



## Social Security Nominee Will Face Questions from Allies

*By John Fritze, The Baltimore Sun*



**Rich Fiesta, ARA  
Executive Director**

WASHINGTON— President **Barack Obama's** nominee to lead the Social Security Administration will face tough questioning from lawmakers during her confirmation — and many of the hardest queries could come from members of her own party. Carolyn W. Colvin, chosen by Obama this month to head the Woodlawn-based agency, has sparked little opposition from seniors groups or **Republicans**, but a growing number of Democrats are voicing concerns about cuts the agency has made under her watch.

More than a hundred House Democrats have signed a letter urging the agency to reconsider some of those reductions. Colvin's nomination, meanwhile, came days after a Senate hearing in which Democrats and Republicans pressed officials on field office

closures.

"Closing an office is a very bipartisan concern," said Richard Fiesta, executive director of the union-affiliated Alliance for Retired Americans.

Fiesta said Colvin "inherited a bad situation" at the agency, but said that "there needs to be some better, rational justification" for how the agency decides which offices to close and how to involve the public.

Social Security, with 58 million beneficiaries, has shuttered 64 offices since the fiscal year that ended in 2010, according to a report released this month by the Senate Special Committee on Aging. The average wait time for a visitor without an appointment increased 40 percent over that time.

More than 43 million customers visited one of roughly 1,200 offices last year...[Read More](#)

## Harris v. Quinn Decision Harms Millions of Low-Wage Workers

The U.S. Supreme Court ruled in a 5-4 decision that home health care workers in Illinois who are hired by the recipients of that care are not "public employees" and therefore do not have to pay union dues for representational purposes. As you know, this is an important case to public employee unions as well as for the future of health care delivery. It is a hit at fundamental workers' rights to have a voice in the workplace...[Read Mr. Fiesta's Press Release](#)

## Democrats Promise To Do What The Supreme Court Won't— Stand Up for Women's Rights

*By: Jason Easley*

As Republicans celebrate, congressional Democrats are fighting back with a statement that said in part, "If the Supreme Court isn't willing to protect women's rights, House Democrats will."

In a statement, the chairman of the DCCC, Rep. Steve Israel said, "This decision by the Supreme Court is both disappointing and disturbing and further reinforces that we need to put a Democratic majority in control of Congress. Republicans in Congress have long made it clear that their ideological agendas come before a women's right to access quality, affordable health care, and now the Supreme Court is only piling on even more. There is no question that this decision makes it harder for women across the country to access the care they need. Women's health care decisions should be made by a woman and her doctor, not her boss. If the Supreme Court isn't willing to protect women's rights, House Democrats will..."[Read More](#)



## Medicare to Help Seniors Choose Health Care Providers with Five-Star Ratings on 'Compare' Sites

5-Star grade being added to Hospital Compare, Dialysis Facility Compare,  
Home Health Compare says Medicare Blog

By Dr. Patrick Conway,

CMS Deputy Administrator for Innovation and Quality, Chief Medical Officer



When buying a product or service, looking at ratings can often help narrow down the choices. Some websites offer “star” ratings that give information about the quality of the products and services they offer. Wouldn't it be helpful to have the same kind of ratings when choosing a health care provider?

It can be overwhelming when consumers are faced with having to choose a health care provider, such as a hospital, nursing home, or physician. Providers differ in the safety and quality of care they give, and having quality ratings available to compare providers can help consumers make more informed health care decisions. That's why the Centers for Medicare & Medicaid Services (CMS) is committed to making it easier to use the information on our *Compare* sites.

Later this year and early in 2015, we're adding a Five-star rating system to the [Hospital Compare](#), [Dialysis Facility Compare](#), and [Home Health Compare](#) websites on [Medicare.gov](#). The Compare sites are the official CMS source for information about the quality of health care providers, and the Five-star rating system is just one of many ways we're working to make quality information easier to understand and compare.

