Rhode Island Alliance for Retired Americans ©

All Rights Reserved
RI ARA 2019©

RI ARA

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

Publication 2019 Issue 35
Published in house by the
RI ARA

September 1, 2019 E-Newsletter

Labor Daze - Pride, Chaos and Kegs on Labor's First 'Day'

On the morning of September 5, 1882, a crowd of spectators filled the sidewalks of lower Manhattan near city hall and along Broadway. They had come early, well before the Labor Day parade marchers, to claim the best vantage points from which to view the first Labor Day parade. A newspaper account of the day described "...men on horseback, men wearing regalia, men with society aprons, and men with flags, musical instruments, badges, and all the other paraphernalia of a procession."

The police, wary that a riot would break out, were out in force that morning as well. By 9 a.m., columns of police and club-wielding officers on horseback surrounded city hall.

By 10 a.m., the Grand Marshall of the parade, William McCabe, his aides and their police escort were all in place for the start of the parade. There was only one problem: none of the men had moved. The few marchers that had shown up had no music.

According to McCabe, the spectators began to suggest that he give up the idea of parading, but he was determined to start on time with the few marchers that had shown up. Suddenly, Mathew Maguire of the Central Labor Union of New York (and probably the father of Labor Day) ran across the lawn and told McCabe that two hundred marchers from the Jewelers Union of Newark Two had just crossed the ferry — and they had a band!

Just after 10 a.m., the marching jewelers turned onto lower Broadway — they were playing "When I First Put This Uniform On," from Patience, an opera by Gilbert and Sullivan. The police escort then took its place in the street. When the jewelers marched past McCabe and his aides, they followed in behind. Then, spectators began to join the march. Eventually, there were 700 men in line in the first of three divisions of Labor Day marchers. Final reports of the total number of marchers ranged from 10,000 to 20,000 men and women.

With all of the pieces in place, the parade marched through lower Manhattan. The New York Tribune reported that: "The windows and roofs and even the lamp posts and awning frames were occupied by persons anxious to get a good view of the first parade in New York of workingmen of all trades united in one organization."

At noon, the marchers arrived at Reservoir Park, the termination point of the parade. While some returned to work, most continued on to the post-parade party at Wendel's Elm Park at 92nd Street and Ninth Avenue; even some unions that had not participated in the parade showed up to join in the post-parade festivities that included speeches, a picnic, an abundance of cigars, and "Lager beer kegs... mounted in every conceivable place."

From 1 p.m. until 9 p.m. that night, nearly 25,000 union members and their families filled the park and celebrated the very first, and almost entirely disastrous, Labor Day.

The character of the Labor Day celebration has changed in recent years, especially in large industrial centers where mass displays and huge parades have proved a problem. This change, however, is more a shift in emphasis and medium of expression. Labor Day addresses by leading union officials, industrialists, educators, clerics, and government officials are given wide coverage in newspapers, radio, and television.

The vital force of labor added materially to the highest standard of living and the greatest production the world has ever known and has brought us closer to the realization of our traditional ideals of economic and political democracy. It is appropriate, therefore, that the nation pays tribute on Labor Day to the creator of so much of the nation's strength, freedom, and leadership – the American worker.

From the Rhode Island Alliance *for* Retired Americans

It's only through hard work, efforts and resolute courage that our nation keeps on moving forward. We are writing this to make all the workers know that their efforts are appreciated.

Labor Day is marked to honor all the builders of a nation and you are not an exception

Because of you and the many that have preceded you and those that will follow you and continue to make this country a mile higher and to make your family a mile higher for all your efforts, we have a promising bright future.

Happy Labor Day

We believe in the dignity of labor, We believe that everybody contributes in one way or the other to make something happen, whether by head or hands, you are our hero.

You deserve a great celebration for taking us this far. This is your day, the day to relax and reconstruct your energy for tomorrow.

On this Labor Day, we are taking this chance to wish all the workers, past, present and future a nice day with their loved ones.

Thank You Labor for;

- **The Weekends**
- **Overtime Pay**
- **8 Hour Workday**
- **Minimum Wage**
- **Paid Vacations**
- **Sick Pay**
- **Child Labor Laws**
- **Safety Standards**
- **Health Benefits**
- **Retirement Security**
- **Unemployment Insurance**

Medicare Advantage costs taxpayers more than traditional Medicare

.If you look at the data, the private health insurance industry has not succeeded at innovating to rein in Medicare spending through the Medicare Advantage program. A **new paper on the Health Affairs blog** finds that accountable care organizations (ACO's), which operate in traditional Medicare's Shared Savings Program deliver good care at lower cost than the Medicare Advantage program.

The authors find that the federal government reins in costs by one to two percent through ACOs in the Medicare Shared Savings Program (MSSP) initiative. More than 10 million people with Medicare are enrolled in the MSSP. The ACOs do a better job at reining in costs than Medicare Advantage plans.

The government pays Medicare Advantage plans a benchmark 98 percent of what it spends in traditional Medicare and then some. That amount excludes **overpayments for Medicare Advantage** plan enrollees who are in better health than Medicare Advantage plans claim and bonus payments to Medicare Advantage plans. Bonus payments bring Medicare Advantage payments up to one percent above traditional Medicare. Overpayments to Medicare Advantage plans represent another two to five and a half percent in payments.

In addition, a Kaiser study found that people who leave traditional Medicare to join a Medicare Advantage plan spend **13.4 percent less than the average person in traditional Medicare**, adjusting for health risk. The study suggests that the federal government is likely overpaying Medicare Advantage plans because it assumes their enrollees have the same overall health care costs as people in traditional Medicare when the evidence suggests that they have lower health care costs.

All in, the authors conclude that Medicare Advantage plans cost the federal government more on average than traditional Medicare. Medicare Advantage plans receive between two and five and a half percent more in payments per enrollee than traditional Medicare.

