



RI ARA

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

Affiliated with the Rhode Island AFL-CIO

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Rhode Island Alliance for Retired Americans: “Some Cuts Never Heal”



North Providence--On July 2, 2013, over 100 seniors joined John A. Pernorio, President of the Rhode Island Alliance for Retired Americans for a celebration at the Salvatore Mancini Recourse & Activity Center in North Providence, RI to thank Senator Whitehouse, Congressmen Langevin & Cicilline for keeping their promise to stand with and support Rhode Island seniors, disabled and veterans against cuts to Social Security, Medicare & Medicaid. Jennifer Kenny, ARA New England Field Organizer and Kathleen Connell, RI AARP State Director also joined in with support.

As many of the Alliance for Retired Americans affiliated organizations



across the country join hands to ask their Congressional members to unite in the action against the Chained CPI, in RI, we were there to thank our Congressional Delegation for their continued strong support to stop the Chained CPI, a flawed



proposal that would hurt millions of retirees.

Switching to a chained CPI would compound benefit reductions dramatically over time, resulting in an annual benefit that is roughly \$1,000 lower by the time a beneficiary reaches age 85. These reductions would have serious real life consequences for seniors.

Senator’s Jack Reed & Sheldon Whitehouse have signed on as co-sponsors of SR 15, a Resolution Rejecting the Chained CPI



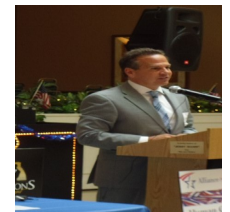
expressing “the sense of Congress that the Chained Consumer Price Index should not be used to calculate cost of living adjustments for Social Security or veterans benefits”.

Also, in the House of Representatives, a resolution, HR 34, was introduced by Rep. David Cicilline, and co-sponsored by Rep. James Langevin along with 111 other Democrats. It also states it is the sense of Congress



that “the Chained Consumer Price Index should not be used to calculate cost of living adjustments for Social Security benefits”.

“Social Security is not a handout and does not contribute to the deficit. It is an earned benefit that



retirees paid into for their entire working life. Seniors deserve a decent standard of living, and we deserve the benefits that we paid for. Just as importantly, our children and grandchildren deserve the same



benefits when it comes time for them to retire.

The RI ARA will fight for the right of all generations to have a strong and secure retirement. They will fight to stop the Chained CPI. **Because some cuts never heal!**” said Mr. Pernorio





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Legislative Leaders Bow to Predatory Lenders Again Payday Lenders Given Veto Power over Promised Compromise

Providence, RI – On the last day of session, the Rhode Island General Assembly once again bowed to the powerful Payday Loan Industry and gave them veto power over legislation that would have benefitted thousands of Ocean State families. After months of hearings and advocacy from a broad base of supporters, the bills put forward by Rep Frank Ferri (D-Warwick) and Senator Pichardo (D-Providence) have yet to be called for a vote. These bills would cap interest on short-term Payday Loans at 36%, down from the current 260%...[Read More](#)

How to Become a Savvy Nursing-Home Shopper

By PHILIP MOELLER

The story of an aging America often focuses on the large number of people turning 65 every day—a stream averaging 10,000 a day over the next 18 years or so. But for the rapidly expanding health care industry, perhaps the more relevant and frightening number involves how many of us will be celebrating our 85th birthdays. This is the age when chronic illness and frailty often force people to seek extended and expensive health care.

Based on U.S. Census Bureau projections issued late last year, roughly 9.5 million people in the U.S. will turn 85 over the next 10 years. That's an average of more than 2,600 each day. And unless they are a lot healthier than today's 85-year-olds, every day hundreds of them and their families will be looking for spaces in the nation's 18,000 to 20,000 nursing homes...[Read More](#)



Seeking The Fountain of Youth? Look No Further

Lauren Kessler discusses the science of aging gracefully

By RACHEL POMERANCE



The legend of the Fountain of Youth hasn't so much gone away as it has mutated, captivating new generations of explorers and believers seeking the elixir that will supplant atrophy with acuity and bring back the brawn of one's so-called prime. Ponce de León allegedly went looking for it, and look where he ended up. Have you *been* to Florida? Nevertheless, the pursuit persists. Take, for example, the buzz in recent years over human growth hormone, or HGH, touted as a remedy for restoring muscle mass and other hallmarks of youth to aging bodies; that claim has been widely debunked, and evidence

suggests its use can lead to diabetes and other maladies.

