© RI ARA 2015
All Rights Reserved

RI ARA

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

September 7, 2015 E-Newsletter

Publication 2015 / Issue 37
Published in house by the
RI ARA

The Bloody Origin Of Labor Day

Most people know Labor Day as an extra day off of work. Fewer know the holiday comes from a time when the government was offing workers.

It all started with a bad recession in the early 1890s that reduced demand for railway cars, prompting Chicago railway magnate George Pullman to lay off workers and reduce wages. Many of his workers went on strike. The sympathetic American Railway Union refused to handle Pullman cars, hampering commerce in many parts of the country.

"The boycott tapped the deep and pervasive alienation of labor in general," historian David Ray Papke wrote in his 1999 book *The Pullman Case: The Clash of Labor and Capital in Industrial America*.

"Workers were mad about their situation," Papke wrote. "They were angry about their limited opportunities and about what they took to be the mean and arbitrary treatment they received from the distant owners of the industries in which they worked."

Pullman workers started their strike in May 1894. The following month, Congress passed legislation making the first Monday of September a day to recognize workers. (Such a holiday had already been a demand of the labor movement, though **commentators** have described the Labor Day legislation as an attempt to "appease" angry workers.) In July, President Grover Cleveland sent federal troops to Chicago to crush the strike.

Illinois Gov. John Altgeld (D) resented the president's decision, as there had not yet been any large-scale rioting. "I protest against this uncalled for reflection upon our people, and again ask the immediate withdrawal of these troops," Altgeld wrote to the president.

Within a day of the troops' arrival, mobs started tipping railroad cars and setting them on fire. Troops cracked down with bayonets and bullets; the rioting and property destruction worsened. Dozens of people ultimately died in Chicago and elsewhere. The government restored order by the fall, and American Railway Union leader Eugene Debs was eventually convicted of defying a court order and sent to prison.

The U.S. Department of Labor's **page on the history of Labor Day** notes the holiday "is a creation of the labor movement and is dedicated to the social and economic achievements of American workers." It doesn't mention the Pullman strike or labor strife in general. Throughout American history, workers had to fight to get better pay and **shorter hours** -- evenings and weekends weren't just handed over by lawmakers and benevolent managers.

"I think most people consider Labor Day an end-of-summer three-day weekend," Papke, a law professor at Marquette University, said in an interview. "Very few Americans stop to reflect on the working man, on labor, on the union movement or any of those things."

Learn More at the US Department of Labor

Those of you who are affected by the GPO and WEP

Current employees don't know about the offsets, so they make erroneous plans for retirement.

We need to reach active public workers who don't know about the offsets and get them involved.

This will give us a larger constituency to pressure Congress for repeal in 2017!

Those of you who are affected by the GPO and WEP have a pretty good idea of how they work and are pretty darn sure that both offsets are unfair!

Many current public employees still don't know about the offsets or only have a vague idea of their effects. In a recent study of **active** teachers in California, **half** of them did not know if they would be affected by the offsets. We rely on our worker associations to inform us. Many any of the people in union leadership and other one-career professionals know about the offsets, but they often are building large enough public pensions that the loss of Social Security retirement benefits does not seem to be a big an issue for them. They don't realize the devastation that can be caused to others by these offsets.

Then, there is the issue of younger people believing that Social Security may disappear or be of minimal value to them when they retire. Wrong! Benefits may be reduced if Congress doesn't implement some fixes, but it will be there.

Congress will be stuck in the usual pre-election morass for the next year or so. Our job for the next year and a half is to reach out to current union employees and let them know that YES, Social Security retirement benefits will be there and its benefits will be important to them. They will, however, be affected by the offsets, unless they are repealed. We **need them now** to help us get Congress to repeal the Government Pension Offset and the Windfall Elimination Provision.

