Rhode Island Alliance for Retired Americans ©

RI ARA 2016 ©
All Rights Reserved

RI ARA

Affiliated with the Rhode Island AFL-CIO
"Fighting for the future of our members"
"NOW, more than ever!!!!"

September 12, 2016 E-Newsletter

Publication 2016 / Issue 36
Published in house by the
RI ARA

The WEP is Unfair – and Here's Why

WAYS AND MEANS
CHAIRMAN KEVIN BRADY

Americans across the country pay into Social Security and expect to receive the benefits they have earned when they retire. Unfortunately, because of a well-intended but flawed policy known as the Windfall Elimination Provision, or the WEP, some workers — specifically teachers, firefighters, police officers and others who have paid into Social Security for part of their careers but not all of it — are not treated fairly.

As the Bipartisan Policy Center **explained**:

"Many state and local government workers are not covered by Social Security, meaning that employees and their employers do not contribute payroll taxes on their earnings from those positions. Yet many of these workers also work part of their careers (or work part-time) in covered employment and will still be eligible for Social Security benefits. The WEP was ***originally designed to prevent these individuals from receiving unintentionally large Social Security benefits****, but its* ***methodology is overly complex and does not allocate benefits equitably****."*

That's not fair. Here's why:

1. The benefits for workers who choose to serve their communities are calculated differently than other workers. The WEP only applies to certain workers who didn't pay into Social Security for part of their careers. That means many teachers, fire fighters, and police officers could have their benefits reduced by up to 56 percent just for choosing to serve their communities. Here's an example: A kindergarten teacher who works at a local supply store during the summer will have his Social Security benefits calculated using a different formula than his neighbor who has worked only at the supply store.

2. For some, the WEP is not based on their entire earnings history. The benefits some workers receive upon retirement do not reflect the actual earnings over the course of their career. The WEP tries to fix this but uses an arbitrary formula that is based on a Washington compromise. This arbitrary formula would affect someone who served as a police officer before becoming a private security guard. On the other hand, if he had spent his full career as a private security guard, his benefits would reflect his earnings history.

3. For those who choose to serve their communities, the WEP makes it harder to plan for retirement. The WEP does not show up on a worker'sSocial Security statement. Here's an example: A worker could think she is getting $1,227 a month when she retires, only to find out years later that she will receive nearly $800. For those who planned their retirement based on their Social Security statements, that unexpected reduction could have serious consequences. The whole point of Social Security statements is for workers to be able to plan, but for those subject to the WEP, these statements give wrong information.

Ways and Means Chairman Kevin Brady (R-TX) and Rep. Richard Neal (D-MA) want to hear how the WEP has impacted you as they work on a solution to treat all workers fairly. Share your story with us at **WEP.feedback@mail.house.gov**.

Why we should oppose the Trans Pacific Partnership

Higher Prescription Drug Prices

The Alliance for Retired Americans, Doctors Without Borders, AARP and Oxfam America agree: TPP contains extreme patent protections for name-brand pharmaceuticals that threaten to restrict access to cheaper lifesaving medicines in all TPP countries, including in the United States.

The members of the Alliance for Retired Americans will be paying close attention to what our leaders do and so should anyone else who needs Medicare or prescription drugs. Similar to other free trade bills that have been negotiated in secret, TPP is a bad deal for older Americans and working people. We've seen it before. From NAFTA to CAFTA, to the most recent agreements with South Korea and Colombia. Please oppose the TPP. The well-being of America's senior citizens may depend on it.

