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RI ARA

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

*Affiliated with the Rhode Island AFL-CIO
RI ARA HealthLink Wellness*

June 16, 2014 E-Newsletter



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RI ARA

Petition: Observation Stays: “Current Hospital Issues in the Medicare Program”

Petition by John A. Pernorio, President, RI Alliance for Retired Americans

To be delivered to The United States House of Representatives and The United States Senate

On June 9, 2014, the Rhode Island Alliance for Retired Americans started a **MoveOn.org Petition; Observation Stays: “Current Hospital Issues in the Medicare Program”**.

The RI ARA is very concerned about the growing practice of hospitals keeping patients under “observation status”, rather than admitting them as inpatients. We are hearing from more and more of our members who are being affected by the policy.

Observation status is a designation used by hospitals to bill Medicare. As a result of this designation, more and more seniors are experiencing difficulties getting Medicare coverage for admission to skilled nursing facility (SNF), along with other billing issues. In fact, Medicare estimates show that 1.6 million seniors were placed in “observation status” during a hospital stay in 2011. This is a 69 percent increase over the previous 5 years. Medicare beneficiaries who have played by the rules and contributed their entire working lives to the program so that they can have peace of mind and be covered for medically necessary services should not find themselves incurring unexpected costs and having to hire attorneys to get the coverage they already paid for.

One solution that would solve this situation is for Congress to pass the bipartisan bill Improving Access to Medicare Coverage Act of 2013, S.569 and H.R. 1179, introduced by Senators Sherrod Brown and Susan Collins and Representatives Joe Courtney and Tom Latham, which would amend Medicare law to count a beneficiary’s time spent in the hospital on “observation status” towards the three-day hospital stay requirement for skilled nursing care. The measure would also establish a 90-day appeal period following passage for those that have a qualifying hospital stay and have been denied skilled nursing care after January 1, 2013.

If you have or know anyone on Medicare, PLEASE, PLEASE, PLEASE sign the PETITION “Observation Stays: “Current Hospital Issues in the Medicare Program” below or on the last page of this RI ARA E-Newsletter. It could save people thousands of dollars if Congress passes these two pieces of Legislation. Anyone can sign the Petition, so please have your active, retired members, family and friends help us to help them by signing this Petition.

Petition Subject: Observation Stays: “Current Hospital Issues in the Medicare Program”

ADD
YOUR
NAME

Get The Message Out: SIGN THE PETITION!!!!

GOP Calls for Repeal of Affordable Care Act Are Fading Fast

In a sign that the harshest opposition to the Affordable Care Act may be softening, GOP candidates across the country are dropping calls to repeal the health care reform law and are instead spending this year’s election season talking about trying to “fix” it. Republican leaders in Washington who are still calling for repeal have yet to release their own comprehensive health reform proposal, and several Republican candidates have drawn criticism for failing to specify which portions of the Affordable Care Act they would seek to modify.

“With the Affordable Care Act, seniors are seeing expanded access to free preventive screenings, an end to insurance companies denying care due to pre-existing conditions, and the closing of the Part D prescription drug doughnut hole. The fact that voters won’t accept critics of the law continuing to call for its repeal is an indication that the Affordable Care Act is working,” said **Ruben Burks**, Secretary Treasurer for the Alliance....[Read More](#)

Give Social Security a RAISE!



Republicans and their Wall Street cronies can no longer claim that Social Security expansion is a fringe issue. With Democratic leadership behind this bill, it is clear that YOU are making YOUR VOICE heard in Washington!

The RAISE Act would:

- ◆ Enhance benefits for widows and widowers by establishing insured status as retired workers, and creating an alternative benefit to reflect the survivor's own worker benefit and the Primary Insurance Amount (PIA) of the deceased spouse;
- ◆ Enhance benefits for divorced spouses who were married less than ten years;
- ◆ Extend benefit eligibility for children of retired, disabled or deceased workers if the child is in high school, college or vocational school;
- ◆ Pay for this expansion by making millionaires and billionaires pay the same rate as the rest of us.

