



© RI ARA 2014  
All Rights Reserved

# RI ARA

*“Fighting for the future of our members,  
NOW, more than ever!!!!”*

*Affiliated with the Rhode Island AFL-CIO*



Published in house by the  
RI ARA

## January 20, 2014 E-Newsletter

### Message From RI ARA President, John A. Pernorio

The 2014 elections will be a very important issue for Americans. Will we continue to elect representatives that are only concerned with their own agenda, or will we elect Congressional members that will work to make America what it once was, a strong industrial nation that took pride in its work force. A nation of workers who dream of working and supporting their families with good wages is common place, not the exception. A nation of people working together to reach their goals in life. Where all generations, past, present and future can look to each other with respect and a helping hand.

As we go forward in 2014, we still have many battles to fight for our members and future retirees. The Rhode Island Alliance for Retired Americans along with the other New England Alliance for Retired Americans affiliated chapters will be working on Legislation to improve the **QUALITY of LIFE** for our members.

The New England Alliance for Retired Americans affiliated chapters are working to explore the creation of legislation recognizing the need to improve physical access to many federally funded facilities for all people of the United States, particularly people with disabilities.

- ◆ Repeal of the unfair GPO/WEP.
- ◆ No cuts to needed services for the elderly and disabled.
- ◆ Continue to fight against any and all cuts to Social Security, Medicare & Medicaid.
- ◆ Continue our support against Privatizing Social Security, increasing Social Security & Medicare eligibility age.
- ◆ Keeping our elected officials informed on our positions concerning any Legislation pertaining to our members.
- ◆ To continue to provide information that is important to our members through the RI ARA Weekly E-Newsletter.
- ◆ To form stronger regional bonds with the other New England ARA states to create a unified front in support of our members.

**RI ARA will continue to look for support from local union leaders and their retirees.**

*Together, we can make this happen.*

### Seniors Expected to Rush to New 15-Minute Test of Cognitive Abilities, Dementia Risk

**Also see video on test @ Study: Self-Administered Test Helps Spot Early Alzheimer's**



Seniors around the English speaking world are probably pounding on their computers today trying to download the new 15-minute test to evaluate their cognitive abilities. It was released yesterday by researchers at The Ohio State University Wexner Medical Center after tests on older Americans. They declared it a simple but “reliable tool” that can be used without medical supervision or interpretation. It can be downloaded with link in this story below.

The memory disorder researchers visited 45 community events where they asked people to take this self-administered test - the Self-Administered Gerocognitive Examination (SAGE test) - to screen for early cognitive loss or dementia. Of the 1047 people who took the simple pen-and-paper test, 28 percent were identified with cognitive impairment, according to Dr. Douglas Scharre, who developed the test with his team at Ohio State.

The researchers confirmed the feasibility and efficiency of the tool for community screening large numbers of people in a report published in the January issue of *The Journal of Neuropsychiatry and Clinical Neurosciences*.

“The test correlated very well with more detailed cognitive testing,” Scharre said. “The difference is, this approach simply requires a pen, paper and about 10 minutes of a patient’s time,” he said...[Read More](#)

## **New Compassionate Allowance Conditions Added by Social Security for SSI, SSDI Programs**

### **May make many low income seniors eligible for additional benefits**



Twenty-five new Compassionate Allowances conditions, including a dozen cancers, bringing the total number of conditions to 225, were announced today by Carolyn W. Colvin, Acting Commissioner of Social Security. The CLA program expedites disability decisions for Americans with the most serious disabilities to ensure that they receive their benefit decisions within days instead of months or years. This applies to senior citizens – age 65 - or older, blind, or disabled persons (including children) who have limited income and resources who may be eligible for benefits from Social Security Disability Insurance (SSDI) and/or Supplemental Security Income (SSI) disability programs.

The new conditions also include disorders that affect the digestive, neurological, immune, and multiple body systems. (Complete list below, followed by information on the programs.)

