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Two articles about prescription drug pricing

New hepatitis C drugs cost Medicare billions



Medicare spent \$4.5 billion last year on new, pricey medications that cure the liver disease hepatitis C — more than 15 times what it spent the year before on older treatments for the disease, previously undisclosed federal data shows.

The extraordinary outlays for these breakthrough drugs, which can cost \$1,000 a day or more, will be borne largely by federal taxpayers, who pay for most of Medicare's prescription drug program. But the expenditures will also mean higher deductibles and maximum out-of-pocket costs for many of the program's 39 million seniors and disabled enrollees, who pay a smaller share of its cost, experts and federal officials said.

The spending dwarfs the approximately \$286 million that the program, known as Part D, spent on earlier-generation hepatitis C drugs in 2013, said Sean Cavanaugh, director of Medicare and deputy administrator at the Centers for Medicare and Medicaid Services (CMS)...[Read More](#)

Obama's budget contains the most aggressive move yet to fight high drug prices

The Obama administration proposed taking a major step towards bringing prices down for expensive specialty medications.

In its budget, the White House calls for Medicare's prescription drug program to negotiate on prices for "high-cost drugs" and biologics, a complex and expensive class of drugs that is just starting to get competition from generics in the United States. "The administration is deeply concerned with the rapidly growing prices of specialty and brand name drugs," the budget reads.



Insurers have spent the past year beating up drug companies for high prices of specialty medicines, particularly the new class of breakthrough hepatitis C treatments that come with incredibly high cure rates — but also price tags of at least \$84,000. Some patient advocates have then complained that insurers have asked patients to pay more out-of-pocket for these days.

The Department of Veterans Affairs and state Medicaid programs get mandated discounts on these drugs, but Medicare was forbidden by the 2003 law creating its prescription drug program to negotiate on price. For years, liberals have been pushing to give Medicare that authority, which would make the United States more like the rest of the world...[Read More](#)

Some seniors to pay more for Medicare in House passed bill to hike doctor pay This is a look at the details in this bill that will impact seniors on Medicare

By *Mary Agnes Carey*, Kaiser Health News



The House Thursday overwhelmingly passed legislation to scrap Medicare's troubled physician payment formula, just days before a March 31 deadline when doctors who treat Medicare patients will see a 21 percent payment cut. Senate action could come this week as well, but probably not until the chamber completes a lengthy series of votes on the GOP's fiscal 2016 budget package.

According to [a summary](#) of the bill, unveiled by Republican and Democratic committee leaders earlier this week, the current system would be **scrapped and replaced** with payment increases for doctors for the next five years as Medicare transitions to a new system focused "on quality, value and accountability"...[Read More](#)

Medicare Doc pay bill passed in House blocks injured from suing physicians

Why did Senate leave town without finishing work on bill? Rubio says no cuts to Advantage



The New York Times details some of the specifics of these protections for physicians inserted in House bill. Meanwhile, The Hill reports on why the Senate left town without finishing work on the Medicare physician payment overhaul - thereby leaving doctor payments in limbo. Marco Rubio wants to block any cuts to Medicare Advantage.

The New York Times: House Provision Offers Doctors More Protection Against Malpractice Suits

A little-noticed provision of a bill passed by the House of Representatives with overwhelming bipartisan support would provide doctors new protections against medical malpractice lawsuits. The bill, which requires the government to measure the quality of care that doctors provide and rate their performance on a scale of zero to 100, protects doctors by stipulating that the quality-of-care standards used in federal health programs — Medicare, Medicaid and the Affordable Care Act — cannot be used in malpractice cases. (Pear, 3/30)

The Hill: Blown 'Doc Fix' Deadline Leaves Medicare Payments In Limbo

Congress was one vote away from ending its perennial Medicare “doc fix” dilemma for good, after nearly two decades of last-minute deals to prevent a healthcare meltdown. But instead of capping a rare week of productivity on Capitol Hill with the approval of a bipartisan fix ahead of a crucial Tuesday deadline, the Senate punted on the legislation in the wee hours of Friday morning. (Ferris, 3/31)

In other Capitol Hill news, McClatchy breaks down some of the amendments -- including a proposal related to Medicare Advantage -- Sen. Marco Rubio, R-Fla., offered during the Senate's consideration of its budget resolution.

