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RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members, NOW, more than ever!!!!"
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Trans-Pacific Partnership Deal would Likely Raise Prescription Drug Costs

Richard Fiesta

The coming Trans-Pacific Partnership Trade Deal (TPP) has left many retirees concerned that their prescription drug costs will increase if a deal passes. TPP will likely limit the ability for the federal government to regulate drug prices and restrict competition from generic drugs. Moreover, "fast-track" legislation for TPP would, if passed, bring the agreement up for a vote without an opportunity to amend the agreement.

TPP is a trade agreement currently under secret negotiation by the United States, Canada and 10 other Pacific Rim nations. President Barack Obama and some members of Congress want to "fast track" the trade deal. Under fast track (also known as trade promotion authority), Congress must hold an up-or-down vote within 90 days of when the agreement is presented. The rules also limit debate and prohibit any amendments.

The AFL-CIO and all of organized labor opposes the deal, calling it a "job killer" that creates an unfair playing field for workers in the U.S., especially those in manufacturing.

At the recent Alliance Convention in Oregon, Fiesta said, "Americans already pay the highest prescription drug prices in the world. Seniors have a huge stake in this trade deal."

The Alliance encourages members to call their member of Congress to express their opposition to the trade deal. More from *NW Labor Press* at **http://tinyurl.com/m334h9k**.

Postal Banking: Fiesta's Letter to the Editor in *The Washington Post*

Nearly 100 million Americans do not have access to traditional banks or are underserved by them, leaving them at the mercy of predatory lenders. Payday loan sharks are charging annual interest rates of upwards of 400% and put these "unbanked" Americans at risk. This risk is particularly high for seniors. Mr. Fiesta advocates for postal banking in a *Washington Post* Letter to the Editor this week. He writes that postal banking is a practical, public, and easily accessible alternative for financial services, that its business model protects customers from abusive practices and that it makes financial services accessible and trustworthy. Read the piece at **http://tinyurl.com/lxvvuwt**.

How Elizabeth Warren Made Expanding Social Security Cool

Warren just turned Social Security expansion once a progressive pipe dream into a tough-to-ignore 2016 issue.

By Pema Levy, Mother Jones

For years, Washington politicians and policymakers been talking about cutting Social Security benefits.

The Beltway consensus, unduly shaped by deficit hawks and Wall Streeters, has been that the system is broken and must be pared back, and progressives who support Social Security have often had to play defense.

But in late March, Sen. Elizabeth Warren, the populist Democrat from Massachusetts, entered the fray—and challenged the prevailing view. In the wee hours of March 27, Warren introduced **an amendment** to the Senate budget resolution calling for protecting the program's solvency *and* expanding Social Security benefits. And every Democrat present but two voted for the amendment; every Republican opposed it.

A budget resolution is a set of nonbinding guidelines for how Congress should write spending bills during the upcoming year. Congress can and often does ignore budget resolutions, but they are a significant statement of priorities and principles, and the amendment process can be an important game of politics. By introducing this amendment, Warren forced senators to take a position on the popular retirement program. "This is how politics is played if you intend to play to win," says Damon Silvers, policy director and special counsel for the AFL-CIO. "For too long, the progressive or populist part of the Democratic Party has not played to win."...**Read More**

10 Surprising Stroke Warning Signs You Need To Know

On February 13, 2011, CBS-TV reporter Serene Branson shocked Grammy Award viewers when she appeared to experience a stroke (the interruption of blood flow to the brain) on air. After Branson began to speak gibberish, paramedics on the scene checked her out and released her. She had a colleague drive her home.

Fortunately, it reportedly turned out to be a complex migraine – because if it had been a stroke, "she did exactly the wrong thing by waiting and then going home. She should have gone straight to a hospital. Time saved is brain saved," says Larry B. Goldstein, MD, spokesperson for the American Stroke Association, and director, Duke Stroke Center, Durham, NC. He adds that even though the paramedics "cleared her," she still should have gone to the hospital immediately. (To be fair, the paramedics may have recommended that but they can't force someone.)

Stroke is the No. 4 cause of death and a leading cause of disability in the United States, according to the American Stroke Association (ASA). There are two kinds of strokes: ischemic, which accounts for 87% and happens when a blood clot stops up a brain blood vessel or artery to the brain; and hemorrhagic, which is caused when a brain blood vessel breaks and results in bleeding inside or over the brain.

