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RI ARA

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NOW, more than ever!!!!"*

Affiliated with the Rhode Island AFL-CIO

HealthLink Wellness

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TROUBLING TRADE DEAL ON THE HORIZON

Have you heard of the Trans-Pacific Partnership (TPP) Free Trade Agreement? If not, you're not alone – the American people, by design, know very little about what U.S. negotiators are promising in closed-door talks with Australia, Brunei, Canada, Chile, Mexico, New Zealand, Peru, Singapore, Malaysia, Vietnam and other countries.

IMPACT OF TRADE PROVISIONS ON PUBLIC PROGRAMS

This is very troubling, because it could lead to trade disputes for governments who use their leveraging power to lower drug and device prices in public programs. In the U.S., several public programs could be impacted, including the following:

Medicaid Preferred Drug Lists - all states have a preferred list of drugs, or formularies for their Medicaid programs.

Medicaid Drug Rebate Program - This program requires drug manufacturers who want to have their products covered by Medicaid to enter into a national rebate agreement with the Secretary of HHS.

Public Health Services Act Section 340B Drug Pricing Program – The 340B Program makes discounted prescription drugs available to safety-net providers, such as community health centers, public hospitals, rural critical access hospitals, Ryan White clinics and others that provide medicines to low income patients who are not eligible for Medicaid and who are treated on an outpatient basis.

ACA Discounts for Certain Medicare Part D Beneficiaries – The Affordable Care Act established a discount program for brand named and generic drugs for individuals who fall in the “doughnut hole”.

The Alliance for Retired Americans and its affiliates opposes an agreement that affect existing programs that help lower drug prices for seniors and other low-income beneficiaries.

Moreover, the trade provisions do not include therapeutic value as a factor in pricing and listing decisions, prioritizing competitive market-derived and patent value factors over considerations of how efficacious a product may be, how cost-effective it is compared to other products or how safe it may be.

The Alliance for Retired Americans and its affiliates believes the trade agreement should include provisions that take into account the efficaciousness, cost-effectiveness and safety of the product.

Future programs that could be affected:

Medicare Drug Rebates - The President's FY 2014 budget and the Rockefeller/Waxman Prescription Drug Savings Act (S.740 and H.R. 1588) proposed requiring pharmaceutical manufacturers to provide discounts (rebates) for low-income beneficiaries under Medicare, like they do under Medicaid.

Price Negotiations - During the debate of the 2003 Medicare Modernization and Improvement Act – the law that created the Medicare Part D prescription drug program -- many groups, including the Alliance for Retired Americans, advocated for the government to negotiate drug pricing or create a separate public option under Part D that would allow the government to set drug prices. In the end, the law does not allow the government to negotiate prices. However, if a future Congress were to enact a public option, this could be subject to a challenge under the trade agreement.

The Office of U.S. Trade Representative has met with consumers group and indicated to them that the language in TPP has changed from the original leaked text, but consumer groups are not able to look at the language.

Fast Track proposal - The “Bipartisan Congressional Trade Priorities Act” (H.R. 3830 & S. 1900) was introduced on January 9, 2014 to help expedite free trade agreements. If it were enacted, trade pact implementing legislation would be guaranteed House and Senate votes within 90 days, with all floor amendments forbidden and a maximum of 20 hours of debate.

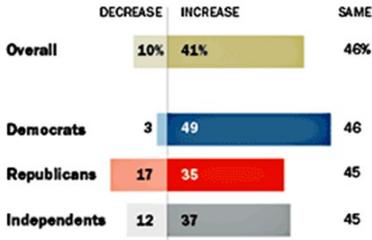
We Must Collectively Work To Stop This From Becoming Law!!!

Forget Talk About Cutting Social Security, New Campaign Wants Benefits Increased

National Committee wants to end Congressional efforts to reduce the program and put spot light on making it better

Cutting Social Security?

Would you increase, decrease or keep spending the same for Social Security?



