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# RI ARA

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



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## March 2, 2015 E-Newsletter

### Alliance Joins House Members to Protect Social Security Disability Insurance



Richard Fiesta

On Wednesday, the Alliance joined Democratic Representatives **Xavier Becerra (CA)**, **Sander Levin (MI)**, **Jan Schakowsky (IL)**, and **Doris Matsui (CA)**, and allies in speaking out on a telepress conference call focused on protecting Social Security Disability Insurance (SSDI), which has come under attack by House Republicans since the new Congress convened. The call came in conjunction with a hearing by the House Ways and Means Committee.

House Republicans changed House rules in January to block Social Security from using the \$2.8 trillion in its reserves to prevent a 20 percent benefit cut for the nation's most disabled citizens late in 2016, unless also accompanied by benefit cuts or tax increases. In the past, periodic rebalancing of the Old Age and Survivors Insurance (OASI) and DI trust funds – by reallocating the share of payroll taxes directed to each fund – has served as routine "housekeeping" to keep both funds on sound footing amid demographic shifts, and it has occurred 11 times in the program's history.

**Richard Fiesta**, Executive Director of the Alliance, submitted an official statement to the committee, declaring, "Our members are united in opposition to efforts that pit one group of beneficiaries against another and are committed to fighting to ensure that these earned benefits are there for all Americans when they need them."

### The Affordable Care Act has Reduced Prescription Drug Costs by Over \$15 Billion

The Affordable Care Act has enabled seniors to save over \$15 billion on prescription drug costs since President **Obama** signed the bill in 2010. On average, this means that seniors have saved roughly \$1,600 per person on their medications. The Affordable Care Act fills the "doughnut hole" – a gap in prescription drug coverage that many seniors face - through rebates and discounts for what Medicare will not cover.

"Increasingly, we are seeing evidence of what we knew since the beginning: that the Affordable Care Act saves seniors billions of dollars on their prescriptions," said Ms. Easterling. Read more from *The Hill* at <http://tinyurl.com/lb4ryvn>.

In a statement to the press, **Sylvia Mathews Burwell**, Secretary of the U.S. Department of Health and Human Services, also noted that 40 million people have taken advantage of Medicare's free preventive health care services, which will save the federal government and seniors billions of dollars over the next several decades while ensuring that Americans live longer and healthier lives.

### RI Future: Rhode Island is ALEC Free

**Rhode Island is now an ALEC-free zone.**

When the year 2014 expired on December 31, so did Warwick Senator William Walaska's membership in the American Legislative Exchange Council, a once-controversial right-wing bill mill that partnered corporate interests with state lawmakers to draft conservative model legislation to be shopped to Statehouses across the country.

Walaska, a Democrat, was the last local legislator who was an ALEC member – and the only one to renew membership since 2012. His lapsed membership means that the Rhode Island State House will not receive any copies of ALEC's monthly magazine.

"We do not get their literature any more since we have no members any longer," said House spokesman Larry Berman.

ALEC had existed in the background of state politics all over the country for decades. But the Koch-aligned group became a toxic in 2012 when **its model Stand Your Ground Law exonerated George Zimmerman in the killing of Trayvon Martin...Read More**

## Medicare makes Five Star Rating System for nursing homes even tougher

### Climb gets even steeper for nursing homes to reach a five star rating

The Centers for Medicare & Medicaid Services (CMS) says it has strengthened the *Five Star Quality Rating System* for Nursing Homes on the *Nursing Home Compare* website to “give families more precise and meaningful information on quality when they consider facilities for themselves or a loved one.” The changes appear to make the hill even steeper to climb for nursing homes to reach the top ratings.

Beginning February 23, 2015, nursing home star ratings will:

- Include use of antipsychotics in calculation of the star ratings. These medications are often used for diagnoses that do not warrant them. The two existing quality measures – for short stay and long stay patients – will now be part of the calculation for the quality measures star rating.

- Have improved calculations for staffing levels. Research indicates that staffing is important to overall quality in a nursing home.