Major symptoms:

- Sudden numbness or weakness of the face, arm, or leg, especially on one side of the body
- Sudden confusion, or trouble speaking or understanding
- Sudden trouble seeing in one or both eyes
- Sudden trouble walking, dizziness, loss of balance, or coordination
- Sudden, severe headache with no known cause

Less frequent symptoms (but occur often in women):

- Sudden onset of nausea, and vomiting
- Brief loss of consciousness or fainting, confusion or convulsions
- Sudden hiccups
- Sudden face and limb pain
- Sudden shortness of breath and chest pain

3 Easy Tests to Assess Symptoms:

1. Ask the person to smile. Does one side of the face droop?
2. Ask the person to raise his arms. Does one arm drift downward?
3. Ask the person to say a simple sentence. Watch for garbled words and slurred speech.

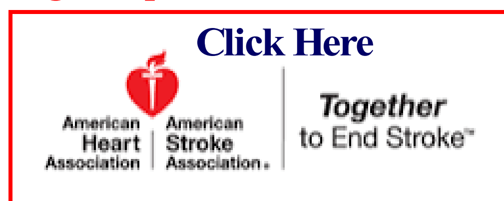
If you think you or someone with you is having a stroke, here's what to do:

Call 9-1-1 right away. Do not "wait and see" if the symptoms subside. The sooner the patient gets medical attention, the better the outcome. "If you have a choice, wait for the paramedics rather than driving the patient yourself. Patients who are transported by EMS are evaluated much quicker than people who are driven in," says Dr. Goldstein. (And, of course, do not drive if you are the one with the possible stroke!)

Call even if symptoms disappear. In a transient ischemic attack (TIA), symptoms usually only last a few minutes but it is a warning that a major stroke may be coming. "The best way to treat a stroke is to never have it to begin with. This is an opportunity to try to prevent one," says Dr. Goldstein.

Note the time when symptoms appeared and let the paramedics know. There are time frames after which certain drugs can't be used.

Do not give the patient aspirin. "A stroke is a brain event, not a heart attack," explains Dr. Goldstein. "You can't tell what kind of stroke the person is having. If it's hemorrhagic, aspirin will make the brain bleed worse."



Medicaid mental care for seniors, others may soon match care for physical health

Government had previously ordered parity by private managed care insurers, now want rule to activate in government programs

By Jenny Gold, Kaiser Health News

A federal law that passed in 2008 was supposed to ensure that when patients had insurance benefits for mental health and addiction treatment, the coverage was on par with what they received for medical and surgical care. But until now, the government had only spelled out how the law applied to commercial plans.

That changed Monday, April 6, 2015, when federal officials **released a long-awaited rule** proposing how the parity law should also protect low-income Americans insured through the government's Medicaid managed care and the Children's Health Insurance Program (CHIP) plans.

The proposed regulation is similar to one released in November 2013 for private insurers.

"Whether private insurance, Medicaid, or CHIP, all Americans deserve access to quality mental health services and substance use disorder services," said Vikki Wachino, acting director at the Center for Medicaid and CHIP Services.

Medicaid and CHIP programs are funded jointly by the federal and state governments.

Even if the state has carved out some benefits under a separate behavioral health plan, patients would be protected under the rule. Medicare patients are generally not affected by the regulation, nor are those in Medicaid fee-for-service plans . But the rule does affect the majority of the 70 million people on Medicaid who are in managed care plans, and the 8 million children covered by CHIP plans.

Insurers, advocates and the general public will have a chance to comment on the proposed rule. The government will then release a final version.

The proposal would mean that plans no longer could have hard limits on coverage such as a certain number of mental health visits in a year. And if a patient were to be denied treatment for a mental health or substance use disorder, the insurer would have to explain why.

The regulation has been **a long time coming**, says former **Rhode Island congressman Patrick Kennedy**, lead author of the **Mental Health Parity and Addiction Act**, which passed two years before the Affordable Care Act (also known as Obamacare)….**Read More**

Medicare Advantage, drug plan rates get surprise boost of 1.25 percent for 2016

CMS earlier indicated there would be little if any increase in cost for 2016 as it tries to reduce cost of private plans to match government insurance cost

By SeniorJournal.com staff

Medicare Advantage and drug plan insurance providers got a nice surprise from Medicare this morning – a 1.25 percent rate increase for 2016. Earlier the Centers for Medicare & Medicaid Services (CMS) had announced it expected a slight decrease for next year.

