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“Fighting for the future of our members”
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A shamed AARP withdraws from right-wing lobbying organization ALEC



AARP CEO,
Jo Ann Jenkins

AARP, the retirees organization, responded Thursday to a torrent of protests from members and advocacy groups by announcing that it

would drop its membership in the American Legislative Exchange Council, the right-wing organization known as ALEC.

In a notice posted on AARP’s Facebook page, AARP told members, “After hearing from many of you, we’ve decided not to renew our membership to ALEC. We would never work against the

interests of older Americans and our engagement with ALEC was NOT an endorsement of the organization’s policies, but an opportunity to engage with state legislators and advance our members’ priorities.”

We reported the AARP/ALEC connection here, following its disclosure by the Center for Media and Democracy, which has been bird-dogging ALEC for years. Initially, the relationship seemed to amount to a contribution from AARP to help sponsor ALEC’s annual meeting, held in Indianapolis at the end of July. The new statement, however, indicates that AARP had gone further by actually

becoming a member

As we observed, ALEC promotes policies sharply at odds with the interests of seniors and retirees, who are AARP’s core constituency. “ALEC has pushed for the repeal of the Affordable Care Act, which has saved Medicare enrollees millions of dollars by closing the Medicare drug benefit ‘donut hole,’” we wrote. “It has [opposed Medicaid expansion](#) under Obamacare. It has targeted public pensions, pushing to cap benefits and shift workers toward defined contribution plans, which layer more market risk on individual workers’ shoulders.”... [Read More](#)

Statement from Rich Fiesta, Executive Director ARA

I want to bring you up to date on the situation regarding AARP’s membership in and participation with the American Legislative Exchange Council (ALEC). As many of you know, it was discovered about 10 days ago that AARP was a sponsor of the ALEC national meeting in Indianapolis. This came as a surprise to many of us in the aging and labor worlds since just a few core ALEC positions are the suppressing voter turnout which disproportionately affects seniors, eliminating public pension systems, restricting the ability of workers to bargain collectively, and enhancing the ability of drug corporations to keep prescription costs high.

Beginning last Monday, the Alliance and a number of retiree, labor, and ALEC monitoring groups began to have conference calls to develop a strategy. I had directly expressed our concerns to AARP Executive Vice President Nancy LeaMond over the weekend. We put out an Alliance statement against the AARP sponsorship of ALEC on Tuesday and

posted it on our Facebook page. Plans for a major social media campaign were also underway that would have started with an article in last week’s Friday Alert along with a separate specific AARP-ALEC email that was set for the weekend. Our communications team was involved in the drafting and editing of what would have been a widely dispersed public letter to AARP to be signed by many organizations.

Last Thursday evening, AARP announced that it was withdrawing its ALEC membership. We had a victory before the full, coordinated campaign got underway. From our staff and other calls, I know a number of you were involved in reaching out to state AARP contacts. Thank you for those efforts.

There still may be more to watch out for. Our NC Alliance discovered that the NC AARP is giving an award to Sen. Richard Burr this month. He is in the middle of what could be a difficult reelection campaign. He has a 0% 2015 score on the Alliance Congressional

Voting Record and 4% Senate lifetime. A second recipient is a NC state legislator who has lead several ALEC supported pieces

of legislation. In addition, as I’ve written to you before, AARP’s Social Security Take A Stand campaign will have events in Chicago and Pueblo, CO this month that will feature the Heritage Foundation and the National Committee to Preserve Social Security and Medicare. And some state alliance have been approached by Take a Stand staff for possible involvement. As you know, we have a position on expanding Social Security.

Here is a link to a Talking Points Memo article on the events of last week that reports the Alliance response.

<http://talkingpointsmemo.com/livewire/aarp-drops-alec>



Rich Fiesta

Hospitals decry new US star rating system



Federal officials unveiled a new system last week for ranking hospitals across the country, a big step, they said, toward helping consumers make important decisions about where to get their care. As with restaurant reviews, the best hospitals received five stars, and the least impressive got one.

But the hospital industry is as indignant as a poorly rated chef. The star system is too crude, industry officials said. It focuses too heavily on controversial measures, like the rate at which patients

return to hospitals after being discharged, and unfairly gives lower scores to big teaching hospitals that treat patients with complex problems.

“The star rating system is an irresponsible slap in the face to America’s most essential hospitals, those hospitals that take in the sickest patients, that can never turn people away,” said Dr. Eric W. Dickson, chief executive of UMass Memorial Health Care, whose flagship teaching hospital in Worcester got just one star.

The Massachusetts Hospital Association said the government took “a step backward” by releasing the ratings.

“There are problems with the methodology,” said Timothy Gens, executive vice president of the trade group

And yet when hospitals make it to the list of top hospitals compiled by US News & World Report, they are quick to celebrate and splash the designation across their ads.

The hospital industry’s varying responses to different rating systems show how hard it can be to find consensus about what constitutes good quality health care. Indeed, many rating systems exist, and no two are exactly alike....[Read More](#)

Medicare’s Readmission Penalties Hit New High

The federal government’s readmission penalties on hospitals will reach a new high as Medicare withholds more than half a billion dollars in payments over the next year, records released Tuesday show.