“We are dedicated to providing vulnerable Americans with faster access to disability benefits through our Compassionate Allowances program,” said Colvin. “Social Security disability benefits are a vital lifeline for individuals who are facing severe diseases and we must ensure that they receive the benefits they rightly deserve.” ...[Read More](#)

---

## **Cognitive Training for Senior Citizens Shows 10-Year Benefit in Reasoning, Speed**

### **Clinical trial funded by National Institute on Aging aimed at enabling seniors to maintain cognitive abilities as they age**

Training to improve cognitive abilities in senior citizens – average age of 74 - lasted to some degree 10 years after the training program was completed, according to results of a randomized clinical trial supported by the National Institutes of Health. The findings showed training gains for aspects of cognition involved in the ability to think and learn, but researchers said memory training did not have an effect after 10 years.

The report, from the Advanced Cognitive Training for Independent and Vital Elderly (ACTIVE) study, appears in the January 2014 issue of the *Journal of the American Geriatrics Society*. The project was funded by the National Institute on Aging (NIA) and the National Institute of Nursing Research (NINR), components of the NIH.

“Previous data from this clinical trial demonstrated that the effects of the training lasted for five years,” said NIA Director Richard J. Hodes, M.D.

“Now, these longer term results indicate that particular types of cognitive training can provide a lasting benefit a decade later. They suggest that we should continue to pursue cognitive training as an intervention that might help maintain the mental abilities of older people so that they may remain independent and in the community.”

“ACTIVE is an important example of intervention research aimed at enabling older people to maintain their cognitive abilities as they age,” said NINR Director Patricia Grady, Ph.D. “The average age of the individuals who have been followed over the last 10 years is now 82. Given our nation’s aging population, this type of research is an increasingly high priority.” ...[Read More](#)

---



## **FDA Approves Drug Combo to Treat Advanced Melanoma Found Most Often in Seniors**

### **Mekinist in combination with Tafenlar is new hope for those with advanced melanoma; 76% success is shrinking, killing cancer**

The U.S. Food and Drug Administration has approved Mekinist (trametinib) in combination with Tafenlar (dabrafenib) to treat patients with advanced melanoma that is unresectable (cannot be removed by surgery) or metastatic (late-stage). Melanoma rates are highest in older people aged 55-64 years. The median age is 61. But deaths are highest in senior citizens aged 75-84 years with the median age being 69....[Read More](#)



## Millions of Senior Women at High Risk of Breast Cancer May Get Preventive Drugs Free

Estimates are that over 10 million women in U.S. age 35 to 79 could be eligible for tamoxifen chemoprevention on the basis of their risk factors; Obamacare

By Phil Galewitz, Capsules, Kaiser Health News



Starting next September, women at increased risk for breast cancer will be able to get some drugs shown to help prevent the disease without a co-pay, **the Obama administration said Thursday.**

The U.S. Preventive Services Task Force recommended last September that clinicians give medications such as tamoxifen or raloxifene to such women to reduce their risk of the disease. Under the Affordable Care Act, items or services rated A or B by the independent review board of physicians and academics must be covered by insurers without a co-pay or deductible. Insurers are given a year to make the change.

A spokesman for the insurance industry noted that while helping breast cancer patients get care is “a top priority for health plans,” prescription drugs are not “free,” and the costs of those drugs would be reflected in the premiums that all consumers pay for coverage.

A 2010 study found that about 52,000 women were taking tamoxifen, yet the researchers wrote “in 2000, there would have been some 10 million women in the United States 35 to 79 years of age who were eligible for tamoxifen chemoprevention on the basis of their risk factors ... For 2.4 million of these women, it was believed that the benefits of taking tamoxifen outweighed the risks.”

### Who Are the High Risk Women

The U.S. Preventative Services Task Force (USPSTF) decided *against* the routine use of tamoxifen or raloxifene drugs in women who are at **average risk** for getting breast cancer, because the risk of side effects outweighs the potential benefit.