What to do: Pick your local or a larger association of active public workers as your target. Keep after them! Get them to publicize the offsets, so that their members can be prepared as most of us who are retired now were not. They need to know that they must get life insurance early and to begin saving a greater amount of their paycheck than they might do ordinarily to make up for the shortfall. They need to know that the amount that the SSA tells them they will be getting is wrong and that if they are expecting any benefits from their spouse, they won't be getting those, either. They need to get onto our team!

Go to ssfairness.com to find out "more information." That page has explanations from several different agencies and associations. The latest Congressional Research Service report is online there.

Social Security Fairness

The Committee to Repeal the Government Pension Offset & the Windfall Elimination Provision

Become informed!

Be vocal! Talk to public servants affected!

The post Action Alert #73 – A Problem and a Plan appeared first on Social Security Fairness

---

Medicare Advantage Plans to test more flexibility for seniors with chronic ills

Medicare Advantage Value-Based Insurance Design Model targets better cafe at less cost

Medicare will test the hypothesis that giving Medicare Advantage plans flexibility to offer targeted extra supplemental benefits or reduced cost sharing to enrollees who have specified chronic conditions can lead to higher-quality and more cost-efficient care, helping health plans and consumers have the tools they need to improve costs and spend dollars more wisely.

The goal of the Medicare Advantage Value-Based Insurance Design Model is to improve beneficiary health, reduce the utilization of avoidable high-cost care, and reduce costs for plans, beneficiaries and the Medicare program, according to the recent announcement by the Centers for Medicare & Medicaid Services (CMS).

The model focuses on Medicare Advantage enrollees with the chronic conditions of diabetes, congestive heart failure, chronic obstructive pulmonary disease (COPD), past stroke, hypertension, coronary artery disease, mood disorders, and combinations of these categories.

"The Medicare Advantage Value-Based Insurance Design Model fills an immediate need for testing ways to improve care and reduce cost in Medicare Advantage Plans and offers the prospect of lower out-of-pocket costs and premiums along with better benefits for enrollees in Medicare Advantage," said Patrick Conway, M.D., MSc, CMS deputy administrator and chief medical officer….**Read More**

Your Heart Is Aging Faster Than You

A new report says 69 million Americans' hearts are outpacing them when it comes to aging, putting them at risk for heart disease and stroke.

A new report from the Centers for Disease Control and Prevention (CDC) on Tuesday revealed 69 million Americans aged 30-74 to have a heart age five years older than their actual age—a number that puts them at significantly higher risk of heart attack and stroke.

The data comes from the Framingham Heart Study, a long-term cardiovascular study that began in Framingham, Massachusetts, in 1948. "Heart age"—the age of an individual's heart and blood vessels based on their risk of disease—is calculated using things like high blood pressure and smoking history.

On a call Tuesday, CDC Director Thomas Frieden stressed that external threats like Ebola should not distract from the danger that is "right within us." An estimated 85.6 million Americans are living with a form of cardiovascular disease or the aftermath of a stroke. The condition kills roughly 2,150 Americans each day from cardiovascular diseases, or one person every 40 seconds.

"To know that your heart is de facto older than you are is scary—and it should be because it means you have a higher risk of heart attack or stroke," said Frieden. "You can't turn back the clock in general but you can turn back the clock on your heart age."...**Read More**

Heart-Attack Patients More Likely To Die After Ambulances Are Diverted

By Barbara Feder Ostrov

Heart-attack patients whose ambulances were diverted from crowded emergency rooms to hospitals farther away were more likely to be dead a year later than patients who weren't diverted, according to a recent study published in the journal Health Affairs.

The study, conducted by researchers at the University of California-San Francisco and the National Bureau of Economic Research, looked at ambulance diversions affecting nearly 30,000 Medicare patients in 26 California counties from 2001 to 2011.

The study adds to a growing body of research nationally showing that temporary diversions of ambulances from the nearest hospital can harm patients with life-threatening conditions, including heart attacks and stroke. One smaller study in New York City also linked diversions with higher heart-attack death rates, while others have found that diversions can lead to delays in administering drug therapy to heart-attack patients.