Medicare Accountable Care Organizations saved traditional Medicare between one and two percent. The ACOs also have higher quality scores than traditional Medicare for people not enrolled in ACOs. They believe ACO successes on the quality front should improve medical practice patterns throughout the health care system.

The authors suggest that Accountable Care Organizations are not appropriately rewarded relative to Medicare Advantage plans for their successes. They propose **level competition between traditional Medicare and Medicare Advantage**. They argue for better risk adjustment based on Medicare Advantage "encounter" data (data on services delivered to enrollees) so as not to unfairly reward Medicare Advantage plans and penalize traditional Medicare. Unfortunately, Medicare Advantage plans have yet to provide CMS with accurate and thorough data about the care they provide to their enrollees undermining the possibility of better risk adjustment.

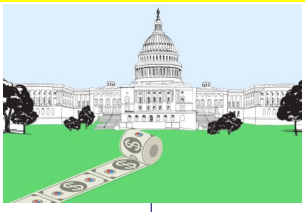
Pharma Cash Rolls Into Congress To Defend An Embattled Industry

In the heat of the most ferocious battle over drug prices in years, pharmaceutical companies are showering U.S. senators with campaign cash as sweeping legislation heads toward the floor.

In the first six months of this year alone, political action committees run by employees of drug companies and their trade groups have given the 30 senators expected to run for reelection nearly $845,000, the latest update to **Kaiser Health News' "Pharma Cash to Congress" database** shows. That hefty sum stands out with Election Day more than 14 months away.

Lowering drug prices is one of the rare causes that has united Democrats and Republicans, and at least one proposal that would change the way the industry does business **could get a vote in Congress this year**. One of the most promising and aggressive updates would cap drug prices under Medicare so they do not outpace inflation.

The number of big contributions and the lawmakers receiving them signal the industry is building loyalty as voters push candidates to talk about drug prices in the 2020 elections.



For the drug industry, the stakes are high.

"If the Senate flips" to Democrats, "then PhRMA's probably going to have to double its budget," said Kent Cooper, a former Federal Election Commission official who has tracked political money for decades, referring to the industry's biggest lobbying group, the Pharmaceutical Research and Manufacturers of America.

Most of the biggest donations in the first half of 2019 have gone to Republicans, who control the Senate and tend to be more reluctant to restrict drugmakers. And even those who do not serve on committees that oversee the industry or represent states with significant industry ties have benefited from drugmaker cash this year.

"We support candidates from both political parties who support innovation and patient access to medicines," said PhRMA spokeswoman Holly Campbell.

Several senators facing tough reelection campaigns have raked in tens of thousands of dollars this year, with some collecting much more than the industry has given them in the past decade, if ever.

"If it looks as though somebody is going to have a tough run — maybe a friend, maybe somebody you want to develop a better relationship with — you put some extra money in place," said Steven Billet, a former AT&T lobbyist who teaches PAC management at George Washington University.

Thus far, senators running for reelection have together pulled in over $115,000 more than the 27 senators who were running for reelection in mid-2017.

The biggest single beneficiaries were Sens. Chris Coons, a Democrat from Delaware, and Thom Tillis, a North Carolina Republican, who took in a whopping $103,000 and $102,000 respectively in the first six months of the year. Tillis and Coons, the leaders of a Senate subcommittee on intellectual property, **have been working on legislation to overhaul the patent system** — perhaps the most powerful tool brand-name drugmakers have to keep prices, and profits, high.

Sen. John Cornyn (R-Texas) **has been a vocal critic** of the way some drugmakers use patents to extend their monopolies on drugs and block competitors, introducing a bill that would empower the government to sue drugmakers for gaming the system**….Read More**

Dialysis Industry Spends Big To Protect Profits

.The dialysis industry spent about $2.5 million in California on lobbying and campaign contributions in the first half of this year in its ongoing battle to thwart regulation, according to a California Healthline analysis of campaign finance reports filed with the state.

Last year, dialysis companies poured **a record-breaking $111 million** into a campaign to defeat a ballot initiative that would have capped their profits.

This year's political spending, which includes an **online and broadcast advertising blitz**, is aimed at killing a bill in the state legislature that would disrupt the industry's business model — and likely reduce its profits. The dialysis industry counters that the bill would threaten some low-income patients' access to the lifesaving treatment.

"Nobody is spending $2.5 million out of the goodness of their hearts," said David Vance, a spokesman for Common Cause, a nonprofit group that advocates for campaign finance reform. "That kind of money is spent to get the attention of legislators and to get results."

And the spending doesn't appear to be slowing. Since the most recent campaign finance reporting deadline, which showed a total of $2.5 million spent through June, a campaign committee backed by the industry has spent **at least $470,000** more since then.

Dialysis filters the blood of people whose kidneys are no longer doing the job. People on dialysis, who typically need three treatments a week, usually qualify for Medicare, the federal health insurance program for people 65 and older, and those with kidney failure and certain disabilities.

But dialysis companies can get higher reimbursements from private insurers than from **Medicare**. One way dialysis patients remain on private insurance is by getting financial assistance from the American Kidney Fund, which helps nearly 75,000 low-income dialysis patients, including about 3,700 in California.

The American Kidney Fund **receives most of its donations** from DaVita Inc. and Fresenius Medical Care, the two largest dialysis companies. The fund does not disclose its donors, but **an audit of its finances** reveals that 82% of its annual funding in 2018 — nearly $250 million — came from two companies.

Critics of this system, including some California lawmakers, insurance companies and a powerful nurses union, say it's a way for the dialysis industry to inflate profits by steering patients away from Medicare and other public insurance coverage to private insurance, which pays higher rates.

The measure under consideration in the legislature, **AB-290 by state Assemblyman Jim Wood** (D-Santa Rosa), would limit the private-insurance reimbursement rate that dialysis companies receive for patients who get assistance from groups such as the American Kidney Fund. The bill would also address a similar dynamic in drug treatment programs.

"The minute you try to close one of those loopholes, the folks involved spend millions and millions to fight you," Wood said.

