

### Stop the Job and Democracy Killing Trans Pacific Partnership Tell Congress To Reject the TPP!



The RI ARA wants to make sure you get these awesome tools that will help build the movement for better trade. The first is this great tool from **People Demanding Action**, a smart petition against the TPP that will automatically send a message to our reps depending on their past and current positions on The TPP: **Click on this link: [NOW TO SENT A MESSAGE TO YOUR CONGRESSIONAL MEMBER:](#)**

The second is this **link to the Flush the TPP website with complete instructions on how to leave a comment on the US Trade Reps website about the economic impacts of the TPP: [Read More](#)**

According to Margaret Flowers, **so far there are over 500 comments, a record for trade agreements! Comment period ends Jan 13.**

**[Click Here to View Trans-Pacific Partnership: Threats to Affordable Medicines Public Citizens Fact Sheet](#)**

#### STATEMENT FOR THE RECORD SUBMITTED TO THE HOUSE COMMITTEE ON WAYS & MEANS DEMOCRATS FORUM ON 'TRADING VIEWS' TPP HEARING ON ACCESS TO MEDICINE DECEMBER 8, 2015

ALLIANCE FOR RETIRED AMERICANS 815 16TH STREET, NW WASHINGTON, DC

**[Click Here To Read The Full Statement](#)** Also check out the new **[Alliance for Retired Americans web site](#)**

### Senator Sheldon Whitehouse Year End Report

In 2015, I had the pleasure of hearing from Rhode Island seniors from across the state and I am encouraged by the steps we are taking to ensure they are getting the benefits they deserve. During the passage of the Affordable Care Act, I led the fight to eliminate the Medicare "doughnut hole" coverage gap, and as a result thousands of seniors in Rhode Island saved millions of dollars this past year on their prescription drugs. These are benefits our seniors have earned through a lifetime of hard work, and as a Member of the Special Committee on Aging, I will continue to protect them.

As I visited senior centers across the state, I heard how Social Security benefits aren't keeping up with seniors' rising costs. That is why I joined Senator Reed in calling for Social Security to change its cost-of-living adjustment formula to account for the true costs Rhode Island seniors are facing. I cosponsored legislation to give nearly 70 million seniors, veterans, and people with disabilities a one-time payment of \$580 by closing a tax loophole, as well as a bill to protect Social Security benefits from being garnished to collect federal debts like student loans. I am also fighting to subject wages over \$250,000 to the Social Security payroll tax, which would make Social Security fully solvent for the next 50 years. As a founding member of the Defend Social Security Caucus in the Senate, I want to make sure we are keeping our promise to seniors.

I voted against Trade Promotion Authority legislation, which would deny Congress the opportunity to fully vet and amend sweeping trade deals with foreign nations. Past trade pacts have hurt Rhode Island workers, and I believe we need a new trade policy that puts American jobs ahead of the interests of international corporations.

I worked on major bipartisan legislation that passed Congress in 2015, like the bill to overhaul our K-12 education policy and a five-year transportation bill that will bring millions of federal dollars to Rhode Island to fund many badly needed projects. And my National Oceans and Coastal Security Act became law, establishing a dedicated fund for research, conservation, and restoration of our oceans and coasts.

I'm so proud of all the work we were able to accomplish for Rhode Islanders in the past year and I'm ready to get more done in 2016. As always, I look forward to hearing from you, so please reach out if you have any questions or comments...**[Contact Senator Whitehouse](#)**



## YEAR IN REVIEW: 2015

### Congressman Jim Langevin, 2<sup>nd</sup> District, Rhode Island



**COVENTRY, RI**—I hope you had a wonderful holiday season and a very happy New Year! As I prepare to return to Washington, D.C., for a new session of Congress, filled with hope and new possibilities, I want to share with you some highlights of 2015. Each day I'll share a new stat from the year that was, starting with the more than 700 constituent cases we resolved in 2015. Delivering high-quality constituent services is a priority for me and my team every single day.

If you ever need help in dealing with a federal agency, from the VA and Medicare to the IRS and Social Security, please don't hesitate to call my office!