Note: Don't know responses not shown.
Source: Pew Research Center survey Feb. 13-18, 2013. Q28

A new campaign to persuade Congress to increase the benefits provided by Social Security was launched last week by the National Committee to Preserve Social Security and Medicare. With most of the Congressional efforts in the last few years being aimed at reducing the cost of the program, it may seem, at first, to be at odds with public opinion. But, maybe not. There is considerable polling to show Americans do place great value on Social Security.

The "Boost Social Security Now" education campaign is to "inform and mobilize our membership, grassroots networks and on-line communities to convince Congress that now is the time to boost benefits, not cut them," according to the news release introducing the effort.

The NCPSSM, also known as "The National Committee," cited a study from 2013 to show the public's support for expanding the entitlement program. The study found, "Large majorities of Americans, both Republicans and Democrats, agree on ways to strengthen Social Security - without cutting benefits. Fully 74% of Republicans and 88% of Democrats agree that 'it is critical to preserve Social Security even if it means increasing Social Security taxes paid by working Americans.'" That study was funded by the National Academy of Social Insurance...[Read More](#)

RI AFL-CIO President George Nee: Labor's 2014 Agenda For R.I. Serves the People

In 2014, the Rhode Island AFL-CIO plans to pursue a legislative agenda that is pro-growth, pro-worker, pro-union and, yes, pro-business. These four basic tenets have served as the basis of our legislative activities, and will continue in the future, to ensure that all Rhode Islanders prosper and succeed. We have made our most progress when business, labor and government have worked together to improve our economy.

For its economy to grow, our state needs workers to fill the jobs of the 21st century. We are pleased that Gov. Lincoln Chafee recognizes the skills gap and his fiscal year 2015 budget proposes \$1.6 million for workforce development. However, we must go further to retrain Rhode Islanders who are being left by the wayside because of a lack of technical skills.

We will also advocate increased funding for adult literacy programs. Workforce development and adult literacy would help workers come up to speed and excel. To avoid a future skills gap, we must be willing to invest in education from an early age. The Rhode Island AFL-CIO will advocate funding for full-day kindergarten to ensure that our school children are prepared to compete in an increasingly global economy. - [READ MORE](#)



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

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!!!!!!**

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**

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HealthLink Wellness

Seniors Moved from Nursing Homes to Home, Community Care Suffer More Hospitalizations

Long-term care at home meets desires of older patients and can save Medicaid money



What looks like a “win-win” for everyone – senior citizens and the Centers for Medicare & Medicaid Services – is not turning out that way, according to a new study in the online *Journal of the American Geriatrics Society*. The seniors want to age at home, rather than in nursing homes, which can save money for Medicaid. The problem the study found was that as these older people eligible for Medicaid and Medicare were moved into community care there was a 40 percent greater risk of “potentially preventable” hospitalizations.

“We are trying to move people into the community and I think that is a really great goal, but we aren't necessarily providing the medical support services that are needed in the community,” said Andrea Wysocki, a postdoctoral scholar in the Brown University School of

Public Health and lead author of the study.

“One of the policy issues is how do we care for not only the long-term care needs when we move someone into home- and community-based settings but also how do we support their medical needs as well?”

Wysocki said her finding of a higher potentially preventable hospitalization risk for seniors who transitioned to community- or home-based care suggests that some medical needs are not as well addressed in community settings as they are in nursing homes. More vigilant and effective treatment for chronic, already-diagnosed ailments such as chronic obstructive pulmonary disease could prevent some of the hospitalizations that occur...[Read More](#)

Credit Card-Size Device Could Analyze Biopsy, Help Diagnose Pancreatic Cancer in Minutes

By Michelle Ma, University of Washington

Pancreatic cancer is particularly deadly; faster detection may save many lives as it has victims of other cancers

Pancreatic cancer is a particularly devastating disease. At least 94 percent of patients will die within five years, and in 2013 it was ranked as one of the top 10 deadliest cancers. Routine screenings for breast, colon and lung cancers have improved treatment and outcomes for patients with these diseases, largely because the cancer can be detected early. But because little is known about how pancreatic cancer behaves, patients often receive a diagnosis when it’s already too late.