The state Assembly approved the bill in May, and the state Senate is now considering it. The legislature passed a similar measure last year that former Gov. **Jerry Brown vetoed**, saying the language was too broad and the move would have allowed providers to refuse care to some patients.

KHN KAISER HEALTH NEWS

DaVita and Fresenius declined to comment and directed questions to Kathy Fairbanks, spokeswoman for the "Dialysis is Life Support" coalition, which includes dialysis providers, industry groups, patients and caregivers. She said the dialysis industry isn't the only stakeholder trying to influence the political process.

Groups supporting the measure, including large insurance companies and labor unions, also are spending big, she said. For instance, **a committee** formed and funded by the Service Employees International Union-United Healthcare Workers West to support last year's initiative — and challenge the dialysis industry and its profits — spent $580,000 in the first half of this year.

The $2.5 million in political spending by the dialysis industry between January and June falls into two categories: lobbying the legislature, and campaign contributions to support candidates and influence public opinion. Campaign spending made up about $1.3 million of the total.

DaVita accounted for the biggest chunk of the campaign spending: $580,000. Fresenius spent $270,000.

These contributions went to 48 of the state's 80 Assembly members and 21 of the state's 40 senators, primarily to their prospective 2020 or 2022 campaigns.

Of the 69 legislators who received money from DaVita and Fresenius, Assemblyman James Ramos (D-Highland) got the most: $16,800 in the first half of the year. Ramos did not respond to requests for comment.

Nine other Assembly members and two senators each also received more than $10,000 in contributions from DaVita and Fresenius.

The rest of the $1.3 million in campaign spending was doled out by the campaign committee formed and funded by the industry to defeat Proposition 8 last year. **The "Patients and Caregivers to protect dialysis patients" committee** spent $440,000 in the first half of 2019, mostly on an advertising campaign to sway public opinion against Wood's measure.

The media campaign began by promoting the message "Dialysis is Life Support" via social media accounts and **a slick website**, which emphasized the importance of dialysis to people with kidney failure. But the messaging has shifted and is now urging people to contact their legislators to oppose the bill. The committee spent $33,000 on advertising with Politico and $26,000 with The Sacramento Bee, among others, according to **campaign finance reports**.

The coalition and the patients **featured in the ads** argue the measure will threaten the health care and possibly survival of the California patients who get assistance from the American Kidney Fund, which has said it would cease operations in the state if the bill is adopted.

Readers And Tweeters Take Dialysis Providers To Task: Nowhere But In The USA

Kaiser Health News has created a user-friendly toolkit to help patients understand some of the ins and outs of medical billing. Here's your go-to guide to decode medical bills. **https://khn.org/OTc1MzY3**

New Report Highlights Recent Proposals to Control Prescription Drug Costs

Prescription drug affordability within the Medicare program remains a top concern for many Americans, and policymakers are responding. Members of Congress are working on legislative solutions, and the Trump administration has unveiled a variety of regulatory proposals. Several 2020 presidential candidates have also weighed in, outlining their vision for the future.

Though some of these approaches are more likely than others to effectively control Medicare spending and improve beneficiary access to affordable prescription drugs, in sum they are indicative of broad agreement across the political spectrum on the need for reform.

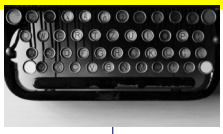
A new **report** from the Kaiser Family Foundation examines a number of these proposed and recent changes—including those related to the Part D benefit design, the Low Income Subsidy (LIS) program, drug importation, generic drug availability, and price transparency—outlining the implications for people with Medicare and the program itself. This comprehensive resource will be updated ongoingly to reflect evolving policy discussions.

Medicare Rights is encouraged by recent and growing recognition among policymakers about the need to address high and rising prescription drug prices. We support much of the bipartisan work currently underway, including, most recently—as outlined in our **letter** to the committee and **statement** for the record—provisions in the Senate Finance Committee's **draft bill** that would, in part, cap out-of-pocket drug costs for beneficiaries, shift liability in the Part D benefit to drug manufacturers and plans, and make the Limited Income Newly Eligible Transition (LI NET) program permanent.

We also continue to advocate for the inclusion of long overdue changes to the current system—such as **legislation** to **modernize** the Part D appeals process and updates to Medicare's low-income assistance programs—in any comprehensive reform bill. These policy solutions are needed to ensure that any such package improves the nation's drug pricing system in ways that prioritize beneficiary health and economic security.

Read the Kaiser Family Foundation's report, A Look at Recent Proposals to Control Drug Spending by Medicare and its Beneficiaries.

You Have a Voice! Learn How You Can Use It to Help Shape Federal Policy



This month, the National Health Law Program (NHeLP) released an **issue brief** explaining the importance of the public comment process, how to submit comments, and how comments impact the implementation of federal policies.

Every time a federal agency, including the Centers for Medicare & Medicaid Services (CMS), wants to adopt or change regulations, it has to go through a formal process during which it asks for and considers public input. Regulations are the formal rules that agencies create to interpret, provide detail to, and implement federal laws that the agencies are charged with administering. Often, a law doesn't have complete details about how a program will work, but authorizes an agency to fill in these gaps.

For example, a law could state that Medicare must cover vision care, undoing the previous carve out, but leave it to CMS to determine the details regarding the policy change—such as how frequently eye exams and new glasses should be covered, whether there should be a limitation on the cost of frames, and the scope of coverage for contacts.

The issue brief explains how to find and respond to comment opportunities, and includes information about additional resources. The Medicare Rights Center regularly participates in the federal regulatory process, weighing in on proposed changes to programs and policies that are important to people with Medicare.

We encourage you to do the same! We frequently post our comments and shorter summaries on our **policy resources page** and **this blog**, and we invite you to use our thoughts and words as jumping off points for your own comments and ideas, or to borrow from our language if it reflects your experience and opinions.

Read the report from NHeLP.