The government will punish more than half of the nation’s hospitals — a total of 2,597 — having more patients than expected return within a month. While that is about the same number penalized last year, the average penalty will increase by a fifth, according to a Kaiser Health News analysis.

The new penalties, which take effect in October, are based on the rehospitalization rate for patients with six common conditions. Since the Hospital Readmissions Reduction Program began in October 2012, national readmission rates have dropped as many hospitals pay

more attention to how patients fare after their release.

The penalties are the subject of a prolonged debate about whether the government should consider the special challenges faced by hospitals that treat large numbers of low-income people. Those patients can have more trouble recuperating, sometimes because they can’t afford their medications or lack social support to follow physician instructions, such as reducing the amount of salt that heart failure patients consume. The Centers for Medicare & Medicaid Services says those hospitals should not be held to a different standard.

Medicare said the penalties are expected to total \$528 million, about \$108 million more than last year, because of changes in how readmissions are measured.

Medicare **examined these conditions:**



heart attacks, heart failure, pneumonia, chronic lung disease, hip and knee replacements and — for the first time this year — coronary artery bypass graft surgery.

The fines are based on Medicare patients who left the hospital from July 2012 through June 2015. For each hospital, the government calculated how many readmissions it expected, given national rates and the health of each hospital’s patients. Hospitals with more unplanned readmissions than expected will receive a reduction in each Medicare case reimbursement for the upcoming fiscal year that runs from Oct. 1 through September 2017....[Read More](#)

Pull Out The COUCH, WE'RE Moving In!!!!

Hey kiddos, Mom and Dad here.

Let’s talk turkey – specifically about those turkeys who want to cut Social Security benefits. What’s up with that?

Well, it sure as heck isn’t because of the deficit. Social Security’s trust fund has a **\$2.7 trillion surplus** right now, which is enough to pay everyone’s benefits in full for another 25 years. If anyone tells you Social Security is going broke, they’re blowing more smoke than a chimney.

Here’s the reality: Social Security would pay full benefits forever – not just to us,

but to you, and even your kids (hint, hint) — if millionaires simply paid the same Social Security tax rate as most people. Heck, we could even afford to **improve Social Security benefits** a bit.

Right now, everyone pays Social Security taxes on the first \$118,500 they earn, which means most people pay Social Security taxes on their whole paycheck. But a whole lot of wealthy people — folks with bigger paychecks than most of us — don’t pay a dime in Social Security taxes above that amount.

Not to get all parental — it’s your life — but this is important stuff. Because unless you **tell Congress to “Scrap the Cap.”** they could cut Social Security benefits — and we might be movin’ in.

Hugs,
Mom and Dad

[Watch the video](#)



Elderly Hospital Patients Arrive Sick, Often Leave Disabled



SAN FRANCISCO — Janet Prochazka was active and outspoken, living by herself and

working as a special education tutor. Then, in March, a bad fall landed her in the hospital.

Doctors cared for her wounds and treated her pneumonia. But Prochazka, 75, didn't sleep or eat well at Zuckerberg San Francisco General Hospital and Trauma Center. She became confused and agitated and ultimately contracted a serious stomach infection. After more than three weeks in the hospital and three more in a

rehabilitation facility, she emerged far weaker than before, shaky and unable to think clearly.

She had to stop working and wasn't able to drive for months. And now, she's considering a move to Maine to be closer to relatives for support.

"It's a big, big change," said her stepdaughter, Kitty Gilbert, soon after Prochazka returned home. "I am hopeful that she will regain a lot of what she lost, but I am not sure."

Many elderly patients like Prochazka deteriorate mentally or physically in the hospital, even if they recover from the original illness or injury that brought them there. About one-third of patients over 70

years old and more than half of patients over 85 leave the hospital more disabled than when they arrived, **research** shows.

As a result, many seniors are unable to care for themselves after discharge and need assistance with daily activities such as bathing, dressing or even walking.

"The older you are, the worse the hospital is for you," said Ken Covinsky, a physician and researcher at the University of California, San Francisco division of geriatrics. "A lot of the stuff we do in medicine does more harm than good. And sometimes with the care of older people, less is more."...**Read More**

New Medicare Law to Notify Patients of Loophole in Nursing Home Coverage

WASHINGTON — In November, after a bad fall, 85-year-old Elizabeth Cannon was taken to a hospital outside Philadelphia for six and a half days of "observation," followed by nearly five months at a nearby nursing home for rehabilitation and skilled nursing care. The cost: more than \$40,000.

The hospital insisted that Ms. Cannon had never been formally admitted there as an inpatient, so under federal rules, **Medicare** would not pay for her nursing home stay. The money would have to come from her pocket.

