struggle to pay family medical bills.

The Blue Cross Blue Shield of Massachusetts Foundation released the results of a state health reform survey Wednesday.

At unprecedented levels of coverage, the majority of residents report having a primary care doctor they can visit when they're sick or in need of medical attention. The number of emergency room visits for non-emergency conditions fell compared to a decade ago for both those with full-year health insurance and people with gaps in their health coverage. Those most likely to visit a hospital for a non-emergency condition remain low-income residents.

Despite fewer unnecessary visits to emergency rooms for non-emergency conditions, many in Massachusetts struggle with medical costs.

The Blue Cross Blue Shield study found one in five adults struggled to pay medical bills in 2015 and another 23 percent were making payments on their medical debt.

Some of the tactics used by Massachusetts adults to address health care spending include: foregoing medical care, cutting back on other spending, putting less money in savings and taking on credit card debt.

More than a third of adults with insurance

reported going without some form of care last year. Of those, 23 percent said they forewent medical care, 14 percent did not fill prescription medication and 18 percent skipped the dentist.

Adults with health problems and lower annual incomes are among the highest populations with unmet health care needs. Over half of adults with long-term health conditions report not visiting the doctor as often as they'd like or going without prescription medication.

About 35 percent who consider themselves

1 in 5 adults struggled to pay medical bills in 2015, and another 23 percent were making payments on their medical debt.

to be in good health still went without needed care. Close to 45 percent reported having difficulty obtaining care, most commonly due to having trouble getting an appointment with a specialist or primary care doctor as soon as needed.

The Massachusetts legislature enacted the Health Care Reform Law in April of 2006 mandating all residents 18 years and older are required to have health insurance. All companies with more than 10 full-time employees became mandated to provide health insurance and the state provides free health care to low-income residents.

Massachusetts was the first state to experiment with health care reform and the nation followed suit several years later when the federal Affordable Care Act took full effect in 2014.



Cambridge member John Robinson testifying in favor of Medicare For All in Massachusetts.

Following the passage of the state law, hundreds of thousands of additional people signed up for health insurance in the past decade. Massachusetts now has the highest number of residents with health insurance, with less than 2 percent without any insurance in 2015, according to the Massachusetts Division of Health Care Finance and Policy.

A gap in dental coverage remains for a quarter of adult residents, who lack dental insurance, despite having health insurance.

Employer-sponsored insurance is still the main form of health insurance, an option about 78 percent of working adults have access to. Just over 57 percent of adults have sponsored health insurance, down 6.8 percent from a decade ago. Surveyors attribute the reduction to employees finding coverage through new public and private health insurance options through the health care marketplace.

Medicare Should Be Strengthened, Not Cut!

Contributed by the National Committee to Preserve Social Security and Medicare

Medicare, combined with Social Security, has improved the economic status of older Americans and younger people with disabilities. Prior to Medicare, one-half of older Americans were uninsured and one-third were living in poverty. Today, with access to health care coverage, the poverty rate for seniors is nine percent.

Although the economic security of seniors has improved, it remains fragile. Forty percent of seniors depend on Social Security for 90 percent or more of their income. In 2013, over half of Medicare beneficiaries had annual incomes of less than \$23,500, less than 200 percent of the federal poverty level. More older women than older men are living at or near the federal poverty level. The average income for older women is less than for men (\$21,800 compared to \$25,850 in 2013) because women have low average Social Security and retirement benefits. This is due to lower-paying or part-time jobs and time away from the workforce for family caregiving.

Women who are only eligible for Medicare, and not Medicaid, spend a high percentage of their income on health care costs. Beneficiaries are responsible for premiums, deductibles, coinsurance and co-payments on most services with no catastrophic cap, as well as for the cost of drugs when they reach the Part D prescription drug coverage gap. Medicare beneficiaries also pay premiums for supplemental Medigap insurance or retiree health coverage, and for health care services not covered by Medicare. These uncovered services include vision, dental and hearing services, as well as long-term custodial care. The Kaiser Family Foundation estimated that out-of-pocket spending in 2009 for Medicare beneficiaries 65 and older was \$4,844 for women compared to \$4,230 for men. As beneficiaries age, out-of-pocket spending consumes a larger share of their income. At age 85, total out-of-pocket spending for women was estimated to be \$7,555 compared to \$5,835 for men.