President Trump wants to gut Medicare

We already know that President Trump has proposed slashing Medicare spending in his budget proposals.
Now, **Vanity Fair** reports that President Trump has told friends that he would like to gut Medicare if he is reelected. Will this be his undoing, at least among older adults who supported him in 2016?

To repeat, Trump's plan for reducing the federal deficit is likely to be eliminating Medicare and the economic and financial security that it offers older adults, people with disabilities and their families. But, he knows better than to say so publicly right now. Trump will not campaign for reelection on gutting Medicare.

On Medicare, Trump's views are aligned with the Republican party. So, if the Republicans hold the Senate in 2020, gutting Medicare is likely to be a major priority. The Republican Party sees gutting Medicare as an easy way to reduce the deficit while still keeping taxes low for the wealthy and the big corporations.

More likely than not, Trump will tell Americans that he has no plans to cut Medicare and Social Security. That's what he did in 2016. Still, once elected, he put forward proposals to slash Medicare. In his 2020 budget, Trump proposed **$845 billion in cuts to Medicare**. And, he abandoned his plan to **lower drug prices** for people with Medicare.

Now, Trump wants to make good on his 2016 campaign promise to eliminate the deficit, which is projected to reach $960 billion by the end of September. He sees slashing Medicare as the way to do so. He wouldn't think of raising taxes. He wants to keep taxes for the wealthy and corporations low. In fact, he wants to cut taxes further, by lowering the capital gains further and reducing payroll taxes, both of which will only increase the deficit.

Social Security is also on President Trump's chopping block. Sen. John Barrasso (R-Wyo.) reports that President Trump is open to cutting Social Security as a "second-term" project.

Hospital rating systems are all flawed

You should **choose your hospital carefully**, but do not rely on a hospital rating system. A new paper in the **New England Journal of Medicine** finds that all hospital rating systems are flawed. While the researchers did not give any hospital rating system an F, they did not give any an A grade either.

Most noteworthy, the researchers gave the Centers for Medicare and Medicaid Services' (CMS) **Hospital Star Ratings** a C grade, meaning it is a "mediocre rating system" with a "fair bit of misclassification." This comes as no surprise given that the HHS Office of Inspector General has recommended that CMS do a better job of data auditing to ensure hospitals are not inappropriately manipulating data or inaccurately reporting data.

The researchers gave U.S. News & World Report a B grade, which was the highest grade. Leapfrog and Healthgrades received the lowest grades, C- and D+, respectively.

The researchers found that every hospital rating system had shortcomings that could mean misreporting of performance. In some cases, quality measures were flawed. In other cases, data was not validated or methodologies were poor, without meaningful peer review.

The researchers also pointed out that hospital ratings systems do not offer a good holistic evaluation. They explained that it is confusing at best to read that a hospital performs well on one measure and poorly on another. What is a person to do with this conflicting information?

Of note, the researchers reported that most of the hospital data reported comes from the traditional Medicare program, a serious shortcoming, reflecting care provided to only one subpopulation. They recommended that data come from an all-payer database to better reflect hospital quality of care for all populations.

How should you choose a hospital? It's not easy to know which ones deliver the best care. You should probably avoid hospitals with low ratings. You should also try to avoid ones that Medicare fines because of high readmission rates, high infection rates or high numbers of patient injuries. You can look those hospitals up here. Your best bet may be to talk to your doctors about the hospitals in your community they recommend.

Tracking House &Senate Legislation

Cost of Living Adjustment (COLA) Bills

H.R. 2787, CPI for Seniors Act

H.R. 1553, Fair COLA for Seniors Act

H.R. 46, Social Security Safety Dividend Act

Social Security Reform Bills

S. 1132, Protecting and Preserving Social Security Act

H.R. 2302, Protecting and Preserving Social Security Act

S. 521, Social Security Fairness Act

H.R. 1170, Social Security Expansion Act

S. 478, Social Security Expansion Act

S. 269, Social Security 2100 Act

H.R. 860, Social Security 2100 Act

H.R. 141, Social Security Fairness Act

Medicare Reform

H.R. 576, Seniors Have Eyes, Ears, and Teeth Act

S. 22, Medicare Dental Benefit Act

Medicare Part D Bills

S. 99, Medicare Drug Price Negotiation Act

H.R. 448, Medicare Drug Price Negotiation Act

S. 62, Empowering Medicare Seniors to Negotiate Drug Prices Act

H.R. 275, Medicare **Prescription Drug Price Negotiation Act**

Fraud Waste and Abuse Bills

Prescription Drug Bills

Great Minds Think Alike and Boggle at Prescription Drug Prices

H.R. 447, Affordable and Safe Prescription Drug Importation Act

S. 97, Affordable and Safe Prescription Drug Importation Act

S. 64, Preserve Access to Affordable Generics and Biosimilars Act

S. 61, Safe and Affordable Drugs from Canada Act

Recognizing When Your Parents Need Help

.Sometimes it's obvious when older parents need outside help -- like when they're having difficulty managing numerous chronic illnesses or losing mobility and unable to maneuver well even at home. But mental problems may not be as easy to spot.

For instance, is Dad's forgetfulness -- his misplacing house keys or missing appointments -- normal aging or a sign of something more serious, such as dementia?

It can be hard to judge the severity of problems if you live far away and speak infrequently. But even if you live close by, you might not realize the cumulative effects of gradual changes.

Maybe it's time to visit your parents and look for clues. Be aware of these specific warning signs and what they could signal:

- Food that's rotting in the refrigerator or an empty fridge are signs of not eating properly.
- Dirty clothes and linens can signal they're neglecting their personal hygiene.
- Piles of unopened mail including "past due" bills could indicate that they're no longer able to handle finances.

Conversation difficulties, from repeating the same story or asking the same question over and over, can be signs of memory loss.

Next steps include accompanying your parent to a doctor's appointment so that you can bring up these issues. You can also ask about cognitive (or mental) assessment tests, suggest experts at the Family Caregiver Alliance. One test, called SAGE, is self-administered and can be done online.

