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RI ARA

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

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Happy Labor Day September 5, 2016

AFL-CIO
AMERICA'S UNIONS

Labor Day, an annual celebration of workers and their achievements, originated during one of American labor history's most dismal chapters. In the late 1800s, at the height of the **Industrial Revolution** in the United States, the average American worked 12-hour days and seven-day weeks in order to eke out a basic living. Despite restrictions in some states, children as young as 5 or 6 toiled in mills, factories and mines across the country, earning a fraction of their adult counterparts' wages. People of all ages, particularly the very poor and recent immigrants, often faced extremely unsafe working conditions, with insufficient access to fresh air, sanitary facilities and breaks.

As manufacturing increasingly supplanted agriculture as the wellspring of American employment, labor unions, which had first appeared in the late 18th century, grew more prominent and vocal. They began organizing strikes and rallies to protest poor conditions and compel employers to renegotiate hours and pay. Many of these events turned violent during this period, including the infamous Haymarket Riot of 1886, in which several **Chicago** policemen and workers were killed. Others gave rise to longstanding traditions: On September 5, 1882, 10,000 workers took unpaid time off to march from City Hall to Union Square in **New York City, holding the first Labor Day parade in U.S. history.**

The idea of a "workingmen's holiday," celebrated on the first Monday in September, caught on in other industrial centers across the country, and many states passed legislation recognizing it.Congress would not legalize the holiday until 12 years later, when a watershed moment in American labor history brought workers' rights squarely into the public's view. On May 11, 1894, employees of the Pullman Palace Car Company in Chicago went on strike to protest wage cuts and the firing of union representatives.

On June 26, the American Railroad Union, led by **Eugene V. Debs**, called for a boycott of all Pullman railway cars, crippling railroad traffic nationwide. To break the strike, the federal government dispatched troops to Chicago, unleashing a wave of riots that resulted in the deaths of more than a dozen workers. In the wake of this massive unrest and in an attempt to repair ties with American workers, Congress passed an act making Labor Day a legal holiday in the District of Columbia and the territories. More than a century later, the true founder of Labor Day has yet to be identified.

Many credit Peter J. McGuire, cofounder of the American Federation of Labor, while others have suggested that Matthew Maguire, a secretary of the Central Labor Union, first proposed the holiday. Labor Day is still celebrated in cities and towns across the United States with parades, picnics, barbecues, fireworks displays and other public gatherings. For many Americans, particularly children and young adults, it represents the end of the summer and the start of the back-to-school season.

Important information about accessing your my Social Security account

SOCIAL SECURITY ADMINISTRATION USA

On July 30, 2016, we began requiring you to sign into your *my* Social Security account using a one-time code sent via text message. We implemented this new layer of security, known as "multifactor authentication," in compliance with a Presidential executive order to improve the security of consumer financial transactions. SSA implemented the improvements aggressively because we have a fundamental responsibility to protect the public's personal information.

However, multifactor authentication inconvenienced or restricted access to some of our account holders. We're listening to your concerns and are responding by temporarily rolling back this mandate.

As before July 30, you can now access your secure account using only your username and password. We highly recommend the extra security text message option, but it is not required. We're developing an alternative authentication option, besides text messaging, that we'll begin implementing within the next six months.

We regret any inconvenience you may have experienced.

You can access your account by visiting **www.socialsecurity.gov/myaccount.**

Hospital Surprise: Medicare's Observation Care

Some seniors think Medicare made a mistake. Others are stunned when they find out that being in a hospital even for a couple of days doesn't always mean they were actually admitted.

Instead, they received observation care, **considered by Medicare** to be an outpatient service. The observation designation means they can have higher out-of-pocket expenses and fewer Medicare benefits. Yet, a government **investigation found** that observation patients often have the same health problems as those who are admitted.