While Medicare has provided nearly five decades of health and economic security to all seniors and people with disabilities, the program has been especially vital to women because:

More than half of Medicare's nearly 54 million beneficiaries are women; for beneficiaries 85 and over, nearly 70 percent are women.

Could Women Be Forced to Pay More for Their Medicare in the Future?

Congress and the Administration are considering proposals to reduce Medicare spending by shifting costs to Medicare beneficiaries even though Medicare's per capita spending is growing more slowly than private health insurance or gross

Impact of Social Security, Medicare and Medicaid on the Economy and Population of Massachusetts

PROGRAM	BENEFICIARIES IN MASSACHUSETTS	PERCENT OF RESIDENTS RECEIVING BENEFITS	AVERAGE BENEFIT	TOTAL ANNUAL BENEFITS ¹
Social Security	1,224,469	18.2 percent	\$14,625	\$17.9 billion
Medicare	1,104,483	16.6 percent	\$11,369	\$12 billion
Medicaid	1,276,300	19.1 percent	\$10,316	\$13.2 billion

Source: Social Security Administration, 2015; U.S. Census Bureau, 2013-2015; Kaiser Family Foundation, accessed June 2015. The most recent data available for total annual benefits by state are FY 2013 for Medicaid, and FY 2009 for Medicare.

domestic product (GDP). Medicare will continue to be a growing part of the federal budget because of the increased number of beneficiaries resulting from the baby boom generation turning 65.

Specific proposals to shift costs to beneficiaries include increasing the Part B deductible for new beneficiaries; requiring a home health copayment; and instituting a Part B premium surcharge for comprehensive Medicare supplemental policies, or prohibiting first dollar coverage.

Women & Medicare

Quick Facts

- **Women live longer than men and are more likely to suffer from three or more chronic conditions including arthritis, hypertension and osteoporosis.**
- **More women than men suffer from physical limitations and cognitive impairments that limit their ability to live independently.**
- **Women have lower incomes than men.**

Supporters of these proposals argue that people will make wiser and more frugal choices about using health care services if they have to pay more of the cost. The National Committee opposes these proposals because we believe additional costs could lead many seniors to forgo necessary care, which could lead to more serious health conditions and higher costs down the road. Also, once a person seeks care, it is physicians and other health care providers who make decisions about the care, tests and other services they receive.

Costs would also be shifted to beneficiaries through proposals setting Medicare premiums to cover 35 percent of Part B costs rather than 25 percent; combining the Medicare Part A and B deductible; and extending income-related Parts B and D premiums to middle-class beneficiaries. Because of their lower incomes, women would shoulder a disproportionate burden if these cost shifting proposals became law.

What we need to do:

Build on provisions in the Affordable Care Act that will provide better care to Medicare beneficiaries by preventing disease and disability and expanding coordination of care for beneficiaries with multiple chronic conditions. Generate greater savings on the cost of prescription drugs by:

Increasing manufacturer discounts for brand name drugs in Medicare Part D to 75 percent, effectively closing the coverage gap "donut hole" for brand name drugs in 2016, four years earlier than under current law.

Allowing Medicare to receive the same rebates as Medicaid for brand name and generic drugs provided to beneficiaries who are dually-eligible for Medicare and Medicaid or who receive the Part D Low-Income Subsidy.

Promoting lower drug costs by providing for faster development of generic versions of biologic drugs, and prohibiting "pay-for-delay" agreements between brand name and generic pharmaceutical companies that delay entry of generic drugs into the market.

Develop a new national long-term care social insurance program.

Promote strong consumer protections for low-income individuals who are dually-eligible for Medicare and Medicaid benefits.