- Reflect higher standards for nursing homes to achieve a high rating on the quality measure dimension on the website.

The announcement Friday by CMS, says this also marks an important milestone to achieving the goal of implementing further improvements to the *Five Star* system in 2015, as the **Administration announced last October**.

Star ratings allow users to see important differences in quality among nursing homes to help them make better care decisions. CMS rates nursing homes on three categories: results from onsite inspections by trained surveyors, performance on certain quality measures, and levels of staffing. CMS uses these three categories to offer an overall star rating, but consumers can see and focus on any of the three individual categories...**Read More**



## Few senior citizens benefiting from Medicare obesity counseling

### Affordable Care Act added Medicare benefit offering face-to-face weight-loss counseling to 13 million obese seniors in the U.S.

By *Sarah Varney* February 23, 2015



In the farming town of Exeter, deep in California’s Central Valley, Anne Roberson walks a quarter mile down the road each day to her mailbox. Her walk and housekeeping chores are the 68-year-old’s only exercise, and her weight has remained stubbornly over 200 pounds for some time now.

“You get to a certain point in your life and you say, ‘What’s the use?’”

For older adults, being mildly overweight causes little harm, physicians say. But too much weight is especially hazardous for an aging body: Obesity increases inflammation, exacerbates bone and muscle loss and significantly raises the risk of heart disease, stroke,

and diabetes.

Dr. Mylene Middleton Rucker, a primary care physician in Visalia, Calif., is using the new obesity counseling benefit with her patients, but many doctors aren’t aware of it yet. (Sarah Varney/KHN)

To help the **13 million obese seniors in the U.S.**, the Affordable Care Act included a new Medicare benefit offering face-to-face weight-loss counseling in primary care doctors’ offices. Doctors are paid to provide the service, which is free to obese patients, with no co-pay. But only 50,000 seniors participated in 2013, the latest year for which data is available.

“We think it’s the perfect storm of several factors,” says Dr. Scott Kahan, an obesity medicine specialist at George Washington University. Kahan says obese patients and doctors aren’t aware of the benefit, and doctors who want to intervene are often reluctant to do so. It’s a touchy subject to bring up, and some hold outmoded beliefs about weight problems and the elderly.

“It used to be thought that older patients don’t respond to treatment for obesity as well as younger patients,” Kahan says. “People assume that they couldn’t exercise as much or for whatever reason they couldn’t stick to diets as well. But we’ve disproven that.”

Indeed, one study found two out of three older patients lost 5 percent or more of their initial weight and kept it off for two years...**Read More**

## When one half of elderly couple stops driving it impacts both

**Having a spouse who still drives does not remove the consequences of driving cessation for senior citizens**



Even if just one member of a senior couple stops driving, negative consequences result for both the driver and non-driver, according to a new study from the University of Missouri. It recommends that the elderly, and their adult children, carefully discuss and plan for the transition to driving cessation.

The ability to drive can be central to a person's identity and can be an important expression of independence. When the elderly become unable to drive, due to age or deteriorating health, their emotional well-being can decline as a result of being unable to maintain social relationships or work schedules that require travel by car.

"Individuals should recognize that making the decision to stop driving is a major life change that needs to be taken seriously," said Angela Curl, assistant professor in the School of Social Work within the MU College of Human Environmental Sciences. "The safety of the driver should be discussed as just one factor among many.

Curl added, "Any time you recommend that an individual stop driving, you should talk about alternative transportation options or, possibly, relocation. If the family wants to help, it's best to come up with a concrete transportation plan ahead of time. These are complicated, difficult decisions, and mediation of the discussion can often be helpful through, for example, a social worker or counselor."

Curl found that when one spouse stopped driving, both spouses were less likely to work or volunteer. Also, the likelihood that a husband would work or a wife would volunteer decreased further over time.

"People who are in the process of making the decision to stop driving often think that their spouses will compensate for their inability to drive," said Curl. "However, in our research, we found that having a spouse who can drive does not completely remove the negative consequences of driving cessation."