Based on test results, a long-range strategy might include helping Mom or Dad with paying bills, food shopping and tending to their personal care. These tasks can be done by you or a trusted caregiver.

More information

The U.S. National Institute on Aging has more on **tests that assess impairment.**

MS drug costs have increased exponentially, causing patients to pay more out-of-pocket

The study showed that as the total cost of MS drugs increased, so did the amount that patients had to pay out-of-pocket. Looking at Medicare data, the study breaks down the price increases separately for drug list prices (the cost before any rebates), patients' out-of-pocket expenses, and Medicare expenses.

The study looked at an average of 2.8 million Medicare beneficiaries every year from 2006 - 2016. The annual cost of treatment with self-administered disease modifying therapies (DMTs) for MS patients increased from $18,660 in 2006 to $75,847 in 2016, averaging a 12.8% increase annually, based on the list price of the treatments.

Medicare's actual spending increased by 10 times over that decade, from $7,794 to $79,411 on average. And average out-of-pocket spending increased by seven times from $372 to $2673 over the 10 years.

The chart below from the study shows how the prices of different MS therapies all largely increased at a similar pace….**Read More**

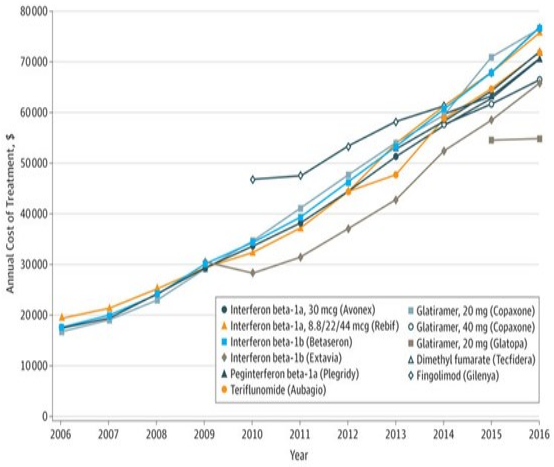


Image courtesy of JAMA Network®

Alliance for Retired Americans Fact Sheets

Click here to view the ARA Fact Sheets for the below subjects

Prescription Drug Fact Sheet, page 1

Prescription Drug Fact Sheet, page 2

Social Security / Medicare Fact Sheet

Social Security Expansion Fact Sheet

Protecting Multi-Employer Pensions

AbbVie prices new rheumatoid arthritis drug at $59,000 a year

AbbVie Inc has priced its new rheumatoid arthritis treatment at $59,000 a year after gaining U.S. approval on Friday, a big boost for the drugmaker struggling with rising competition for Humira, its blockbuster therapy for the same condition.

A four-week supply of Humira, the world's best-selling medicine, has a list price of about $5,174, amounting to more than $60,000 for a year.

However, the list price is not necessarily what patients actually pay as "out-of-pocket" costs vary based on the duration of the treatment and individual healthcare plans.

Humira brought in global revenue of $4.87 billion in the second quarter, but sales have been hit by competition from cheaper rivals in Europe, and AbbVie in June announced a deal to buy Botox-maker Allergan Plc for $63 billion to reduce dependence on the drug.

The company has signed deals to prevent cheaper versions of Humira, which also treats psoriasis, from entering the United States, its biggest market, until 2023.

The newly approved treatment, Rinvoq, belongs to a class of medicines known as JAK inhibitors that block inflammation-causing enzymes called Janus kinases and will be available later this month.

The drug, also called upadacitinib, was developed in the same Massachusetts facility where Humira was discovered, as the company sought to develop a treatment that was more effective in rheumatoid arthritis patients, Lisa Olson, who works in AbbVie's immunology discovery team, told Reuters.

The FDA approval allows Rinvoq's use in adults with moderate-to-severe rheumatoid arthritis in whom methotrexate – one of the first medicines prescribed to these patients – did not work well or could not be tolerated.

Rinvoq is set to compete with Pfizer Inc's Xeljanz and Eli Lilly's Olumiant.

Rinvoq's label has a warning that flags risks of serious infections and lymphoma. In a notice, the FDA also said patients taking JAK inhibitors in general risked developing blood clots. **(http://bit.ly/2KFUa5H)**

AbbVie said it planned to offer a co-pay card that could reduce out-of-pocket costs to $5 per month for eligible, commercially-insured patients, as well as a patient support program.

The company is also studying Rinvoq as a treatment for other indications such as psoriatic arthritis, Crohn's disease and ulcerative colitis.

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

Years Ago, This Doctor Linked A Mysterious Lung Disease To Vaping

Dr. John E. Parker was working at a West Virginia hospital in 2015 when a 31-year-old female patient was admitted with acute respiratory problems. A team of doctors ultimately suspected that her mysterious case of lipoid pneumonia might be related to vaping and weren't sure they had seen anything like it before. They were intrigued enough to **publish a case report** — a type of medical paper on unusual or provocative patient findings. Such reports can serve as a call to the medical community to be on the lookout, though they sometimes raise more questions than they provide answers.

This summer, almost four years later, federal officials began investigating a national outbreak of severe lung illnesses linked to vaping that has struck more than 150 patients in 16 states. In an interview, Parker, a professor of pulmonary critical care and sleep medicine at West Virginia University, described what happened.

Q: Can you describe what the patient's symptoms were when she arrived?

Q: What happens next in cases like this?

Q: How did you figure out the cause of her lipoid pneumonia was e-cigarettes?

Once you figured out the cause could be e-cigarettes, did you contact the Centers for Disease Control and Prevention or the Food and Drug Administration or any other regulatory agency to tell them about this?

Q:Which federal agency would you report it to, if you did?

Q: So did you or your team think this was a one-off event when you witnessed it?

Q: Was it the first case that you had seen at your institution?

Q: Have you seen more cases since then?

Q: If your team was seeing this back in 2015, is it possible that it's been happening in the four years since then and people just don't know about it?