University of Washington scientists and engineers are developing a low-cost device that could help pathologists diagnose pancreatic cancer earlier and faster. The prototype can perform the basic steps for processing a biopsy, relying on fluid transport instead of human hands to process the tissue. The team presented its initial results this month (February 2014) at the [SPIE Photonics West conference](#) and recently filed a patent for this first-generation device and future technology advancements.



“This new process is expected to help the pathologist make a more rapid diagnosis and be able to determine more accurately how invasive the cancer has become, leading to improved prognosis,” said [Eric Seibel](#), a UW research professor of mechanical engineering and director of the department’s [Human Photonics Laboratory](#).

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The new instrumentation would essentially automate and streamline the manual, time-consuming process a pathology lab goes through to diagnose cancer. Currently, a pathologist takes a biopsy tissue sample, then sends it to the lab where it’s cut into thin slices, stained and put on slides, then analyzed optically in 2-D for abnormalities.

..[Read More](#)

Readmission Rates Lowest for Medicare Rehab Patients With Lower Joints Replaced

Most likely to be back into rehab within 30 days are those being treated for being weak or feeble says JAMA report that takes look at new CMS quality measure



As part of its effort to emphasize quality care, the Centers for Medicare & Medicaid Services has established readmission rates as a way to measure performance for inpatient rehabilitation facilities. A new study of such readmissions for Medicare fee-for-service patients has found the rate of return to the facility within 30 days is the lowest – 6 percent - for those who had joints replaced in their lower extremities and highest – 20 percent - for those treated for debility (weakness or feebleness).

Reporting on 30-day hospital readmission will be required in 2014 by the CMS, according to background information in the article to be published the February 12 issue of the Journal of the American Medical Association (*JAMA*).

Readmission rates were examined for the 6 most common reasons for receiving inpatient rehabilitation: stroke, lower extremity fracture, lower extremity joint replacement, neurologic disorders, brain dysfunction and debility....[Read More](#)

Women Fare Worse Following Stroke; Difference Greatest in Those Over Age 75

Follow-up study to look at cognitive decline in men and women before and after stroke

The good news about stroke is that more people survive stroke now than 10 years ago due to improved treatment and prevention. The bad news: women who survive stroke have a worse quality of life than men and the difference is greatest for the elderly, according to a study published just one day after the American heart and stroke associations issued the [first guidelines](#) aimed specifically at preventing strokes in women.

Researchers at Wake Forest Baptist Medical Center compared the quality of life in men and women who had a stroke or transient ischemic attack (TIA). Their results are reported in the Feb. 7 online issue of the journal *Neurology*.

A total of 1,370 patients ages 56 to 77 from the AVAIL registry – a national, multicenter, longitudinal registry of ischemic stroke and TIA patients – were included in the study... The patients' quality of life was measured at three months and one year after a stroke or TIA using a formula that assesses mobility, self-care, everyday activities, depression/anxiety and pain...[Read More](#)



Older Men on Testosterone Should be Warned of Cardiovascular Risks, Says Endocrine Society

Therapy not approved for age-related symptoms, age-related decline of testosterone; studies find dangers for senior men with heart conditions

Alarmed by recent studies that have raised concerns about the safety of testosterone therapy in older men with a history of heart disease, the Endocrine Society today called for a full evaluation. According to a statement, the risks and benefits of testosterone therapy for older men with declining levels of the hormone need to be fully evaluated.

Two retrospective analyses and one randomized trial supported by the Veterans Health Care System, and the National Institutes of Health found a higher rate of cardiovascular events in men who received testosterone and had preexisting heart problems. The U.S. Food and Drug Administration has announced it plans to evaluate the safety of testosterone therapy.



Testosterone is approved for the treatment of hypogonadism due to known diseases of the testes, pituitary and hypothalamus. Although the use of testosterone therapy is increasing, the treatment has not been approved for the treatment of age-related symptoms or the age-related decline of testosterone levels...[Read More](#)