The 2015 MSAC Biennial Convention is right around the corner! Convention is a chance for all members to come together to elect state officers, attend informative workshops, and build community with fellow members. It is a time to learn, share stories, and celebrate more than three decades of grassroots senior power.

This year we will be offering workshops on the Raise Up campaign for a millionaires tax in Mass., tenants’ rights, the history of community organizing in the U.S., and how to run an effective community meeting.

Member or ally, we hope you will join! The deadline to RSVP is October 4th. See page 12 for an RSVP form as well as more information on the workshops. Lunch is provided, and registration is $10.

If you were standing in the hearing room for the Healthcare Finance Committee on July 1st, 2015, you would probably be wondering why you didn’t get the memo to wear a blue shirt. That’s because the entire room was filled with Mass Senior Action members, sporting our blue “uniforms,” prepared to show support for our healthcare legislation.

Edna Pruce, age 82, Boston Chapter member and an original member of the MSAC’s Steering Committee, was the first to testify to the legislators. Edna spoke passionately of the need to prevent seniors from falling off the healthcare cliff once they turn 65. Every MSAC member stood behind her in solidarity, signs of support held high.

“Massachusetts is supposed to be the national leader in healthcare,” Edna exclaimed. “And yet, thousands of seniors are splitting prescriptions in half, skipping doctor’s appointments, or going without groceries just to pay for basic healthcare costs. We hear those stories every day.” Members in the audience nodded.

She underscored that our legislation is not revolutionary. This campaign is about securing basic access to affordable healthcare, so we can rally for other pressing issues without worrying about our health! In that regard, Massachusetts lags behind other heavily conservative states, which have already enacted similar legislation.

“Eleven other states have passed similar legislation,” Edna reminded them, “including – can you believe it? – Alabama, Mississippi, and Arizona. Not to mention, Connecticut and New York as well. The time is now for Massachusetts to live up to its reputation and stand up for its seniors!”

Hearing continued on p. 4.

Above: Members testify before the Healthcare Finance Committee on July 1st, 2015.

MSAC Builds Momentum at Healthcare Finance Hearing, Members Poised For Next Steps

Biennial Convention 2015, RSVP Today!

The 2015 MSAC Biennial Convention is right around the corner!

Convention is a chance for all members to come together to elect state officers, attend informative workshops, and build community with fellow members. It is a time to learn, share stories, and celebrate more than three decades of grassroots senior power. This year we will be offering workshops on the Raise Up campaign for a millionaires tax in Mass., tenants’ rights, the history of community organizing in the U.S., and how to run an effective community meeting.

Member or ally, we hope you will join! The deadline to RSVP is October 4th. See page 12 for an RSVP form as well as more information on the workshops. Lunch is provided, and registration is $10.

All statewide officer positions are open for running. If you would like to run for a position, contact your organizer for nomination papers. Nominations are due Wednesday, Sept. 30. We look forward to seeing you at Convention!

Above: Members testify before the Healthcare Finance Committee on July 1st, 2015.

Statewide officers sworn in at the last Convention in 2013.

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Enclosed are my annual dues: $10 for 1 person. $15 for a couple.
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MESSAGE FROM THE PRESIDENT

Hello to All,

I hope everyone is enjoying the last days of summer. Things have been quieter during the past few months, as they usually are during the summer, but Senior Action members have still managed to find ways to keep busy!

This July we reached a very important milestone in our campaign to address the senior healthcare cliff. We secured a hearing on our legislation before the Healthcare Finance Committee, a group of legislators which reviews possible changes to state healthcare policy. I was proud to see the hearing room packed with MSAC members and our allies, and I was also very moved by the testimony of Edna Pruce, John Robinson, Carrie Haymon, and Ann Goldstein. They spoke passionately about how important this issue is for all seniors, but especially those of us over 65, or soon to be 65, struggling with healthcare costs (as a reminder, the state has already taken measures to help people 19-64). Many of you already feel this reality.

Another round of appreciation is due to MSAC’s own healthcare steering committee, which has continued to meet regularly as our campaign evolves. I encourage you to check out the fuller story on the hearing and the timeline of the campaign on page 5 to see just how far we have come. And please continue to reach out and educate your state Representative and Senator, as our work is far from finished. If you don’t know who they are, give your organizer a call!