McClatchy: For Marco Rubio, Senate Vote-A-Rama Offers Insight Into Presidential Intent

Among domestic issues, Rubio amendments would prevent cuts to the Medicare Advantage program; allow for the elimination of the retirement earnings test in the Social Security program; and allow for the elimination of Social Security payroll taxes for individuals who have attained retirement age. (Adams, 3/30)

This is part of the KHN Morning Briefing, a summary of health policy coverage from major news organizations.

The Committee to Repeal the Government Pension Offset & Windfall Elimination Provision

For retirees affected by the Government Pension Offset and the Windfall Elimination Provision

A quick overview of what the GPO/WEP means

The Government Pension Offset (GPO):

If you are married to someone who is earning Social Security, you will probably lose all SS retirement or survivor benefits due you from taxes paid by spouse during the marriage.

The Windfall Elimination Provision (WEP):

You can lose up to half or more of any Social Security benefits you have earned in **other work** paying required FICA taxes.



About the Committee for Social Security Fairness

A Grassroots movement of active and retired public servants of all professions, working to repeal the GPO/WEP. that began 6 years ago with group of retirees who were furious at learning that they were not going to get the Social Security retirement benefits that they had earned and that they were expecting. They have developed an email list of more than three thousand activists who keep up with what is happening in Washington and send email campaigns and petitions to Congress as well as senior support groups. There are retired teachers, police, mail carriers, accountants, nurses, school bus drivers, librarians and all kinds of Federal employees from all over the U.S.

Our Goal is to:

- **Educate:** Inform the public about the injustice of the GPO and WEP, two Social Security provisions which penalize 1/3 of all educators and 1/5 of all public employees.
- **Motivate:** Energize all affected, both active and retired, to speak up for justice.
- **Activate:** Coordinate with all professional organizations affected in efforts to repeal the GPO/WEP.

You can join them at ssfairness.com, and right now on their website take a survey of the effects of the WEP or GPO on your pocketbook and you well-being.

[Click here for Frequently Asked Questions: GPO/WEP FAQ](#)

[Click here to Watch the PowerPoint Presentation for the whole story.](#)

[Sign our Petition on the last page of this E-Newsletter](#)

Very poor, very sick elderly do worse in Medicare programs due to circumstances

Study by Medicare-Medicaid insurers say CMS cannot expect same healthcare results as for those from better environments

By Tucker Sutherland, editor



If you are very, very poor and very, very sick – as are most Americans known as “dual eligibles” by the Centers for Medicare & Medicaid Services – you are likely to fair worse than others being treated with the same level of care by Medicare healthcare providers. This is the conclusion from a study funded by a healthcare technology company and the Special Needs Plan (SNP) Alliance, a group of companies that offer Medicare-Medicaid insurance plans.

A news release issued by the technology firm, Inovalon, says this was the largest analysis ever performed on dual eligible quality outcomes. Dual eligibles are people who have been qualified by the CMS as being entitled to services under both Medicare, which is generally for all Americans age 65 and older, and Medicaid, which is for those with very low incomes.

The study analysis said the dual eligibles “have worse health outcomes that cannot be attributed to a health plan’s quality of service. Moreover, additional factors beyond the high-risk chronic health conditions that members present may contribute to worse health outcomes.”

The study findings also “indicate that Medicare Advantage (MA) plans serving disadvantaged beneficiaries may provide higher-quality care than their ratings reflect under the current Five-Star Rating System Medicare uses to assess the performance of plans. This is the first large-scale, independent study to investigate health outcomes of Medicare beneficiaries enrolled in MA plans at the member-level.”...[Read More](#)

Older people threatened by new diarrhea superbug resistant to preventive drug

Young children, gay men are most common victims of this diarrhea; threat may increase amount adults due to this bugs resistance to preventive drug for adults

A new variety of a bug that already causes about half-a-million cases of diarrhea each year in the U.S. is proving resistant to drugs usually prescribed to protect adults. This new superbug is being imported by international travelers and has sickened at least 243 people, with large recent outbreaks in Massachusetts, Pennsylvania and California.