Please urge your Congressional members to OPPOSE the TPP
Call and tell the
RI Congressional Members

"SAY NO TO TPP"
RI Congressional Delegation Information
Senator Jack Reed:
1000 Chapel View Blvd # 290,
Cranston, RI 02920 (401) 943-3100
Senator Sheldon Whitehouse:
170 Westminster St. Suite 1100,
Providence, RI, 02903 (401) 453-5294
Congressman James Langevin:
300 Centerville Rd # 200,
Warwick, RI 02886 (401) 732-9400
Congressman David N. Cicilline:
1070 Main St #300,
Pawtucket, RI 02860
(401) 729-5600

EpiPen Controversy Fuels Concerns Over Generic Drug Approval Backlog

FDA has collected $1 billion from generic drug manufacturers but has only moved through half of the drugs backlogged for approval since 2012. (Heidi de Marco/KHN)

Consumers and Congress members pushing for cheaper alternatives to the EpiPen and other high-priced drugs are seeking answers about a stubborn backlog of generic drug applications at the Food and Drug Administration that still stretches almost four years.

As of July 1, the FDA had 4,036 generic drug applications **awaiting approval,** and the median time it takes for the FDA to approve a generic is now 47 months, according to the Generic Pharmaceutical Association, or GPhA. The FDA has approved more generics the past few years, but a flood of new applications has steadily added to the demand.

By comparison, the European Medicines Agency, Europe's version of the FDA, has just 24 generics or biologically-based "biosimilars" awaiting approval. (The FDA's count does not include biosimilars.) And the EMA along with the European Commission, which handles approval of marketing materials, are approving generics and brand name drugs in about a year on average, according to the EMA.

Critics say getting generic alternatives to the U.S. market for products like EpiPen is still taking far too long.

"We are concerned that Mylan (maker of the EpiPen) has not faced much competition for its product," five U.S. senators wrote last week to FDA Commissioner Dr. Robert Califf, adding that one of EpiPen's non-generic competitors, Auvi-Q was recalled in October, granting Mylan a near monopoly. "News reports indicate that generic versions of the EpiPen have been subject to additional questioning by the FDA and have yet to be approved."

This week, three members of the House Committee on Energy and Commerce wrote a similar letter to the FDA, seeking information about the EpiPen generic applications it has received and how they've been prioritized.

When asked whether the FDA holds any responsibility for the lack of EpiPen competition, FDA spokesman Kristofer Baumgartner said he couldn't comment on pending applications or confirm their existence, citing confidentiality rules. But he stressed that the FDA pushes pending applications for drugs with no current generics to the front of the line and approved a record number of generics in 2015.

"The FDA is confident that the overall trend in actions on generic drug applications will be one of continuing improvement," Baumgartner said.

In March, Teva Pharmaceuticals told investors that its generic version of EpiPen — the life-saving allergy treatment – was rejected by the FDA, and that it wouldn't be able to launch the generic until at least 2017. Adamis Pharmaceuticals reported a similar rejection from the FDA for its EpiPen generic in June….**Read More**

Patients With Dementia Create Communication Challenges In Hospice Care

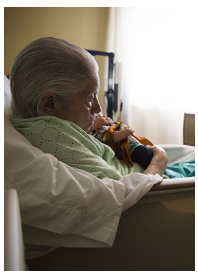
*By **Rachel Bluth***

Dementia took over Pauline Finster's 91-year-old mind long ago and she may die without having another real conversation with her daughter.

After Finster broke her hip in July 2015, Jackie Mantua noticed her mother's speech ebbing until she only said "hi," or that she felt fine. Mantua last heard Finster speak six months ago.

Finster's hip surgery led to a series of medical interventions that left her with poor circulation in her legs. Then gangrene set in. Mantua won't look at the dead tissue on her mother's right foot that is now creeping from the toes to heel.

She has instructed the staff at the AlfredHouse assisted living home in Rockville, Md., where her mother has been in hospice care since earlier this summer, to keep Finster on Tylenol to hold back the gangrene's discomfort. Is that enough? It's really all she can do for her mother at this point, Mantua said.



Hospice's purpose, at least one of them, is to ease a dying patient's pain at the end of life and improve the quality of that life. But what's to be done when a dementia patient in her waning days can't communicate her pain or help identify the cause? Or resists taking medications?