- ◆ 376 Events in Rhode Island: Constituent meetings, business visits, public functions.
- ◆ Constituent Mail: 26,579, Letters and e-mails sent to constituents.
- ◆ Constituent Casework: Our caseworkers resolved 741 constituent issues.
- ◆ 10 Public forums: helped deliver \$225,241,223 in federal funds to aid the Second District.
- ◆ 21 bills/amendments authored.
- ◆ 2,889 posts on social media: Twitter: 11,399 followers, Facebook, 4,729 likes, Instagram, 687 followers.
- ◆ 246 bills co-sponsored.
- ◆ 8 Advisory Committees consisting of 245 community leaders.

[Click here to Contact Congressman Langevin](#)

[View Congressman Langevin's Year End Flyer](#)

### Cicilline Releases 2015 Year-End Report

**PAWTUCKET** – U.S. Congressman David N. Cicilline on 12/31/2015, released a [2015 Year-End Report](#) that highlights some of the work his office completed this year in four key areas: getting Rhode Islanders back to work, promoting efficiency in government, delivering federal resources to Rhode Island, and leading on critical policy issues.



**“As 2015 draws to a close, I am extraordinarily grateful for the opportunity you have given me to serve as the United States Representative for Rhode Island's First District,”** wrote Cicilline. **“The progress we have made would never be possible if it weren't for the active support and engagement I have received from citizens in Rhode Island's First District. I want to sincerely thank you for the work that you do. It is an honor to serve on your behalf.”**

A copy of Congressman Cicilline's 2015 Year-End Report can be downloaded by [clicking here](#). Among the highlights included in the report are:

- ◆ Helped deliver **\$335.5 million** in federal funding back to Rhode Island.
- ◆ Introduced and passed the **Brickle Amendment** into law, requiring the Departments of Defense and State to publicly document their work to notify American manufacturers regarding overseas procurement opportunities.
- ◆ Worked with Republican Congressman Steve Chabot to introduce and pass the **Small Business Investment Company Capital Act** through the House to expand access to capital for small businesses.
- ◆ **Assisted with 1,437 constituent requests for casework**, including help with Social Security benefits, IRS tax refunds, health care services, and **Responded to 20,883 letters and emails** from constituents.

[Contact Congressman Cicilline](#)

### Pfizer hiked U.S. prices for more than 100 drugs on Jan. 1

Pfizer Inc (PFE.N), which plans a \$160 billion merger with Ireland-based Allergan Plc (AGN.N) to slash its U.S. tax bill, on Jan. 1 raised U.S. prices for more than 100 of its drugs, some by as much as 20 percent, according to statistics compiled by global information services company Wolters Kluwer.

Pfizer confirmed a 9.4 percent increase for heavily advertised pain drug Lyrica, which generated \$2.3 billion in 2014 U.S. sales; a 12.9 percent increase for erectile dysfunction drug Viagra, which had 2014 U.S. sales of \$1.1 billion; and a 5 percent increase for Ibrance, a novel breast cancer drug launched last year at a list price of \$9,850 per month, or \$118,200 per year...[Read More](#)



## Forgot Something Again? It's Probably Just Normal Aging



Losing your ability to think and remember is pretty scary. We know the risk of dementia increases with age. But if you have memory lapses, you probably needn't worry. There are pretty clear differences between signs of dementia and age-related memory loss.

After age 50, it's quite common to have trouble remembering the names of people, places and things quickly, says **Dr. Kirk Daffner**, chief of the division of cognitive and behavioral neurology at Brigham and Women's Hospital in Boston.

The brain **ages** just like the rest of the body. Certain parts shrink, especially areas in the brain that are important to learning, memory and planning. Changes in brain cells can affect communication between different regions of the brain. And blood flow can be reduced as arteries narrow. Simply put, this exquisitely complex organ just isn't functioning like it used to.

Forgetting the name of an actor in a favorite movie, for example, is nothing to worry about. But if you forget the plot of the movie or don't remember even seeing it, that's far more concerning, Daffner says.

When you forget entire experiences, he says, that's "a red flag that something more serious may be involved." Forgetting how to operate a familiar object like a microwave oven or forgetting how to drive to the house of a friend you've visited many times before can also be signs something is wrong.

But even then, Daffner says, people shouldn't panic. There are many things that can cause confusion and memory loss, including health **problems** like sleep apnea, high blood pressure, or depression, as well as medications like antidepressants. Even over-the-counter remedies like antihistamines can contribute to memory loss.