They made the strong recommendation, however, that **women with an estimated 5-year breast cancer risk of 3% or more, and low risk for side effects, should consider taking tamoxifen or raloxifene.**

**The women who might fit this "estimated 5-year risk of 3% or more" have (or have had):**

- ◆ Older age (above 55)
- ◆ A family history of breast or ovarian cancer before the age of 50
- ◆ A personal history of atypical hyperplasia in a breast biopsy
- ◆ Pre-cancer DCIS; (intraductal carcinoma); LCIS (lobular carcinoma in situ)
- ◆ Extremely dense breast tissue on mammograms
- ◆ Started their periods early and/or were pregnant late
- ◆ Certain benign (not cancerous) breast conditions

Source: American Cancer Society...[Read More](#)

---

## Does Early Retirement Mean Benefits Reduced Forever;

Wife Gets No Credit from Family Business

Many seniors may be surprised by these questions and the answers;  
things you need to know about Social Security

Two good questions are answered today in the Social Security Q&A by Oscar Garcia, Public Affairs Specialist with the Social Security Administration. A senior wants to know if taking early retirement means the benefit will continue to be reduced. And, a wife wants to know why she is not getting credits for earnings she and her husband earn in joint business.

• **If I take early retirement and still work will my benefits continue to be reduced because I retired at age 62?**

- ◆ **My husband and I have owned and operated a business together for many years, but my Social Security Statement does not show any earnings for me. We file joint income tax returns every year. What happened to my share of our earnings?**

[Click here to see the answers](#)



## Seniors with Multiple Chronic Conditions to Benefit from Medicare Changes in Bi-Partisan Bill

U.S. Senators, Representatives from both parties introduced today the Better Care, Lower Cost Act - video of news conference below



Millions of senior citizens in Medicare may be among those to benefit from unusual cooperation between Democrats and Republicans to pass legislation that will, according to the sponsors, provide better care and lower cost for seniors and others covered by Medicare that have multiple chronic conditions. Two U.S. Senators from opposite political parties (Ron Wyden, D-Ore., and Johnny Isakson, R-Ga.) and two House members representing both parties (Erik Paulsen, R-Minn., and Peter Welch, D-Vt.) have joined forces to introduce the Better Care, Lower Cost Act today.

The BCLC Act seeks to improve care coordination for beneficiaries with multiple chronic conditions, the most-expensive and fastest-growing portion of the Medicare population. The legislation would expand the use of multidisciplinary health teams to keep patients as healthy as possible in their homes and communities.

According to Centers for Medicare and Medicaid Services, 68 percent of Medicare enrollees have multiple chronic conditions, and account for 93 percent of Medicare spending. Additionally, 98 percent of costly hospital readmissions involved beneficiaries with multiple chronic conditions.

“Medicare is now dominated by cancer, diabetes, heart disease and other chronic conditions,” Wyden said. The legislation creates the “Better Care Program,” allowing health plans and groups of providers to form “Better Care Plans” or “Better Care Practices,” (BCPs) respectively. This program would be voluntary and open to Medicare enrollees suffering with chronic illnesses. Participating plans and practices would receive newly calculated risk-adjusted, capitated payments rewarding better health outcomes for enrolled beneficiaries.

BCPs would be allowed to focus and specialize in chronic care delivery and management. Under current law, the so-called “attribution rule” strictly limits the ability of provider-led organizations to reach out to sicker patients and provide them with the highest-quality, integrated chronic care services....[Read the full story](#)

## What Does Team-Based Care Mean for Patients? Expanding Rapidly with Push by Medicare

**Editor’s Note: There are over 360 Accountable Care Organizations working with Medicare to provide higher-quality coordinated care for seniors. Doctors, hospitals and health care providers establish ACOs to work together to provide better health care, while working to slow the growth of health care cost.**

*By Jessie Gruman, President, Center for Advancing Health*

Have you heard that soon most primary care in the U.S. will be delivered by teams? Yep. Team-based care is one of the characteristics of the patient-centered medical home, a way of organizing the care of patients that allows primary care clinicians to see more patients in a day while at the same time delivering better care.

This move toward team-based care started long before health care reform and was embedded deeply into the Affordable Care Act through its support for patient-centered medical homes and Accountable Care Organizations. It has been endorsed by the [professional organizations](#) of our primary care clinicians. There is a lot of activity directed toward making this the way most of us receive our regular health care...[Read More](#)



**The New England ARA state affiliates are still actively pursuing the Petition. So, if you haven’t already done so, PLEASE sign our Petition on the 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!!!!!!**