Monitor the state dual eligible demonstrations to ensure that participants are receiving high quality services from private managed care entities.

Support initiatives to prevent, detect and recover improper Medicare payments, including fraud, waste and abuse that reduce Medicare spending rather than cutting benefits or increasing costs for beneficiaries.

Oppose the Ryan budget that would repeal Medicare improvements in the Affordable Care Act, including preventive services and care coordination programs such as Accountable Care Organizations that are important in combating chronic conditions.

Oppose proposals in the President's budget that would increase costs for future beneficiaries.

35 Years of Action!

Join us on Wednesday, June 29th to celebrate and support MSAC members and their work

Historic Achievements and Current Campaigns

In 2016 Massachusetts Senior Action members will celebrate its 35th anniversary. Since its foundation in 1981, Mass Senior Action has organized in communities throughout the state to build an ever-evolving network of senior activists who create change and influence policies at the local, state, and, at times, national level. These achievements result from direct action by our membership base, which is informed, vocal, and well organized for mutual support and leadership. Mass Senior Action continues to be respected as one of the most dynamic and effective grassroots groups of organized lower-income seniors in the country.



Lets take a look at a few of the issues MSAC members have successfully fought for:

STATEWIDE

Passage of the Medicare "Balanced Billing" law: Because of this bill, doctors cannot charge seniors and people with disabilities more than the Medicare-approved fee.

Hospital discharge reform: In the late 1980's, Mass Senior Action led a successful coalition campaign

that won model legislation requiring 24-hour notice and viable home care plans in place before patients could be sent home from hospitals.

Prescription Advantage: Mass Senior Action's advocacy insured that prescriptions was affordable for low-income seniors and people with disabilities.

Home Care: MSAC was key in the successful passage of the Equal Choice Act in 2006, which guaranteed MassHealth recipients a choice for the setting of their long-term care.

Drug pricing: Passed legislation in 2008 following the No Gifts to Doctors and Academic Detailing campaigns, which impacted drug pricing and reduced prescription costs not only for seniors but all people in Massachusetts.

Affordable Housing preservation: In November 2009, MSAC's "Expiring Use" campaign created a process to maintain long-term affordability in private subsidized rental properties at risk of becoming market-rate. The law has since protected thousands of senior housing units in over 10 communities.

Reduced paratransit fare: In 2012, MassDOT implemented an extreme fare hike for seniors and the disabled by doubling the cost of the RIDE. MSAC Members organized, lobbied, and protested in the street against the excessive hike and forced the MBTA to "roll back" the fare. estimated to save 30,000 people over \$2 million collectively in the first year alone.

LOCAL COMMUNITIES

1989: Passed of Boston's Senior Security Ordinance, a citywide public safety ordinance governing all public and privately subsidized housing for seniors and people with disabilities.

2007: Kept Security Guards intact in Boston Housing Authority's (BHA) senior housing.

2008: Preserved the affordability of Ocean Shores housing in Lynn for another 20 years.

2009: Built a Senior Center in Malden, now a hub for senior education, activism, and fun.

2009: Saved the Saugus Senior Center from closing.

2009: BHA residents won more than \$100,000 in retroactive funding, plus thousands of dollars in ongoing funding to support resident activities.

2010: Hosted a 3,500-person rally in Boston to stop the Super Committee cuts to Social Security.

2011: Organized Chinese Seniors in Malden to win multi-lingual election poll workers.

2012: Stopped public transit fare increases in Greater Springfield and Bristol County.

2013: Over 500 members filled Boston's historic Faneuil Hall to protest cuts to Social Security.

2013-2014: over 160 members received issue education and leadership development skills through monthly workshops offered in 4 languages.

Registered hundreds of new senior voters and engaging hundreds more, including Russian, Vietnamese, Chinese, Haitian-Creole, Cape Verdean, and Spanish-speaking citizens, in several electoral cycles.

2015, stopped a proposed rent increase in Lynn that would of cost residents over 55% of their monthly income.