The study found that consequences exist for spouses who stop driving and spouses who take on all the driving responsibilities for a household.

This could be because individuals who stop driving have less ability to freely transport themselves, so spouses who can still drive may spend more time transporting their partners and have less time available for working or socializing, according to Curl.

Notes:

Curl completed the study, "Productive and Social Engagement Following Driving Cessation: A Couple-Based Analysis" with fellow MU researchers Christine Proulx, associate professor in the Department of Human Development and Family Studies, and James Stowe, coordinator of trauma injury prevention and outreach education at the Frank L. Mitchell Jr., MD Trauma Center, as well as Teresa Cooney of the University of Colorado, Denver. The study was published in the journal *Research on Aging*.

## Aging in Place sounds great but may not be for Boomers or their parents

**There is a lot more going on at the group home to support successful aging**

Baby boomers trying to pick the best living arrangements for themselves or their parents as they age should be wary of a phrase they coined in their younger years: If it feels good, do it.

So says Stephen Golant, a University of Florida researcher who studies housing needs for older Americans. In his new book, "Aging in the Right Place," Golant argues that the popular notion of "aging in place" - staying home and being independent as long as possible - sounds great but doesn't work for everyone.

Older people sometimes become emotionally attached to their homes, Golant said, leading them to think it's the best place to live out their lives. In fact, he said, these places may lack activities, features and amenities needed to age successfully.

As a result, he said, older people increasingly find they must rely on other people to meet their everyday needs. But both family members and professionals may fall short as caregivers.

[Read More](#)



## Statin drug not clearing cholesterol? Blocked arteries could be to blame

Patients whose bad cholesterol levels don't respond

may have more artery blockages than those whose cholesterol levels drop

If your "bad" cholesterol level stays the same or increases after you take statin drugs, you may have more blocked arteries than people whose levels drop, according to research in the American Heart Association journal *Arteriosclerosis, Thrombosis and Vascular Biology*.

Low density lipoprotein (LDL) cholesterol is considered the "bad" cholesterol because it contributes to plaque buildup, thick, hard deposit that can clog arteries and make them less flexible. This condition is known as atherosclerosis. If a clot forms and blocks a narrowed artery, heart attack or stroke can result.

"To lower their cardiovascular risk, it is essential to monitor LDL levels in patients with established heart disease who are receiving ongoing statin treatment," said Stephen Nicholls, M.B.B.S., Ph.D., the study's principal investigator and deputy director of the South Australian Health & Medical Research Institute and professor of cardiology at the University of Adelaide in Australia.

The standard medication is a class of cholesterol-lowering drugs called statins. The American Heart Association and American College of Cardiology (AHA/ACC) recommend that certain patients, including those with high LDL levels, receive moderate to intense statin therapy.

The guideline recommends statin therapy for the following groups:

- ◆ People without cardiovascular disease who are 40 to 75 years old and have a 7.5 percent or higher risk for having a heart attack or stroke within 10 years.
- ◆ People with a history of a cardiovascular event (heart attack, stroke, stable or unstable angina, peripheral artery disease, transient ischemic attack, or coronary or other arterial revascularization).
- ◆ People 21 and older who have a very high level of bad cholesterol (190 mg/dL or higher).
- ◆ People with Type 1 or Type 2 diabetes who are 40 to 75 years old.

Some patients who do not fall into the four categories may also benefit from statins, a decision that should be made on a case-by-case basis...[Read More](#)

Co-authors are Yu Kataoka, M.D.; Julie St. John, M.S.; Kathy Wolski, M.P.H.; Kiyoko Uno, M.D., Ph.D.; Rishi Puri, M.B.B.S.; E. Murat Tuzcu, M.D.; and Steven E. Nissen, M.D. Author disclosures are on the manuscript.

Additional Resources:

[Drug Therapy for Cholesterol](#)



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

**Petition Subject: Observation Status: "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.**

ADD  
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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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