You don't have to figure this out on your own. Daffner suggests going to your doctor to check on medications, health problems and other issues that could be affecting memory.

And the best defense against memory loss is to try to **prevent** it by building up your brain's cognitive reserve, Daffner says.

"Read books, go to movies that challenge, take on new hobbies or activities that force one to think in novel ways," he says. In other words, keep your brain busy and working. And get physically active, Daffner says, because exercise is a known brain booster.

---

## Is aging a disease we can treat?

**The GLP aggregated and excerpted this blog/article to reflect the diversity of news, opinion and analysis.**

Aging happens to all of us, and is generally thought of as a natural part of life. It would seem silly to call such a thing a "disease."

On the other hand, scientists are increasingly learning that aging and biological age are two different things, and that the former is a key risk factor for conditions such as heart disease, cancer, arthritis, Alzheimer's disease, and many more. In that light, aging itself might be seen as something treatable, the way you would treat high blood pressure or a vitamin deficiency.

Those two are in the current **International Classification of Diseases** (ICD), a manual published by the World Health Organization — but aging is not. The next revision of the manual is due out in 2018.

While there is no formal campaign to add aging to the official list of diseases, new medical discoveries have opened the discussion. For instance, after studies showed that metformin, a common diabetes drug, **could extend lifespan in** rodents, researchers went to the federal Food and Drug Administration in June and won approval for human trials of the drug's anti-aging properties.

But there's no assurance that the FDA would approve an anti-aging drug, even if the clinical trials are positive. The agency has never allowed such a drug on the market, because aging hasn't been designated as a condition needing treatment.



# Doctors question how CDC's voluntary opioid guidelines would really work

By Shannon Muchmore | January 7, 2016

As providers consider the opioid prescribing guidelines being proposed by the Centers for Disease Control and Prevention, one of the issues is whether labeling them as voluntary means doctors would not be bound to them.

The CDC developed the guidelines in response to the growing number of opioid overdose deaths being recorded throughout the country. They suggest trying alternative therapies when possible and small quantities and dosages when opioids are used. They also recommend urine testing to determine patient compliance.

In a meeting of the Board of Scientific Counselors of the National Center for Injury Prevention and Control, the CDC Thursday requested a new work group to review the guidelines. Their release was postponed after doctors and patient advocates complained of a lack of transparency. Comments on the guidelines are being accepted until Jan. 13.

The CDC has emphasized that it is not a regulating agency, and the guidelines are voluntary and intended for primary-care doctors treating patients with chronic pain. Physicians, however, have said they expect the guidelines to be adopted by licensing boards and other entities.

A letter from the American Cancer Society spells out the concerns that the guidelines would quickly become far from voluntary.

“Guidelines officially sanctioned by the CDC are likely to have significantly greater impact than guidelines promulgated by other organizations,” officials wrote. “In fact, the CDC imprimatur makes it more likely that these guidelines become de facto requirements through adoption by state health departments, professional licensing bodies or insurers.”

There is also worry that the guidelines could be used against doctors in legal cases.

Dr. Michael Wilson, a medical malpractice attorney in Washington, D.C., said malpractice cases vary greatly in details, but doctors can in some instances be held accountable for a patient becoming addicted to or overdosing on opioids.

Lawyers would look at whether the diagnosis called for an opioid prescription as well as whether the patient's history and physical status were properly vetted, he said.

Guidelines published by the CDC, even if they are described as voluntary, could be used to determine whether a doctor followed the national standard of care, he said.

“Anything put out by the CDC is pretty impressive,” he said. “It would be pretty good evidence.”

Dr. Asokumar Buvanendran, an anesthesiologist and professor at Rush University Medical Center in Chicago, said he expects various professional groups will adopt the guidelines, and physician practices may say doctors should be using them when prescribing.

He said the guidelines are “reasonable clinical practice,” but doctors were concerned that they were developed without their input or patient input. He said he isn't concerned about the guidelines becoming a liability issue.

“I think it would be more of a tool,” he said.

---

**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 37 and Senate Concurrent Resolution 12 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.973 & S.1651**

ADD  
YOUR  
NAME

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