All those concerns can be troubling for family caregivers for loved ones with dementia and in hospice care, according to a recent study in the American Journal of Alzheimer's Disease & Other Dementias.

Families often describe a cancer patient's last months as stressful but meaningful. That isn't the case with dementia patients because the disease changes the patient's personality and causes behavior issues, according to George Demiris, one of the study's authors and a professor of biobehavioral nursing and health systems at the University of Washington's School of Nursing.

Caregivers who took part in the study said they worried that their loved ones were in pain, but unable to properly express it — and that possibility disturbed them, according to interviews with families taking care of dementia patients in their last stage of life.

Multiple participants described feeling frustrated and defeated by patients' cognitive difficulties and changing emotions, the study reported. Some described the patients as "prisoners" inside their bodies.

Helping a dementia patient in pain can be challenging for hospice care providers, too.

Previous research, cited in the recent study, found patients with dementia were prescribed lower doses of opioids than patients with cancer with similar pain scores….**Read More**

RI ARA HealthLink Wellness News

Study Finds Benefits When Seniors Call Shots To Help Them

By ***Rachel Bluth***

A federally funded project that researchers say has potential to promote aging in place began by asking low-income seniors with disabilities how their lives at home could be better, according to a study released Wednesday.

At the end of the program, 75 percent of participants were able to perform more daily activities than they could before and symptoms of depression also improved, the **researchers said in the journal Health Affairs**. Called Community Aging in Place, Advancing Better Living for Elders, or CAPABLE for short, the program was funded by the Center for Medicare & Medicaid Innovation.

The seniors who took part were each paired with a team for five months that included an occupational therapist, who made six visits; a registered nurse, who made four; and a handyman, who worked a full-day at the participant's home installing assistive devices and doing repairs, according to the study.

The nurses and therapists helped participants identify three achievable goals for each member of the team and identify what barriers had to be overcome. For example, the therapist might survey a house for safety issues such as unsafe flooring, poorly lit entrances and railings in disrepair. The therapist then worked with the elderly person to identify assistive devices, repairs or modifications that could help achieve the participant's goals. Next, the therapist created a work order for the handyman that prioritized those goals within a $1,300 budget for each dwelling….**Read More**

With Chronic Illness, You Are Your Own Best Friend

By Anna Gorman

It's clear that what patients with chronic illnesses do outside the doctor's office — how much they exercise, what they eat and whether they take their medication — can affect their health conditions.

But managing one's own disease has been considered primarily a "nice extra," said Kate Lorig, director of the Stanford Patient Education Research Center. Now, Lorig said, health systems, employers and insurers are starting to recognize that it is critical to good health care. And they are starting to invest in self-management programs.

"People with long-term chronic conditions spend 99 percent of their time outside of the health care system," said Lorig, a professor at the Stanford University School of Medicine. "What they do with that time determines their quality of life, their health and also their utilization of the health care system."

A **recent study** found that diabetic patients who participated in a largely online self-management program designed at Stanford had lower blood sugar levels and took their medication more regularly. The study, authored by Lorig and others and published in the Journal of Medical Internet Research, also showed that many participants exercised more and had fewer symptoms of depression….**Read More**

How To Fight For Yourself At The Hospital — And Avoid Readmission

By Judith Graham

Everything initially went well with Barbara Charnes' surgery to fix a troublesome ankle. But after leaving the hospital, the 83-year-old soon found herself in a bad way.

Dazed by a bad response to anesthesia, the Denver resident stopped eating and drinking. Within days, she was dangerously weak, almost entirely immobile and alarmingly apathetic.

"I didn't see a way forward; I thought I was going to die, and I was OK with that," Charnes remembered, thinking back to that awful time in the spring of 2015.

Her distraught husband didn't know what to do until a longtime friend — a neurologist — insisted that Charnes return to the hospital.

That's the kind of situation medical centers are trying hard to prevent. When hospitalsreadmit aging patients more often than average, they can face stiff government penalties.