Medicare officials are working to finalize a notice that will inform patients that they are receiving observation care. That is required under a federal law that went into effect in August, and hospitals will likely begin using the notices in January. Some states already require that patients be told about their status.

More Medicare beneficiaries are entering hospitals as observation patients every year. The number doubled since 2006 to nearly 1.9 million in 2014, according to figures from the Centers for Medicare & Medicaid Services. At the same time, enrollment in traditional Medicare grew by 5 percent.

Here are some common questions and answers about observation care and the coverage gap that can result. (Seniors enrolled in Medicare Advantage should ask their plans about their observation care rules since they can vary.)

Q. What is observation care?

A. Hospitals provide observation care for patients who are not well enough to go home but not sick enough to be admitted. This care requires a doctor's order and is considered an outpatient service. The hospitalization can include short-term treatment and tests to help doctors decide whether the patient meets the medical criteria for admission. Medicare officials have issued the so-called **"two-midnight rule:"** Patients whose doctors expect them to stay in the hospital through two midnights should be admitted. Patients expected to stay for less time should be kept in observation.

Q. What effect does observation status have on patients' care and expenses?

A. Because observation care is provided on an outpatient basis, patients usually also have co-payments for doctors' fees and each hospital service, and they have to pay whatever the hospital charges for any routine drugs the hospital provides that they take at home for chronic conditions such as diabetes or high cholesterol.

Observation patients **cannot receive Medicare coverage for follow-up care in a nursing home**, even though their doctors recommend it. To be eligible for nursing home coverage, **they must have first spent at least three consecutive days** (or through three midnights) as an admitted patient, not counting the day of discharge.

Q: Why are more Medicare patients receiving observation care instead of being admitted?

A. Medicare has strict criteria for admissions as an inpatient and usually won't pay anything for admitted patients who should have been in observation care. Partly in response to stepped up enforcement of these rules, hospitals in recent years have been placing more patients in observation.

Q. Will the cost of my maintenance drugs be covered when I am in the hospital?

A. No, **Medicare does not pay for these routine drugs** for patients in the hospital in observation care. Some hospitals allow patients to bring these medications from home. Others do not, citing safety concerns.

If you have a separate Medicare Part D drug plan, the coverage decision will be up to the insurer. If the plan covers your maintenance drugs at home and agrees to cover them in the hospital, it will only pay prices negotiated by the plan with drug companies and in-network pharmacies. Most hospital pharmacies are out-of-network. So even if your plan covers these drugs, you may be left paying most of the bill. However, you can ask hospitals if they would **consider waiving the charges.**

Medicine to treat the symptoms that brought you to the hospital may be covered as an outpatient service under Part B.

Q: How do I know if I'm an observation patient and can I change my status?

A. The only way to know for sure is to ask. "Unless people are in an observation unit, the difference between observation and inpatient care is basically indistinguishable," said Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy.

Q. Can I change my status in the hospital?

A. If your doctor says you are too sick to go home and you are receiving services that can be provided only in a hospital, ask your doctor to admit you to the hospital by changing your status to inpatient. However, even if your doctor does that, you can be switched back to observation status during your hospital stay.

Q. What can I do if I'm already in a nursing home and I find out Medicare won't cover my nursing home care?

A. You have two options, Edelman said. You can agree to pay the bill but continue to seek coverage through a Medicare appeal or you can leave the nursing home.

If you opt to stay in the nursing home, follow these steps to see if Medicare will reimburse you, she said. Ask the nursing home to fill out a form called the "**Notice of Exclusions from Medicare Benefits Skilled Nursing Facility.**" The form will show what services you need, the estimated cost and the reason why Medicare will probably not pay. The facility will check off the first reason, "no qualifying 3-day inpatient hospital stay." Then you can check off the form's option one, asking the facility to submit it to Medicare along with documentation supporting your need for these services. You will not be billed until Medicare issues a decision.