"The announcement was a surprise, since the U.S. has been reducing payments to insurers as it seeks to bring the cost of privately managed Medicare coverage in line with the government-run version of the program for the elderly and disabled," according to Bloomberg News. "Payments are already falling 4 percent this year, and in February the U.S. proposed an 0.9 percent reduction for 2016."

CMS said in a news release, that this final Medicare Advantage (MA) and Part D Prescription Drug program changes for 2016 provide fair and accurate payments to plans, and encourage the delivery of high-quality care for all populations."

The Rate Announcement finalizes changes in payments that will affect plans differently depending on the characteristics of those plans.

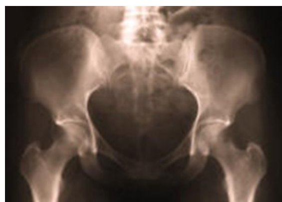
On average, the expected revenue change is 1.25 percent without accounting for the expected growth in coding acuity that has typically added another 2 percent.

The final revenue increase is larger than the February advance notice largely because the Medicare actuaries recently updated Medicare per capita spending estimates for 2014 and 2015. Medicare per capita spending in 2014, 2015 and 2016 is still expected to be below historical standards….**Read More**

Reducing hip fractures in U.S. senior citizens would cost $2 billion

Study predicts 357,656 lifetime hip fractures after wrist fracture in all U.S. females age 65 and older

By Senior Journal staff



Most U.S. senior citizens over age 80 suffer with the steady loss of bone due to osteoporosis, contributing to an estimated 2 million bone fractures each year. A new study finds that routine bisphosphonate drug treatment of women over 65 who sustain a distal radius (wrist) fracture - one of the most common fractures associated with osteoporosis - could significantly reduce the risk for additional fractures, primarily hip fractures, but at an estimated cost of more than $2 billion annually.

The lifetime cost of a hip fracture is estimated at $81,300, of which approximately 44 percent of the costs are associated with nursing facility expenses. Hip fractures cause an estimated 300,000 unplanned hospital admissions in the U.S. each year, according to this new study presented this week at the 2015 Annual Meeting of the American Academy of Orthopaedic Surgeons (AAOS).

Bisphosphonates, a drug known to increase bone mass and prevent fractures, has been associated with atypical femur fractures in a small, but significant number of patients.

Researchers reviewed existing literature and Medicare data to determine distal radius fracture incidence and age-specific hip fracture rates after distal radius fracture with and without bisphosphonate treatment. A model was then created to determine future fracture rates with and without treatment, and related costs.

The model predicted 357,656 lifetime hip fractures following distal radius fracture in all females age 65 and older in the U.S. If these patients received regular bisphosphonate treatment following a distal radius fracture, the number of hip fractures would drop to 262,767 over the lifetime of these patients; however, an estimated 19,464 patients would suffer an atypical femur fracture as a result of the treatment.

The cost of routine bisphosphonate treatment, including the cost for treating associated atypical femur fractures, comes to a lifetime total of $19.5 billion, or approximately $205,534 per avoided hip fracture.

"Our study suggests that routine universal utilization of bisphosphonates in elderly women after distal radius fracture would not be economically advantageous despite the cost savings associated with reduction of the hip fracture burden in that population," said lead study author, Suneel B. Bhat, MD, an orthopaedic surgery resident at the Rothman Institute in Philadelphia, Pa.

The study authors also hypothesize that the cost of bisphosphonates would need to drop to $70 per patient each year, from the current average annual wholesale cost of $1,485 per patient, to make the treatment affordable to every patient age 65 and older following a wrist fracture. In addition, selecting patients at lower risk for atypical femur fractures for treatment may reduce the number of bisphosphonate-related fractures. Confirming patient osteoporosis and fracture risk through a DEXA Scan (dual X-ray Absorptiometry) before prescribing bisphosphonates remains the most cost-effective method for treating osteoporosis and avoiding subsequent fractures.

For more information on bone and joint health, visit **Orthoinfo.org**.

The New England ARA state affiliates are actively pursuing these Petitions.

Petition Subject: Observation Status: "Current Hospital Issues in the Medicare Program"

ADD YOUR NAME

Get The Message Out: SIGN THE PETITION!!!!!

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

ADD YOUR NAME

Get The Message Out: SIGN THE PETITION!!!!!

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

ADD YOUR NAME

Get The Message Out: SIGN THE PETITION!!!!!