Q: Do you have a theory of what might be causing the lipoid pneumonia cases? Do you think there may be certain chemicals that are irritants?

Q: Have these kinds of cases changed the way you approach patients?

Q: Will these illnesses have long-term health effects?

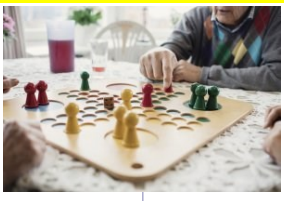
...Get answers to these questions.

Dementia Care in Assisted Living Homes

ALZHEIMER'S DISEASE AND dementia are becoming an increasingly big part of the health care conversation in America as the population ages and more people develop these cognitive ailments. The Centers for Disease Control and Prevention reports that about 5 million people are living with Alzheimer's disease today, a figure that's anticipated to nearly triple to 14 million by 2060.

For many people, once dementia has progressed to a certain level, they may need more care than family members can provide and may need to be placed in a long-term care facility– either an assisted living community or a nursing home.

Some of these facilities provide amazing care and support of older adults dealing with cognitive decline or dementia. Others may not. And if you're considering placing a loved one into an assisted living facility that offers dementia care, there are a few factors you should consider when evaluating whether a specific community is the right one.



Memory Care vs. Assisted Living

Within assisted living facilities, there's enormous variety in types of programs and quality. Of the 30,000 or so assisted living facilities currently operating in the United States, some cater specifically to adults with cognitive deficits and may be labeled as memory care centers. These facilities may offer better care for seniors with Alzheimer's or dementia than a traditional assisted living community that doesn't specifically cater to patients with dementia. These memory care facilities typically provide 24-hour supervised care in a separate wing or floor of a residential facility that helps keep residents safer and prevents them from wandering out of the building and potentially into danger.

Because many people with Alzheimer's and dementia essentially revert back to an earlier time in their life, these centers often try to provide outlets for people to express those needs in a healthy way. For example, women who raised children when they were younger may feel the need to engage in a mothering role, so some facilities set up a room with a crib and a doll, which residents can tend to when they feel agitated about missing a child. For some older men, going to work every day was their primary driver in life, so some facilities set up a desk and a phone that's not plugged in so they can go through the motions of going to work when they feel the urge to engage with that previous self.

In some facilities, the hallways are painted like a roadway or park so that residents feel like they're outside when they're actually safely indoors. Other assisted living facilities go to great lengths to recreate the appearance of the resident's former home to increase a sense of safety and familiarity. In short, there are many ways for different memory care facilities to cater to the needs of residents well – the key is finding a facility that offers three important components:

- Extensive staff training.
- A structured, patient-centered program.
- Appropriate and engaging activities for residents.

In 2018, the Alzheimer's Association released its **Dementia Care Practice Recommendations** document that outlines best practices for providing care for people living with dementia. These guidelines help put the patient at the center of the conversation with all things regarding long-term care with **dementia** ….**Read More**

Heart attacks halved by daily 'polypill', strokes reduced too: Study

A cheap, once-a-day pill combining aspirin with drugs that lower blood pressure and cholesterol cuts cardiovascular disease as a whole by a third, and heart attacks by more than half, researchers said Friday.

In clinical trials, the so-called "polypill" was especially effective among people with no history of cardiovascular disease, reducing the number of severe events by 40 percent, the researchers reported in The Lancet, a medical journal.

For those with a history of heart problems and strokes, the drug combo was only half as effective compared to the control group, who received advice on healthy living but no drugs.

Among participants who took the pill as directed -- at least 70 percent of the time -- heart attack incidence declined by 57 percent.

The polypill concept was first proposed more than 20 years ago as a simpler, cost-effective approach to treating cardiovascular disease, which often requires taking several medications.

Currently, patients are typically prescribed one or more drugs to lower blood pressure along with a statin, which holds lipids such as fatty acids in check. Aspirin, an analgesic, has blood thinning properties.

"The more tablets people have to take, the less they comply in the long-term," noted Kausik Ray, a professor in public health and Imperial College London not involved in the study.

"For chronic diseases, this is a challenge as you are asking people to take multiple medications every day for 30 or 40 years."

About a third of patients stop taking their meds as early as 90 days after a heart attack, according to earlier research.

But despite its obvious potential, the polypill had yet to be tested on a large number of people over a long period of time.

Scientists led by Reza Malekzadeh from the Tehran University of Medical Sciences recruited nearly 7,000 men and women, aged 50 to 75, living in rural Golestan, a province in Iran.

About one in 10 had previously had heart attacks, strokes or other cardiovascular episodes.

The participants were divided into two groups of roughly the same size. One was given "lifestyle advice" only, while the other also got a daily polypill from 2011 to 2013.

Doctors monitored compliance with the drug regimen, and then tallied the number of strokes and heart attacks across each cohort over the next five years.

Crucially, adherence was significantly higher with the all-in-one pill.

"Drugs do not work if they are not taken," noted Amitava Banerjee, a consultant cardiologist at University College London.

Compared with the lifestyle group, the polypill cohort had 34 percent fewer adverse events. Results were similar for men and women….**Read More**

Supplement Pills Can Pose Choking Risk for Seniors, Study Finds

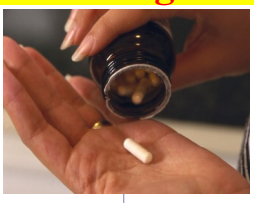
Large pills and dietary supplements can be tough for anyone to swallow, but new research finds they may pose a potentially dire risk to seniors.

A study from the U.S. Food and Drug Administration found that between 2006 and 2015, almost 4,000 people had trouble swallowing dietary supplements that was serious enough to report. Three people died after choking on them.

More than three-quarters of the swallowing issues occurred in people over age 65.

"Elderly patients face a real dilemma when it comes to weighing the risk and benefits of taking vitamin supplements," said geriatric emergency medicine specialist Dr. Teresa Amato.