The experience of Ms. Cannon and thousands like her inspired a new Medicare law — in force as of Saturday — that requires hospitals to notify patients that they may incur huge out-of-pocket costs if they stay more than 24 hours without being formally admitted. Because of **the Notice Act, passed by Congress** last year with broad bipartisan support, patients can expect to start receiving the warnings in January.

"It was extremely distressful to my mother, who was frugal her whole life," said Cynthia Morgan of Chadds Ford, Pa., Ms. Cannon's daughter. "She asked, 'How can I pay into Medicare for so many years, and now Medicare won't help pay for my care?'" Ms. Cannon died in April.

Hospitals have been keeping patients like Ms. Cannon in **limbo — in "observation status" — for fear of being penalized by Medicare for inappropriate admissions.** While under observation, patients can be liable for substantial hospital bills, and Medicare will not pay for subsequent nursing home care unless a person has spent three consecutive days in the hospital as an inpatient.

Time spent under observation does not count toward the three days, even though the patient may spend five or six nights in a hospital bed and receive extensive hospital services, including tests, treatment and medications ordered by a doctor.

Under the new law, the notice must be provided to "each individual who receives observation services as an outpatient" at a hospital for more than 24 hours. Medicare officials estimate that hospitals will have to issue 1.4 million notices a year.

"The financial consequences of observation stays can be devastating for seniors," said Senator Susan Collins, Republican of Maine and the chairwoman of the Senate Special Committee on Aging.

"The new law is an important first step, but Congress and the administration need

to do more to protect beneficiaries," said Judith A.

Stein, the executive director of the nonprofit Center for Medicare Advocacy. Mark Parkinson, the president and chief executive of the American Health Care Association, a trade group for nursing homes, said, "Patients often have no idea what their status is in a hospital." Observation stays impose a "financial burden on seniors," he said, and increase the likelihood that they will have to turn to programs like **Medicaid**, the federal-state program for low-income people.

Under the law, hospitals can still keep Medicare patients in observation status, and some of the patients will be responsible for nursing home costs. Twenty-four senators and more than 120 House members are supporting bipartisan legislation to address that concern. Under that bill, time in a hospital under observation would count toward the three-day inpatient stay required for Medicare coverage of nursing home care....**Read More**



Smoking rates are dropping for racial and ethnic groups — except one



Cigarette smoking among U.S. adults continues to slide among almost all racial and ethnic groups, but big disparities remain, according to a new study by the Centers for Disease Control and Prevention.

Among whites and blacks, a quarter still light up. By contrast, barely one in 10 Asians uses cigarettes, while nearly four in 10 Native Americans and Alaska

Natives do so.

Only among Native Americans and Alaska Natives did the smoking rate rise between 2002-2005 and 2010-2013 -- from 37.1 percent to 38.9 percent, the CDC found.

The agency's **analysis**, based on data from 180,000 respondents to the National Survey on Drug Use and Health, does not drill down on socioeconomic characteristics. Still, Stanton Glantz, a researcher and prominent tobacco-control

activist, thinks a pattern is clear.

"In general, smoking is getting more and more concentrated among disadvantaged groups. And it's poor people, ethnic minorities, people with mental illness," said Glantz, a professor of medicine at the University of California at San Francisco. "When you look at where tobacco retailers are concentrated, they are in the poorer parts of town. The industry is going to where they think they can sell the cigarettes." ...[Read More](#)

Medicare's Nursing Home Compare adds new measures updated.

New quality measures included in calculation for Nursing Home five star ratings.

One of Medicare's most popular ratings websites - Nursing Home Compare - was updated this morning. The Centers for Medicare & Medicaid Services (CMS) says it has added new measures that consider successful discharges, emergency visits, and re-hospitalizations, and complement other nursing home measures previously announced in April.

"When residents and their families are faced with important decisions about care, they need an easy, transparent way to figure out which facility is the best fit for them or their loved ones," said CMS Deputy Administrator and Chief Medical Officer Patrick Conway, M.D., MSc. "With this update, star ratings will provide an even more accurate reflection

of the services that nursing homes provide."

CMS says it is committed to making sure that residents, their family members, and caregivers have the most meaningful information possible when they consider facilities. Nursing Home Compare is the agency's public information website that provides information on how well Medicare and Medicaid certified nursing homes provide care to their residents.

Nursing homes receive four different star ratings on the Nursing Home Compare website (each ranging from 1 to 5 stars): one for each of the components - health inspections, staffing, and quality measures - and one for an overall rating, which is calculated by combining each of the three component star ratings. With the new quality measures added to the calculations, the quality measures star

rating for each nursing home, as well as the overall rating, will likely change.

As part of a broader effort at data transparency and consumer choice, CMS hosts a number of sites to help those seeking health care compare various facilities based on star ratings.

They include:

- ◆ [Hospital Compare](#),
- ◆ [Physician Compare](#),
- ◆ [Medicare Plan Finder](#),
- ◆ [Dialysis Compare](#), and
- ◆ [Home Health Compare](#).

These star rating programs are part of the Administration's Open Data Initiative which aims to make government data freely available and useful while ensuring privacy, confidentiality, and security.



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!!!!**