“These outbreaks show a troubling trend in *Shigella* infections in the United States,” said Dr. Tom Frieden, Director of the Centers for Disease Control and Prevention (CDC).

“Drug-resistant infections are harder to treat and because *Shigella* spreads so easily between people, the potential for more – and larger – outbreaks is a real concern. We’re moving quickly to implement a national strategy to curb antibiotic resistance because we can’t take for granted that we’ll always have the drugs we need to fight common infections.”

Shigella sonnei bacteria resistant to the antibiotic ciprofloxacin sickened 243 people in 32 states and Puerto Rico between May 2014 and February 2015. Research by the CDC found that the drug-resistant illness was being repeatedly introduced as ill travelers returned and was then infecting other people in a series of outbreaks around the country.

CDC and public health partners investigated several recent clusters of shigellosis in Massachusetts, California and Pennsylvania and found that nearly 90 percent of the cases tested were resistant to ciprofloxacin (Cipro), the first choice to treat shigellosis among adults in the United States. Shigellosis can spread very quickly in groups like children in childcare facilities, homeless people and gay and bisexual men, as occurred in these outbreaks.

In the United States, most *Shigella* is already resistant to the antibiotics ampicillin and trimethoprim/sulfamethoxazole. Globally, *Shigella* resistance to Cipro is increasing. Cipro is often prescribed to people who travel internationally, in case they develop diarrhea while out of the United States. More study is needed to determine what role, if any, the use of antibiotics during travel may have in increasing the risk of antibiotic-resistant diarrhea infections among returned travelers...[Read More](#)



Drug Resistant *Shigella*

Chronically lonely seniors likely to turn to physicians for social contact

More doctors' office visits by older adults suffering chronic loneliness

Experiences of loneliness and social isolation can lead to increased health care use among seniors, finds new research from the University of Georgia College of Public Health.

The study, published online in the *American Journal of Public Health*, found that the frequency of physician visits was particularly influenced by chronic loneliness--and suggests that the identification and targeting of interventions for lonely elders may significantly decrease physician visits and health care costs.

"Logically, it makes sense that people who are in poorer health because of loneliness would use health care more," said study co-author Kerstin Gerst Emerson, an assistant professor of health policy and management.



"But we wondered, could people also be visiting their doctor or making those extra appointments because they were lonely?"

To answer this question, Emerson and co-author Jayani Jayawardhana, also an assistant professor in health policy and management, looked at how loneliness impacted the number of physician visits and hospitalizations reported by senior adults living among the general population and not in a retirement community.

Their analysis relied on data from the 2008 and 2012 University of Michigan Health and Retirement Study, a national survey of Americans over the age of 50....[Read More](#)

New Stroke Prevention Efforts May Be Paying Off

CDC study finds fewer patients treated in ERs for blood clots in the brain

By *Dennis Thompson* HealthDay Reporter

(HealthDay News) -- Fewer people are being treated in U.S. emergency rooms for strokes caused by blood clots in the brain, which experts read as a sign that current stroke prevention methods are working.

The rate of emergency department visits for either a stroke or a mini-stroke (transient ischemic attack) -- a temporary blockage of blood flow to the brain -- decreased dramatically between 2001 and 2011, according to a new U.S. Centers for Disease Control and Prevention report.

Such ER visits declined 35 percent for adults 18 and older, and 51 percent for those 55 to 74, said the report from the CDC's National Center for Health Statistics (NCHS).

The CDC report, published in the March *NCHS Data Brief*, also contained evidence that doctors are providing more comprehensive care for stroke victims, experts said....[Read More](#)



For more on clot-busting drug therapy, visit the [U.S. National Library of Medicine](#).

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

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

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**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
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**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!!!!**