If Medicare does not pay the bill, you will receive information on how to appeal that decision. Although Medicare officials caution that hospital patients cannot appeal their observation status, the "notice of exclusion" applies to the nursing home charges and clearly states in bold type: "I understand that I can appeal if Medicare decides not to pay."

Watch the video

RI ARA HealthLink Wellness News

HealthLink Wellness "Taking Control"

In war on Alzheimer's, R.I.'s Butler Hospital is leading the charge

Key developments: Brain scans reveal plaques up to two decades before symptoms begin, and drug trials show meaningful promise.

By G. Wayne Miller
Journal Staff Writer

PROVIDENCE, R.I. — When researcher Dr. Stephen P. Salloway describes the magnitude of effort that will be required to defeat Alzheimer's disease, a public-health scourge with few modern parallels, he speaks in terms of a mighty military campaign.

"Like World War II, we are recruiting the troops, creating the weapons and building the infrastructure with allies around the world to fight a global war against Alzheimer's disease," he says.

Salloway, director of the Butler Hospital Memory and Aging Program, rightly ranks as a general in the gathering assault. New diagnostic tools and accelerating development of new drugs that could slow, reverse or prevent the debilitating and fatal disease are among the advanced power they now deploy.

It is a campaign involving governments, pharmaceutical firms, research institutes and schools, including the Alpert Medical School of Brown University, where Salloway is professor of neurology and psychiatry. It involves hospitals, including Rhode Island Hospital, where Salloway holds the title of staff neurologist. And it involves thousands of study volunteers, including North Kingstown's Neil Corkery, a former school principal and legislator who has early-stage Alzheimer's and is one of Salloway's patients.

"I can give something back," says Corkery, 75, whose service as a state representative was characterized by his championing of health-care and social-service causes.

A visitor to Salloway's small office in Butler's Weld Building finds a tall, thin man with a wry sense of humor and a passionate desire to put down a disease that today afflicts 5.4 million Americans, of whom 5.2 million (including 23,000 Rhode Islanders) are 65 or older, according to the Alzheimer's Association. As the years pass, the numbers climb exponentially.

Salloway sits at his computer and scrolls through highlights of the international effort against the disease and Rhode Island's largely unheralded but stellar role in it. He begins by drawing a distinction some do not make when discussing age-associated brain disorders.

"Dementia is the general term," he says. "It means there is cognitive impairment that interferes with day-to-day functioning. But it doesn't tell you the cause. It's like 'cancer': it doesn't tell you what type of cancer, just that it's something growing out of control."

Alzheimer's is a specific disorder involving changes in the brain that cause progressive dementia — and invariably, death.

Not long ago, those changes could be absolutely confirmed only at autopsy by physical examination of the compromised brain; there was no definitive clinical test, per se, while the heart still beat. A diagnosis was made based on interpretation of symptoms, neurological tests, family history and other secondary but non-definitive means….**Read More**

Cardiac Rehab Improves Health, But Cost And Access Issues Complicate Success

CHARLOTTESVILLE, Va. — Mario Oikonomides credits a massive heart attack when he was 38 for sparking his love of exercise, which he says helped keep him out of the hospital for decades after.

While recovering, he did something that only a small percentage of patients do: He signed up for a medically supervised cardiac rehabilitation program where he learned about exercise, diet and prescription drugs.

"I had never exercised before," said Oikonomides, 69, who says he enjoyed it so much he stayed active after finishing the program.

Despite evidence showing such programs substantially cut the risk of dying from another cardiac problem, improve quality of life and lower costs, fewer than one-third of patients whose conditions qualify for the rehab actually participate. Various studies show women and minorities, especially African Americans, have the lowest participation rates.

"Frankly, I'm a little discouraged by the lack of attention," said Brian Contos, who has studied the programs for the Advisory Board, a consulting firm used by hospitals and other medical providers.

partly because the federal health care law puts hospitals on a financial hook for penalties if patients are readmitted after cardiac problems. Studies have shown that patients' participation in cardiac rehab cut hospital readmissions by nearly a third and saved money.