"On the one hand, we know that taking a proper amount of supplements such as calcium and vitamins can lead to a more active life for the elderly. However, the actual intake of these supplements may increase a common hazard, namely choking and aspiration," she said.



Amato was not involved in the current research, but reviewed the findings. She's chair of emergency medicine at Long Island Jewish Forest Hills in New York City.

A previous study in the journal *Dysphagia* estimated that 15% of seniors have trouble swallowing. Muscles in the throat can lose mass and function with age, just like muscles in other parts of the body.

The current study -- led by Dr. Cecile Punzalan from the FDA and published Aug. 20 as a letter in *Annals of Internal Medicine* -- looked specifically at problems associated with taking dietary supplements. Over 10 years, almost 21,000 issues with supplements were reported to the FDA. Close to 4,000 were related to swallowing.

Women reported nearly 86% of problems swallowing supplements. Choking was the most frequent problem (86%). Most of the reported swallowing trouble was related to taking multivitamins (73%), while another 17% was from taking calcium supplements.

The FDA also looked at the size of the most commonly reported pills. The average length of the pills was 19.3 millimeters (mm), roughly three -quarters of an inch.

For reference, the FDA recommends that generic products don't exceed 17 mm (0.67 inch), with 22 mm (0.87 inch) suggested as the limit. The FDA has no such guidelines for dietary supplements, however.

Andrea Wong is vice president of scientific and regulatory affairs at the Council for Responsible Nutrition, a trade organization for the supplement industry. Reacting to the study, she said: "Choking is preventable, and there are many reasonable solutions for consumers who may have difficulty swallowing dietary supplements, as indicated in this letter."

Wong suggested that adults talk with their health care provider or pharmacist if they're having trouble swallowing their supplements. Alternatives to pills such as liquids, gummies, melts or effervescent powders may be available.

She said more research is needed to learn the types and amounts of supplements that were linked to swallowing troubles.

If you have trouble taking supplements, the FDA offered the following tips:

- Avoid taking several pills at once.
- Avoid extra-large pills or capsules.
- Swallow supplements and other pills or capsules with plenty of water or other fluid.
- Discuss any difficulty with your doctor or pharmacist.

Smoggy Air Might Contribute to Macular Degeneration

Tailpipe pollution might pose a real health threat to aging eyes, according to a new study out of Taiwan.

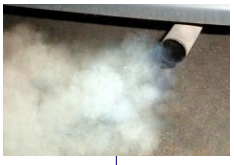
Researchers there found that exposure to high levels of two car exhaust pollutants nearly doubled the odds of age-related macular degeneration (AMD).

It's one of the most common causes of vision loss in older people.

The study is the first of its kind to "demonstrate a significant association between AMD and high levels of ambient" nitrogen dioxide and carbon monoxide in the air people breathe, said a study team led by Suh-Hang Hank Juo.

He's a professor at the Graduate Institute of Biomedical Sciences at China Medical University in Taichung.

One U.S. expert who reviewed the findings said they highlight a growing threat to people's vision.



"With the ever-increasing industrialization of cities around the world, and increasing levels of pollution, a close watch on the effects this will have on eye health will be critical in our aging population," said Dr. Mark Fromer, an ophthalmologist at Lenox Hill Hospital in New York City.

As Fromer explained, AMD involves a deterioration of the macula, "the central area of the retina responsible for an individual's sharpest vision."

According to the American Academy of Ophthalmology, the condition typically affects people over 50, causing patients to lose central vision over time. There is currently no cure for the disease.

There are numerous risk factors for AMD, including overweight/obesity, diets high in saturated fats, smoking and high blood pressure.

The Taiwanese team wanted to see if polluted air might be another risk factor. To find out, they tracked levels of two pollutants -- nitrogen dioxide and carbon monoxide -- in the air breathed by 40,000 city-dwelling Taiwanese people aged 50 and older. During the study period, more than 1,400 of the participants went on to develop AMD.

After accounting for other potential risk factors -- such as age, sex, household income and existing illnesses -- people with the highest level of exposure to nitrogen dioxide were 91% more likely to develop AMD than those exposed to the lowest level, the findings showed.

In addition, people exposed to the highest level of carbon monoxide were 84% more likely to develop AMD than those exposed to the lowest level.

The highest rate (5.8%) of newly diagnosed AMD was among people exposed to the highest levels of carbon monoxide, according to the study published online Aug. 20 in the *Journal of Investigative Medicine*.

Still, the researchers stressed that because this is an observational study, it can't establish cause and effect. The data also didn't include information on other AMD risk factors, the study authors noted.

However, the investigators said prior research has tied air pollution to several illnesses, including respiratory and heart diseases….**Read More**

Women's Mid-Life Stress Might Have Long-Term Effect on Memory

Stressful experiences in middle age are associated with greater memory loss among women later in life, but this link is not found in men, a new study says.

It included more than 900 adults who were assessed twice in the early 1980s; once between 1993 and 1996; and once between 2003 and 2004. Their average age was 47 at their third visit in the '90s.

During that visit, about 47% of men and 50% of women said they'd had at least one stressful event during the past year, such as a marriage, divorce, birth of a child, death of a loved one, job loss, severe injury or sickness, a child moving out or retirement.

At the third and fourth visits, participants' mental skills were tested. To gauge their memory, they were asked to recall 20 words spoken aloud immediately after hearing them and again 20 minutes later.

At the third visit, they recalled an average of eight words immediately and six words later. At the fourth visit, the numbers were seven and six, respectively.

Participants were also asked to identify words spoken to them from a written list of 40. During the third visit, participants correctly identified an average 15 words, compared to about 14 at the fourth visit.

At the fourth visit, word memory among women who'd had at least one stressful midlife event declined by an average of one word -- twice the level of others.

At the fourth visit, the ability to recognize words also fell by an average of 1.7 words for women with at least one stressful mid-life event, compared with a 1.2-word decline for others.