These days, as America's baby boomers approach older age, the "anti-aging" business – a multibillion dollar industry and today's fastest-growing medical specialty – is booming, says Lauren Kessler, a journalism professor at the University of Oregon who takes readers deep inside that industry to separate help from hype in her latest book, "Counter Clockwise: My Year of Hypnosis, Hormones, Dark Chocolate, and Other Adventures in the World of Anti-Aging."...[Read More](#)

Alzheimer's, Dementia & Mental Health Frequent Falls Seem to be Early Warning of Alzheimer's, Cognitive Decline for Seniors

Study confirms earlier research showing movement changes older people precede cognitive decline in early Alzheimer's or mild cognitive impairment.

Seniors citizens – persons age 65 and older – who tend to fall more often than most may be showing early signs of Alzheimer's disease, report researchers at the Alzheimer's Disease Research Center at Washington University in St. Louis...[Read More](#)



Emergency Rooms Take Toll On Older Patients Says Australian Study

Likely to have “geriatric syndromes” such as immobility, confusion and incontinence - for many, functional and cognitive issues increased afterward

By Kelsey Miller, Kaiser Health News



The majority of older patients who go to emergency departments in several nations around the world are likely to start out with complex conditions that deteriorate after their visits, according to a [study](#) published in the June 25 issue of *Annals of Emergency Medicine*. Researchers from the Centre for Research in Geriatric Medicine at the University of Queensland, Australia, studied patients 75 years or older in emergency departments around the world to paint a picture of the unique problems they face — and how ERs can change to better serve them....[Read More](#)

Federal Judge Says Medicare Patients Do Not Have to Improve to Get Physical Therapy

Center for Medicare Advocacy offers free "self-help" packets for Medicare patients explaining how to challenge a denial of coverage

By Susan Jaffee, Kaiser Health News

This KHN story was produced in collaboration with [The Washington Post](#)

June 25, 2013 - For years, seniors in Medicare have been told that if they don't improve when getting physical therapy or other skilled care, that care won't be paid for. No progress, no Medicare coverage - unless the problem got worse, in which case the treatment could resume....[Read More](#)



Financial abuse costs elderly billions

As boomers age, scammers find targets ripe for taking

*By Herb Weisbaum
msmbc.com contributor*



Mickey Rooney took on a new role as an advocate for abused seniors. His personal story of betrayal was painful to watch. The 90-year-old actor bravely shared the shame and humiliation of elder abuse with members of Congress and the entire country.

"For years I suffered silently, unable to muster the courage to seek the help I knew I needed," he said.

Rooney told a Senate subcommittee a family member withheld food and medicine and meddled in his personal finances. If this could happen to him, Rooney said, it could happen to anyone. He urged lawmakers to do something about the growing problem — and do it now....[Read More](#)

New Medicare Statements in the Mail to Help Seniors Fight Fraud

Redesigned health care summaries designed to help seniors identify improper payments; mailed quarterly

June 10, 2013 – Medicare says senior citizens and other beneficiaries of the program will soon be receiving a redesigned statement of their claims for service and benefits. The new look is aimed at helping them spot “potential fraud, waste and abuse.”