The law also creates incentives for hospitals, physicians and other medical providers to work together to better coordinate care.

Cost Undermines Participation

Oikonomides, who lives in Charlottesville, went for three decades without another heart attack after his first, but recently had bypass surgery because of blockages in his heart.

He is again rebuilding his strength at the University of Virginia Health System. "I attribute my 30 good years of life to cardiac rehab," he said recently while pedaling on a stationary bike in a light-filled gym at one of the university's outpatient medical centers, a heart monitor strapped to his chest….**Read More**

Mylan Tries Again to Quell Pricing Outrage by Offering Generic EpiPen

In its latest move to quell **outrage over its price increases**, the maker of the EpiPen has resorted to an unusual tactic — introducing a generic version of its own product.

The company, **Mylan**, said on Monday that the generic EpiPen would be identical to the existing product, which is used to treat severe allergic reactions. But it will have a wholesale list price of $300 for a pack of two, half the price of the brand-name EpiPen.

The raging debate over EpiPen pricing has offered a surprisingly wide window into the complicated world of prescription drug pricing, in which powerful drug companies, pharmacy benefit managers, insurers and federal health programs all play major roles. However, the system remains opaque.

Last week, the company announced steps to increase the financial assistance for the branded EpiPen, for both commercially insured and uninsured patients. Those measures, however, did not stem the public furor, in part because the company kept the list price the same. So now, the company will essentially sell the same product under two names at two price points, in competition with each other.

The new move did not mollify critics, either. Some noted that even at $300, the generic would still be triple the price of the EpiPen in 2007, when Mylan acquired the product and began steadily raising its price. The increases have accelerated in recent years. Even the generic, expected to be available in several weeks, should provide a nice profit to Mylan because its manufacturing costs are believed to be far less than $300….**Read More**

America's Other Drug Problem': Copious Prescriptions For Hospitalized Elderly

SANTA MONICA, Calif. — Dominick Bailey sat at his computer, scrutinizing the medication lists of patients in the geriatric unit.

A doctor had prescribed blood pressure medication for a 99-year-old woman at a dose that could cause her to faint or fall. An 84-year-old woman hospitalized for knee surgery was taking several drugs that were not meant for older patients because of their severe potential side effects.

And then there was 74-year-old Lola Cal. She had a long history of health problems, including high blood pressure and respiratory disease. She was in the hospital with pneumonia and had difficulty breathing. Her medical records showed she was on 36 medications.

"This is actually a little bit alarming," Bailey said.

He was concerned about the sheer number of drugs, but even more worried that several of them — including ones to treat insomnia and pain — could suppress Cal's breathing.

An increasing number of elderly patients nationwide are on multiple medications to treat chronic diseases, raising their chances of dangerous drug interactions and serious side effects. Often the drugs are prescribed by different specialists who don't communicate with each other. If those patients are hospitalized, doctors making the rounds add to the list — and some of the drugs they prescribe may be unnecessary or unsuitable.

"This is America's other drug problem — polypharmacy," said Dr. Maristela Garcia, director of the inpatient geriatric unit at UCLA Medical Center in Santa Monica. "And the problem is huge."

The medical center, where Bailey also works, is intended specifically for treating older people. One of its goals is to ensure that elderly patients are not harmed by drugs meant to heal them.

That work falls largely to Bailey, a clinical pharmacist specializing in geriatric care….Read More

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

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

ADD YOUR NAME

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

Petition Subject: House Concurrent Resolution 37 and Senate Concurrent Resolution 12 to get power doors installed in Post Offices and other federal buildings.

ADD YOUR NAME

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

Petition Subject: Elimination of the Unfair GPO and WEP Provisions of the Social Security Act to make sure the Congress of the United States enacts legislation, HR.973 & S.1651

ADD YOUR NAME

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