Men who reported stressful midlife events did not experience a similar decline, according to the study published recently in the *International Journal of Geriatric Psychiatry*.

The findings add to evidence that stress hormones affect brain health of women and men differently, according to the researchers. They said previous research found that the effect of age on the stress response is three times greater in women than in men, and that stressful life events can cause temporary memory and thinking problems.

They also noted that women have a greater risk of Alzheimer's disease than men. One in six women over age 60 will develop the disease, compared with one in 11 men, according to the Alzheimer's Association.

"We can't get rid of stressors, but we might adjust the way we respond to stress, and have a real effect on brain function as we age," said study author Cynthia Munro. She's an associate professor of psychiatry and behavioral sciences at Johns Hopkins University School of Medicine in Baltimore.

"And although our study did not show the same association for men, it sheds further light on the effects of stress response on the brain with potential application to both men and women," she added in a university news release.

If future research shows that stress response does play a role in Alzheimer's and other types of dementia, then finding ways to control the body's chemical reactions to stress may prevent or delay mental decline, according to the study authors.

More information

The U.S. National Institute of Mental Health has more on **stress.**

When Is It Time for Seniors to Hand Over the Car Keys?

Driving is a source of independence for many seniors, so determining when they should hang up the keys requires careful consideration, an expert says.

"Driving retirement is a normal part of aging, and should be carefully considered and discussed openly," said Dr. Ericka Tung, an internist and geriatrician at the Mayo Clinic in Rochester, Minn.

"Primary care providers are uniquely poised to counsel patients about driving safety because they understand their patients' health conditions, capacities, challenges and goals," Tung said in a clinic news release. She is lead author of a paper in the journal *Mayo Clinic Proceedings*that examines the issue.

Those areas are vision, including depth perception and visual fields; thinking skills, including changes in memory, attention or language; mobility and physical function, including range of motion and coordination of the neck, upper body and lower body; health conditions that could affect the ability to safely operate a vehicle, and medications that could impair alertness. Another key factor is input from family members or other care providers, according to Tung and her colleagues.

These people can provide information about the senior's driving performance, ability to do daily basic tasks of living, or their history of falls. All can help determine if the senior needs a driver safety refresher course or should stop driving.

Because driving gives many seniors a sense of independence and control, any decision about hanging up their car keys must be communicated clearly and with compassion, the authors said.

It's critical that seniors stop driving at the appropriate time -- not after they've had a crash.

"Open dialogue is encouraged between patients, families and primary care teams to ensure safety on the road," Tung said.

More information

The U.S. National Institute on Aging has more about **older drivers.**

Pancreatic cancer: Here's why it's so deadly

Pancreatic cancer was the third-leading cause of death from cancer in the United States in 2018, after lung and colorectal cancers, **according to** the National Cancer Institute.

This year, an estimated 56,770 new cases of pancreatic cancer will be diagnosed and an estimated 45,750 deaths from pancreatic cancer will occur across the nation, according to the American Cancer Society.

About 95% of people with pancreatic cancer die from it, experts say. It's so lethal because during the early stages, when the tumor would be most treatable, there are usually no symptoms. It tends to be discovered at advanced stages when abdominal pain or jaundice may result. Presently, there are no general screening tools.

As people age, the risk of developing pancreatic cancer goes up. Most patients are older than 45, and nearly 90% are older than 55. The average age at diagnosis is 71.

Men have a slightly higher likelihood of developing pancreatic cancer than women, which may partly result from increased tobacco use in men. In the past, when men more commonly smoked than women, the gender gap was wider. Currently, the lifetime risk of developing it is about 1 in 63 for men and 1 in 65 for women.

There is also a noted association with race: African-Americans are more likely to develop pancreatic cancer than whites. Doctors don't know why but speculate that higher rates of men smoking and having diabetes, and women being overweight, may contribute to that association.

What are the types of pancreatic cancer?

The pancreas is an oblong organ that lies deep in the abdomen and is an integral part of both the digestive and endocrine system. It secretes hormones to regulate the body and digestive enzymes to break down food.

There are two types of pancreatic cancer: exocrine tumors and endocrine tumors.

Exocrine tumors are the majority of pancreatic cancers, and the most common form is called adenocarcinoma, which begins in gland cells, usually in the ducts of the pancreas. These tumors tend to be more aggressive than neuroendocrine tumors, the kind that Apple Inc. co-founder Steve Jobs had, but if caught early enough, they can be treated effectively with surgery.

Pancreatic neuroendocrine tumors constitute only 1% of all pancreatic cancers. They can be benign or malignant, but the distinction is often unclear and sometimes apparent only when the cancer has spread beyond the pancreas.

The five-year survival rate for neuroendocrine tumors can range from 50% to 80%, compared with less than 5% for adenocarcinoma.

More advanced tumors have a higher risk of recurrence and can spread to the liver, said Dr. Steven Libutti, pancreatic cancer expert and director of the Montefiore-Einstein Center for Cancer Care in the Bronx.

Pancreatic cancer is usually controllable only through removal by surgery and only if found before it has spread, according to the National Cancer Institute. Palliative care can help a patient's quality of life if the disease has spread.

Two drugs approved in 2011 may help patients with pancreatic neuroendocrine tumors. They are believed to suppress the blood supply and metabolism of the tumor cells. That's good progress since, the year before, the standard of care was chemotherapy, said Dr. Michaela Banck, medical oncologist at the Mayo Clinic, who treats patients with neuroendocrine tumors.

Everolimus, marketed by Novartis as Afinitor, received US Food and Drug Administration approval to treat pancreatic neuroendocrine tumors and prevents transplant rejection. Potential side effects are serious, however: lung or breathing problems, infections and renal failure, which may lead to death.

Sunitinib malate, marketed by Pfizer as Sutent, is prescribed for the treatment of pancreatic neuroendocrine tumors, as well as kidney cancer and GIST, a rare cancer of the bowel, esophagus or stomach. As with everolimus, there are risks to consider: It can cause liver problems and death….**Read More**