To: All members of the U.S. Senate

The Retirement and Income Security Enhancement Act of 2014, or RAISE Act, introduced by Senators Begich (D-AK) and Murray (D-WA), increase benefits for many widows, widowers and divorced spouses; and extend benefits to children of retired, deceased and disabled workers and pay for it by having millionaires and billionaires pay the same rate as the rest of us.

I urge you to become a co-sponsor of the RAISE Act today and help pass the first piece of Social Security expansion legislation in the U.S. Senate.

To Sign the Petition →



Want to End Secret Wait Lists? Staff the VA

*By J. David Cox, Sr., National President
American Federation of Government Employees, AFL-CIO*

The public's outrage over excessive wait times and rigged recordkeeping at Veterans Affairs hospitals is more than justified. As a former VA nurse, I understand all too well that depriving veterans of timely access to care is a disservice to them and their sacrifice to this nation.

But cleaning house in the VA's executive ranks will only treat the symptom. The disease plaguing the VA healthcare system is chronic understaffing of physicians and other frontline providers.

Until we fill thousands of vacant positions, open closed hospital beds and provide more dollars for building and maintaining medical facilities, we will never heal what ails the VA.

Physicians are dealing with excessive caseloads and insufficient support staff. Since 2009, 2 million veterans entered the VA health care system for a net increase of 1.4 million new patients. Each physician should be responsible for no more than 1,200 patients at a given time, according to the VA's own guidelines, yet many VA doctors are treating upwards of 2,000 patients each.

Simply put, there isn't enough time in the day for the available doctors to treat every veteran who is seeking care in a timely fashion.

Compounding matters is a performance system that sets unrealistic goals and incentivizes managers to increase the number of patients served, instead of improving the quality of care. Rather than face the understaffing issue head-on and risk poor ratings, many managers have taken the easy way out and have cooked the books to mask the wait times.

But blaming those managers for a performance system that was doomed from the start won't help our veterans get the care they seek any faster.

Truth be told, there is nothing wrong with the VA that can't be healed by what is right with the VA: the frontline providers who care for our veterans every day.

No one is complaining about the quality of care our veterans receive. That's because the federal employees who look after our nation's heroes work hard each and every day to provide them with world-class service... [**Read More**](#)



RI ARA HealthLink Wellness

Deadly Falls by Seniors Up 112% Since 1999; Just One of Senior Concerns in National Safety Month

National Safety Council highlights injury and death by falling, drug poisoning, vehicle crashes

NATIONAL
SAFETY
MONTH 2014

Fatal falls among seniors age 65 and older have risen 112 percent since 1999. More than 21,600 deaths in 2010 were attributed to falls among this age group, accounting for eight out of every 10 fatal falls in the United States. But injury from falls is just one of the safety issues being stressed this month by the National Safety Council during National Safety Month and several of them are critical to senior citizens.

“Dramatic events like homicides and natural disasters headline the news every night,” said Deborah Hersman, NSC president and CEO. “Highlighting that hundreds of people are dying each day from completely preventable causes – that is what National Safety Month is all about.”

Unintentional injuries are the 5th leading cause of death, exceeded only by heart disease, cancer, stroke and chronic lower respiratory diseases, according to Injury Facts 2014 edition, a publication of the National Safety Council.

The top three causes of unintentional injury in the U.S. are poisoning, motor vehicle crashes and falls. An estimated 36,900 deaths in 2012 were due to poisoning, with a large majority of these attributed to the recent epidemic of prescription drug abuse; 45 people die every day from unintentional overdoses on prescription pain relievers...[Read More](#)

Artery Blockage Not Necessary to Significantly Increase Heart Attack Danger from Plaque

Evidence seems to indicate that non-obstructive plaques can still rupture and case heart attack, i.e., plaque is bad!

Non-obstructive coronary artery disease was associated with a 28 to 44 percent increased risk of a major adverse cardiac event such as a heart attack or death, in a new study presented yesterday at the American Heart Association’s Quality of Care and Outcomes Research 2014 Scientific Sessions.