The notice posted online by the Centers for Medicare and Medicaid Services says the “newly redesigned Medicare Summary Notices are just one more way the Obama Administration is making the elimination of fraud, waste and abuse in health care a top priority. Because of actions like these and new tools under the Affordable Care Act, the number of suspect providers and suppliers thrown out of the Medicare program has more than doubled in 35 states.”...[Read More](#)



Earlier Treatment of Seniors After Stroke Reduces Risk of Death, Increases Chance to Go Home

For every 15 minutes gained, death and hemorrhage was less likely; going home in better shape more likely for these seniors with average age of 72

With all the promotion by the American Heart Association and others about the critical need for quick treatment after a stroke, it is not surprising that a large new study of senior citizens hit with acute ischemic stroke finds that thrombolytic treatment (to help dissolve a blood clot) that was started more rapidly after symptom onset was associated with reduced in-hospital deaths and intracranial hemorrhage and higher rates of independent walking ability at discharge and discharge to home.

The study, which included nearly 60,000 patients with acute ischemic stroke, appears in the June 19 issue of the Journal of the American Medical Association (JAMA).

The researchers found that for every 15-minute-faster interval of tPA therapy -

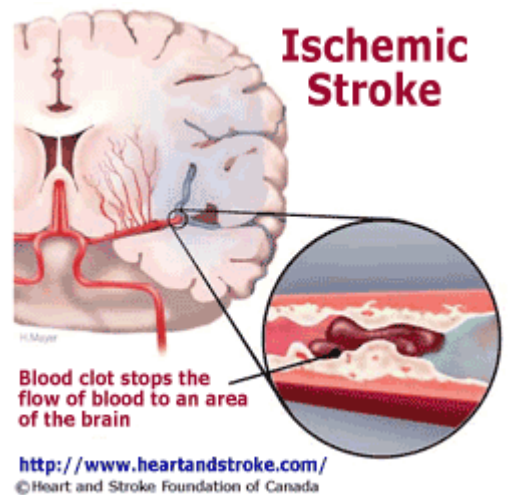
- mortality was less likely to occur,
- symptomatic intracranial hemorrhage was less likely to occur,
- independence in ambulation at discharge was more likely to occur,

and

- discharge to home was more likely to occur.

For patients treated in the first 90 minutes, compared with 181-270 minutes after onset -

- mortality was 26 percent less likely to occur,
- symptomatic intracranial hemorrhage was 28 percent less likely to occur,
- independence in ambulation at discharge was 51 percent more likely to occur, and
- discharge to home was 33 percent more likely to occur.



“These findings support intensive efforts to accelerate patient presentation and to streamline regional and hospital systems of acute stroke care to compress OTT times,” the authors conclude.

Jeffrey L. Saver, M.D., of the David Geffen School of Medicine at UCLA, Los Angeles, and colleagues conducted a study to determine the association between time to treatment with intravenous thrombolysis and outcomes among patients with acute ischemic stroke.

The study included data from 58,353 patients with acute ischemic stroke treated with tPA within 4.5 hours of symptom onset in 1,395 hospitals participating in the Get With The Guidelines-Stroke Program, April 2003 to March 2012. The median (midpoint) age of the patients was 72 years.

The median OTT time was 144 minutes, 9.3 percent had OTT time of 0 to 90 minutes, 77.2 percent had OTT time of 91 to 180 minutes, and 13.6 percent had OTT time of 181 to 270 minutes.

Patient factors most strongly associated with shorter OTT included greater stroke severity, arrival by ambulance and arrival during regular hours. Overall, there were 5,142 (8.8 percent) in-hospital deaths, 2,873 (4.9 percent) patients had intracranial hemorrhage, 19,491 (33.4 percent) patients achieved independent ambulation (walking ability) at hospital discharge, and 22,541 (38.6 percent) patients were discharged to home.

“Intravenous (IV) tissue-type plasminogen activator (tPA) is a treatment of proven benefit for select patients with acute ischemic stroke as long as 4.5 hours after onset. Available evidence suggests a strong influence of time to therapy on the magnitude of treatment benefit,” according to background information in the article. Imaging studies show the volume of irreversibly injured tissue in acute cerebral ischemia expands rapidly over time. “However, modest sample sizes have limited characterization of the extent to which onset to treatment (OTT) time influences outcome; and the generalizability of findings to clinical practice is uncertain.”