Some hospitals see diversion as a necessary safety valve for full-up emergency rooms. But emergency care experts say they push the crowding problem to nearby hospitals and can compromise patient care, especially in life-threatening cases.

"This setup is absolutely a disaster for these kinds of patients," said Mike Williams, president of the Abaris Group, a Martinez, Calif.-based health care consulting firm that specializes in emergency medical services. Williams was not involved in the study.

The researchers found that heart-attack patients whose ambulances had been diverted to an emergency room farther away were nearly 10 percent more likely to be dead one year later than those whose ambulances were not diverted. They were also slightly less likely to get the treatment they needed to restore blood flow to major organs, such as an angioplasty or coronary artery bypass graft.

"This study is telling us that as we continue to saturate our emergency care system, [diversions] affect everybody," said University of California-San Francisco researcher Dr. Renee Hsia, one of the study's authors. "We tend to think that it's only people who aren't that sick who don't get treated quickly in emergency rooms. Diversions affect patients who are really sick, too."

The study found, however, that patients of color were more likely to be diverted. Statewide, about half of heart attack patients were diverted to other hospitals on the day of admission between 2001 and 2011...**Read More**

Nursing home care improvement is goal of CMS project

Funding would allow testing of new payment model for seniors in nursing facility care

A new funding opportunity designed to enhance the Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents has been announced by the Centers for Medicare & Medicaid Services (CMS).

The funding opportunity will allow the organizations currently participating in the initiative to apply to test whether a new payment model for nursing facilities and practitioners will further reduce avoidable hospitalizations, lower combined Medicare and Medicaid spending, and improve the quality of care received by senior citizens and other nursing facility residents.

For the past three years, CMS has partnered with seven Enhanced Care and Coordination Providers (ECCPs) to test a model to improve care for long-stay nursing facility residents. The ECCPs collaborate with 144 nursing facilities across seven states—Alabama, Indiana, Missouri, Nebraska, New York, Nevada, and Pennsylvania—to provide on-site staff for training, to provide preventive services, and to improve the assessment and management of medical conditions (see fact sheet).

The intent of the new payment model is to reduce avoidable hospitalizations by funding higher-intensity interventions in nursing facilities for residents who may otherwise be hospitalized upon an acute change in condition.

Improving the capacity of nursing facilities to treat medical conditions as effectively as possible within the facility has the potential to improve the residents' care experience at lower cost than a hospital admission.

The model also includes payments to practitioners (i.e., physicians, nurse practitioners and physician assistants) similar to the payments they would receive for treating beneficiaries in a hospital. Practitioners would also receive new payments for engagement in multidisciplinary care planning activities.

"This Initiative has the potential to improve the care for the most frail, most vulnerable Medicare-Medicaid enrollees—long term residents of nursing facilities," said Tim Engelhardt, Director of the Medicare Medicaid Coordination Office. "By aligning financial incentives, we can improve the quality of on-site care in nursing facilities and the assessment and management of conditions that too often now lead to unnecessary and costly hospitalizations."

This new four-year payment phase of the Initiative, slated to begin October 2016, will be subject to a rigorous external evaluation to determine the effects on cost and quality of care. Successful ECCP applicants would implement the payment model with both their existing partner facilities, where they provide training and clinical interventions, and in a comparable number of newly recruited facilities.

The Initiative is a collaboration of the CMS Medicare-Medicaid Coordination Office and the Center for Medicare and Medicaid Innovation, both created by the Affordable Care Act to improve health care quality and reduce costs in the Medicare and Medicaid programs.

The Initiative complements broader administration efforts to improve long term care facilities, including proposed updates to the conditions of participation for nursing homes, improvements to the five star rating system for consumers, and implementation of the new Skilled Nursing Facility Quality Reporting Program that ties skilled nursing facility payment to the reporting of quality measures.

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!!!!!