The rates of heart attack and death within one year following angiography increased progressively with increasing coronary artery disease (CAD) severity, even among those patients with non-obstructive CAD, researchers found.

In this study, researchers studied 40,872 veterans who underwent elective cardiac angiography from October 2007 to September 2012. The patients’ condition was categorized as normal, non-obstructive and obstructive CAD...[Read More](#)



Seniors Will Cheer Researchers Who Have Proven How Memory Can Be Turned On and Off

NIH funded study is first to prove connections between neurons controls memory



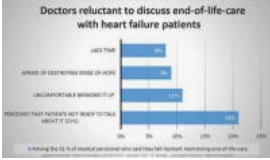
There is news out of the National Institutes of Health that should make seniors very happy or at least hopeful. The tantalizing image is of a switch that can turn memory or off. What these scientists have done is turn memory off and then back on using a flash of light in genetically engineered rats. It is the first clear cause-and-effect evidence that the connections between neurons in our brains are what make memory work.

“Our results add to mounting evidence that the brain represents a memory by forming assemblies of neurons with strengthened connections, or synapses, explained Roberto Malinow, M.D., Ph.D., of the University of California, San Diego (UCSD), a grantee of the NIH’s National Institute of Mental Health (NIMH).

“Further, the findings suggest that weakening synapses likely disassembles neuronal assemblies to inactivate a memory.”...[Read More](#)

Only 12 Percent of Doctors, Assistants Follow End-of-Life Discussion Guidelines

Doctors, nurse practitioners and physician assistants have long list of reasons they skip end-of-life care in counseling heart patients



Healthcare providers are reluctant to discuss end-of-life care with heart failure patients and their families because they feel uncomfortable broaching the topic or lack time, according to a new study presented this morning at the Quality of Care and Outcomes Research 2014 Scientific Sessions.

Researchers surveyed 50 physicians and 45 nurse practitioners or physician assistants at three practices at the Mayo Clinic in Rochester, Minnesota and the Mayo Clinic Health System. Ninety-five clinicians completed the survey.

Among the findings:

- ◆ Only 12 percent of the healthcare providers reported having routine yearly discussions about end-of-life care as advocated by the American Heart Association.
- ◆ Thirty percent of the group reported having little confidence in discussing or providing end-of-life care.
- ◆ Among the 52 percent who said they felt hesitant mentioning end-of-life-care, 21 percent cited their perceptions that patients weren't ready to talk about the issue; 11 percent said they felt uncomfortable bringing it up; 9 percent said they worried about destroying a sense of hope; and 8 percent said they lacked time...[Read More](#)

Memory, Learning Problems More Likely Among Older People with Poor Cardiovascular Health

People with the lowest cardiovascular health scores were more likely to have impairment on learning, memory and verbal fluency

A large study of older adults has concluded that developing cognitive impairment, especially memory and learning problems, is much greater for people with poor cardiovascular health. The best cardiovascular health was more common in men, the higher educated, and those with the highest incomes.

The risk of developing cognitive impairment, especially learning and memory problems is significantly greater for people with poor cardiovascular health than people with intermediate or ideal cardiovascular health, according to the study in the *Journal of the American Heart Association*...[Read More](#)



Spanish Friday Alert now Available

The *Friday Alert* will now be available each week in Spanish! To see last week's *Alerta Semanal*, go to <http://tinyurl.com/mq7gpry>. For the Alliance's Spanish language page, which includes fact sheets and other translated documents from the main site, go to <http://tinyurl.com/nllcz6n>. More outreach from the Alliance to the Hispanic elder community will be coming in the next few months.

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

Petition Subject: Observation Stays: "Current Hospital Issues in the Medicare Program"

ADD
YOUR
NAME

**Get The Message Out:
SIGN THE PETITION!!!!**

Petition Subject: House Concurrent Resolution 67 and Senate Concurrent Resolution 26 to get power doors installed in Post Offices and other federal buildings.

ADD
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Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR 3118 & S 896

ADD
YOUR
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