These ratings are based on established scientific standards of rigor and accuracy. Our [Nursing Home Compare](#) site already uses star ratings to help consumers compare nursing homes and choose one based on quality. [Physician Compare](#) has just started to include star ratings in certain situations for physician group practices...[Read More](#)

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## New Analysis of Senior Citizen Population Released by U.S. Census Bureau

From population growth, to living arrangements, to work force participation it's  
a complete picture of the citizens age 65 and older

A new report released today by the U.S. Census Bureau provides the latest, comprehensive look at the nation's population aged 65 and older (senior citizens), comprising 40.3 million in 2010.

The *65+ in the United States: 2010* report contains many findings about the 65-and-older population on topics such as socio-economic characteristics, size and growth, geographic distribution, and longevity and health. For example, Americans 65 and older living in a nursing home fell 20 percent between 2000 and 2010, from 1.6 million to 1.3 million. Meanwhile, the share in other care settings has been growing.

"In the United States, older men and women are increasingly participating in the labor force," said Enrique Lamas, the Census Bureau's associate director for demographic programs. "The findings released today with the National Institute on Aging (NIA) at the National Institutes of Health provide the most detailed information available on the demographic, economic, and health and wellness characteristics of this rapidly growing dynamic population."

The Division of Behavioral and Social Research at NIA commissioned this report and has also supported three earlier editions, the first published in 1993.

"The National Institute on Aging is pleased to support this 65+ in the United States report," said Richard Suzman, director of the Division of Behavioral and Social Research at NIA.

"This report series uniquely combines Census Bureau and other federal statistics with findings from NIA-supported studies on aging. The collaboration with Census has been of great value in developing social, economic and demographic statistics on our aging population with this edition highlighting an approaching crisis in caregiving — since the baby boomers had fewer children compared to their parents."

In the report, a number of trends and characteristics are separated by age, sex, race and Hispanic origin for the older population. The report incorporates research and findings from many recent studies that draw heavily from the 2010 Census and nationally representative surveys, such as the Current Population Survey, American Community Survey and National Health Interview Survey.

Economic statistics from the Census Bureau's 2012 County Business Patterns also show changes in health care-related industries. For example, the number of employees in long-term care facilities, such as continuing care communities, grew by about 12 percent between 2007 and 2012....[Read More](#)

## **New Online Effort Aimed at Helping Older People Stop Smoking**

**Seniors have to know cigarette smoking is leading cause of preventable, premature death and illness in U.S., responsible for almost half a million deaths yearly**



For most seniors it is probably hard to believe that there are senior citizens who still smoke. Older Americans lived through the smoking era and saw the hard-fought battle by the medical profession to prove how deadly the habit can be. It is almost startling to learn that the National Institutes of Health has launched a new online effort to help older adults stop smoking.

“Most older adults know that smoking is harmful, and many have tried unsuccessfully to quit, often a number of times. But stopping smoking is a difficult goal that still eludes many older smokers,” says Erik Augustson, program director of the Tobacco Control Research Branch at

the National Cancer Institute (NCI), which developed the topic for NIHSeniorHealth.

“This new topic, which offers a mix of tips and tools geared to the needs and experiences of older smokers, is an important, easy-to-use resource that can benefit those trying to quit for the first time as well as those who have tried before.”

**Quitting Smoking for Older Adults** is the new topic one NIHSeniorHealth. It offers videos, worksheets, interactive features, strategies, quizzes, and more for older smokers who want to or are thinking of quitting...[Read More](#)

## **Pancreatic Cancer Risk May Be Cut in Half by Daily Low-Dose Aspirin**

**Pancreatic cancer is among the deadliest cancers, most feared by seniors: five-year survival rate less than 5%**

*By Helen Dodson, Yale*

Continual use of low-dose or regular-dose aspirin may cut a person’s risk of developing pancreatic cancer in half, a Yale School of Public Health and Yale Cancer Center study has found. Further, the degree of protection may grow the longer one takes the aspirin. The study appears in the journal *Cancer Epidemiology, Biomarkers & Prevention*.