Ongoing Campaigns:

Healthcare: lowering healthcare costs for people 65 and over by bringing more people into Masshealth and Medicare Savings Programs.

Dental Access: expand access to affordable dental care by creating a new mid-level dental provider.

Transit: making sure public transportation and paratransit remain affordable to seniors.

Housing: keeping seniors and families in their homes by protecting subsidized, "expiring-use" housing

Protect Social Security, Medicare, and Medicaid. Not Cuts To Our Cornerstones!



35th Anniversary Luncheon & Celebration

Please detach and mail to MSAC, 150 Mt. Vernon St., FL 2, Dorchester, MA 02125, or return in person to organizer

WHEN: Wednesday, June 29th, 11:00am - 2:30pm

WHERE: New MSAC Office, 108 Myrtle Street, FL 1, Quincy, MA 02170

Registration: \$20.00 MSAC Member Fixed Income, includes dinner and transportation.

Paid how (cash, check, or at door): _____ (Please make checks payable to "MSAC")

Name: _____ Phone: _____

Address: _____

Will you need a ride to the event? _____

Transportation Provided From Most Areas. For more information call MSAC Boston Office: 617-284-1234

MEET THE MEMBERS

Debbie Small, Malden

Currently, I am secretary of the Metro North Chapter of MSAC, a volunteer position I would never have dreamed of holding three years ago. One day I had finished teaching a line dance class at the Malden Senior Center (in 2013) and was wondering why the dining room was filled with so many people. Curiosity, thankfully, got the best of me and in I went. I could never have imagined that a seemingly tiny detour into the Metro North's Chapter Meeting on that particular day would bring such profound changes into my life.

As a lifelong resident of Malden, I began my journey into volunteerism in the 1970s with Head Start and Tri Cap. I also choreographed dances for Malden Pop Warner Cheerleaders and the Malden Public School System. I had instructed a chair exercise class through Triangle, Inc. in a group home with developmentally challenged adults in Malden and in their Adult Day Health Program, also based in Malden. I have taught local line dance and chair exercise classes to many diverse populations and have choreographed many line dances as well. Choreographing is not only a creative outlet, but is also my way of being in service to other teachers and choreographers all over the world whose dances I have taught throughout the years.



Above: Debbie stands by an MSAC outreach table in Malden, getting the word out about Senior Action!

Three years ago, my line dance students and I were asked to perform at the Metro North's fundraising event at the Malden Senior Center. I had just begun attending monthly chapter meetings, however, due to other obligations, my involvement had been limited. When I learned that the Metro North Chapter was forming a Housing Sub-Committee, I knew I had to step up. My interest was personal. I had become "homeless" after the house

I was living in had quickly sold and I immediately discovered that I would not be able to find "affordable" housing. While both my daughters helped out, it was a very long and difficult two and a half years without a place to call my own.

During that time, I was invited to become a member of the Metro North Board. I have participated in as many MSAC activities as I can and attend city meetings in order to stay informed. I am looking forward to participating in the newly established Homeless Prevention Counseling Program sponsored by the Malden Senior Center. Working so closely with MSAC has given me the impetus to raise awareness around other issues, such as the many problems associated with scented products. Living in a world filled with toxic scents is not only a quality-of-life issue for me, but for countless others as well.

Taking this journey with MSAC has been truly empowering and I can see clearly how my life experiences have led me to this point. I have studied psychology and dance at Tufts University. I have worked in human services and have had to advocate for human rights. I have volunteered in some form or another my entire life. More importantly, I have learned that it takes teamwork to get things done. Each and every member has his or her own strengths that contribute to Mass Senior Action's success. Whether at state or local levels, together, we can make a difference.



Cambridge members help to fill the State House and fight to fund home care.



Metro North members following up with Rep. Ultrino at the Malden Senior Center, asking for his support on our dental plan.



Pictured with North Shore members supporting MA Coalition for the Homeless: Rep. Wong and Rep. Crighton's Chief of Staff, John Ford.



Bristol County swears in new Chapter Officers.