But too often institutions don't take the reality of seniors' lives adequately into account, making it imperative that patients figure out how to advocate for themselves.

"People tell us over and over 'I wasn't at all prepared for what happened' and 'My needs weren't anticipated,'" said Mary Naylor, director of the NewCourtland Center for Transitions and Health at the University of Pennsylvania.

It's a mistake to rely on hospital staff to ensure that things go smoothly; medical centers' interests (efficiency, opening up needed beds, maximizing payments, avoiding penalties) are not necessarily your interests (recovering as well as possible, remaining independent and easing the burden on caregivers).

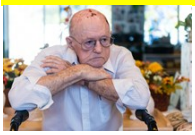
Instead, you and a family member, friend or caregiver need to be prepared to ask plenty of questions and push for answers.

Click on the link below to view what doctors, health policy experts, geriatric care managers, older adults and caregivers recommend:

Start Planning Now Before Being Discharged Getting Ready To Leave Back At Home

Gaps In Care Persist During Transition From Hospital To Home

*By **Anna Gorman***



SAN DIEGO — Alton Rodgers had just come in from gardening when he suddenly blacked out and collapsed on the floor. The 89-year-old Kentucky native spent about 10 days at Palomar Hospital, where doctors told him a build-up of fluid around his heart was the culprit.

Now, shortly after being released, Rodgers got a knock at the door.

Nurse Tiffanie Abrajano and social worker Valerie Ellis were there to make sure his transition home had gone smoothly. They checked his medications one by one and made sure he knew how to take them. They walked through the house looking for loose rugs and other obstacles that could cause him to fall again. They also asked about safety bars in the bathrooms, and whether he needed a caregiver to help with bathing and dressing.

"We are trying to see if there is anything you might need here in your home to potentially keep you from going to the hospital," Ellis said. "Do you feel like you have enough assistance?"

"I think I do," said Rodgers, who lives with a friend. "I feel much stronger… And if I need any help, I can get it."

For elderly patients like Rodgers, leaving the hospital is fraught with risk. Most are sent home or to nursing facilities after just a few days, still reeling from acute illnesses — not to mention the chronic conditions they are also confronting.

"Just because they have had four days in a hospital doesn't mean they are better," said Mary Naylor, a gerontology professor at the University of Pennsylvania School of Nursing….**Read More**

FDA Bans 19 Chemicals Used In Antibacterial Soaps

Consumers don't need to use antibacterial soaps, and some of them may even be dangerous, the Food and Drug Administration says.

On Friday, the FDA issued a rule banning the use of triclosan, triclocarban and 17 other chemicals in hand and body washes. which are marketed as being more effective than simple soap.

Companies have a year to take these ingredients out of their products or remove the products from the market, the agency said.

"If the product makes antibacterial claims, chances are pretty good that it contains one of these ingredients," Theresa Michele, director of the FDA's Division of Nonprescription Drug Products, said Friday in a conference call with reporters.

The ban applies only to consumer products, not to antibacterial soaps used in hospitals and food service settings.

Many companies have already started phasing out these ingredients, especially after the FDA issued a proposed rule in 2013 that required companies to provide data on products' safety and effectiveness.

But not all. On its website, Dial's "All Day Freshness" antibacterial soap, for one, liststriclocarban as an active ingredient.

The Henkels Co., which owns Dial, didn't respond to an email seeking comment.

Many companies have replaced triclosan with one of three other chemicals — **benzalkonium chloride**, **benzethonium chloride** or **chloroxylenol (PCMX)** — in their antibacterial products. The FDA has given companies another year to provide more data on their safety and effectiveness.

There is **some evidence** that triclosan, triclocarban and the other chemicals can disrupt hormone cycles and cause muscle weakness, says Mae Wu, a senior attorney at the Natural Resources Defense Council, which originally asked the FDA to ban the ingredients….**Read More**

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!!!!!