Pancreatic cancer is among the deadliest cancers, with the five-year survival rate at less than 5%. By the time it is diagnosed, it is usually too late to treat successfully.

The Yale researchers collected data from a Connecticut population study of 362 newly diagnosed pancreatic cancer patients and a control group of 690 disease-free people. They analyzed associations between risk of pancreatic cancer and past aspirin use.

The study, which took place from 2005 to 2009, looked at regular use of both low-dose aspirin (75 to 325 mg. per day, taken for heart disease prevention) and regular-dose aspirin (325 to 1,200 mg. taken for pain or anti-inflammation purposes).

Overall, both low-dose and regular-dose aspirin reduced the risk for developing pancreatic cancer by half. Significantly, among those who took aspirin for more than 10 years, the risk reduction was even higher — 60%...[Read More](#)

## **Kentucky Clinic Charged with Selling Improper Chemo Drugs, False Medicare Claims**

**Charged with false claims to Medicare program for misbranded, unapproved chemotherapy drugs; drugs came from Turkey and India through Canada**



The FDA’s Office of Criminal Investigations announced today that an oncology center in Kentucky has pleaded guilty to selling unapproved and improperly labeled chemotherapy drugs. The charges included submitting false claims to the Medicare program for misbranded, unapproved chemotherapy drugs administered through the clinic. The successful investigation also serves as a warning to seniors – the most frequent patients at oncology centers – to investigate carefully before choosing healthcare providers.

The Hematology and Oncology Center (HOC) PLLC of Somerset, Kentucky has pleaded guilty to the federal charges brought by the U.S. Attorney’s Office for the Eastern District of Kentucky.. HOC’s former office manager, Natarajan Murugesan, also pleaded guilty to assisting with these activities, which are violations of the Federal Food, Drug, and Cosmetic Act...[Read More](#)

## **Insulin, Other Drugs May Do More Harm Than Good for Some Diabetes Patients**

**Harm to quality of life outweighs benefits of treatment for  
older patients and those with negative feelings about side effects, burden of medication**



For patients with type 2 diabetes – especially those over age 50 – the negative impact of side effects like weight gain and burdens like frequent insulin shots trumps the benefits of drugs, says a new study by the University of Michigan Health System, the VA Ann Arbor Healthcare System, and University College London.

The findings, which appear in today's *Journal of the American Medical Association Internal Medicine*, show that for many, the benefits of taking diabetes medications are so small that they are outweighed by the minor hassles and risks.

These findings suggest that, contrary to current guidelines for type 2 diabetes that recommend intensifying treatment until a person's blood sugar level reaches a certain goal, the overall benefit of taking a new medicine depends less on blood sugar and more on the hassles, safety and side effects of taking the treatment.

“For people with type 2 diabetes, the goal of managing blood sugar levels is to prevent associated diabetes complications, such as kidney, eye and heart disease, but it is essential to balance complication risks and treatment burdens when deciding how aggressively to treat blood sugars,” says lead author Sandeep Vijan M.D., M.S., professor of Internal Medicine at the U-M Medical School and research scientist at the Center for Clinical Management Research at the VA Ann Arbor Healthcare System.

“If you're a patient with fairly low complication risks, but are experiencing symptoms from low blood sugar, gaining weight or find frequent insulin shots to be disruptive to your daily life, then the drugs are doing more harm than good. Prescribing medicine isn't just about reducing risks of complications, but also about helping patients improve their quality of life.”

The findings exclude the 15-20 percent of people with type 2 diabetes who have very high blood glucose levels (which are defined by what's called an A1c test ) and need more aggressive treatment to manage the disease... [Read More](#)

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### **Spanish Friday Alert now Available**

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

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

**Petition Subject: Observation Stays: “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.**

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**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**

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