I also hope many of you were able to make it to our celebration of the 50th Anniversary of Medicare and Medicaid. It’s always a joy to party with Mass Senior Action, and we had some great speakers from the Alliance of Retired Americans speak on the ever-present danger to Medicare by those who seek to shrink it, as well as the general attack on health benefits and pensions. It was a day of dancing, song, and gratitude for those who have come before us to build a strong social safety net, as well as an occasion to rally for the good momentum we have reached with our own campaign, which I see as a key stepping stone on our way to a Medicare For All system. (Check out the pictures on page 10).

Our Biennial Convention is approaching fast! On Friday, October 30th, we will gather to elect our statewide officers and participate in workshops to learn new skills. I have always enjoyed this event because it’s an opportunity for newer members to take leadership roles and step up. If you are interested in running for an officer position make sure you submit nomination papers by September 30th, and please also make sure to fill out the RSVP form for Convention, which you will find on the last page of this paper.

Lastly, we are gearing up for another election season this fall, this time on the local level. Turnout for municipal elections tends to be very low, but local elected officials have a lot of say in what happens in your community. That means we have to work extra hard to educate friends and neighbors about which candidates in your city or town will champion MSAC members and our families. Between now and November, work to get the vote out (GOTV) by registering people to vote and getting to know the candidates. Get involved and urge your friends and family to help.

I expect the autumn season to be very busy before we know it winter will be here. Keep working together to unite the senior voice and build senior power. As always, I am proud to have such informed and engaged seniors by my side; our power truly is with you all, and your involvement is the key to our success. I look forward to an active season of senior action, and remember we do not take it, we take charge!

Barbara Mann

What is the cost of Your Health Care?

We want to hear from you!

Have you avoided needed health care procedures due to cost?

Are you struggling with high out-of-pocket expenses?

Are you concerned about the cost of eye or dental care?

Do you want to Bridge The Gap to Affordable Health Care?

Contact MSAC:

617-284-1234 or cvillers@MassSeniorAction.org

Springfield members gather for a day of food and fellowship at their Annual Picnic.

Network for Good.

Support MSAC and help us keep the buses running! Check out our NEW website where you can donate: www.MassSeniorAction.org
Hearing continued from page 1.

Edna went on to highlight the huge gaps in Medicare coverage, including dental, hearing, eye care, and–at this point she raised her foot in the air and pointed—even podiatry! These are precisely the things seniors need most as they grow old (while our bills do not address these specific coverage gaps, it shames a light on our ultimate goal: comprehensive Medicare for all!) Edna’s passionate and articulate testimony caught the Committee’s attention and held it.

The day was a crucial step in our campaign. The Healthcare Finance Committee must report out the bill “favorably” before it moves to the next committee, Ways & Means, then on to the Legislature, then finally, hopefully, the Governor’s desk to be signed into law. It is promising that we secured an early initial hearing date and showed up in such strong numbers.

It is also important to remember that the hearing did not come out of nowhere. Over the past two years MSAC members have been working tirelessly to educate legislators, some whom sit on the HC Finance Committee, as well as community organizations and other allies across the state about the staggering need for affordable senior healthcare (see timeline on page 5).

A quick recap: 2014 was a year of research and strategy; learning about the problem from members, figuring out what the campaign would look like, and starting our community outreach. A steering committee was formed to discuss messaging and strategy. At the beginning of 2015 we filed legislation designed to make healthcare more affordable for thousands of seniors 65 and over on Medicare. Since then members from all six chapters have been educating their state and local decision-makers, informing their friends and neighbors in senior housing buildings and senior centers; and collecting thousands of signed postcards. This grassroots approach demonstrates our power in numbers.

“In the month of June, not a week went by that a group of us didn’t show up at the State House. We believe in this fight, and we are ready to make our voices heard!” said North Shore Chapter member Kathy Paul. “Watch out for the blue shirts - here we come!”

All this hard work—all the postcards, presentations, community meetings, every State House visit and conversation with friends—all of it paid off. MSAC members built the power in the community which ultimately led to the hearing, a chance to tell our state legislators face to face why this issue should be a priority.


“I was so excited, seeing all of us seniors there,” said Boston Chapter member Naomi Gray on the day of the hearing. “It was so great to tell our legislators, loud and clear: ‘seniors can’t afford their healthcare, and something needs to change.’”

Following Edna’s testimony, three brave fellow MSAC members shared their personal stories of struggling to afford healthcare and how this legislation, if passed, could drastically improve their quality of life and prevent thousands of seniors from falling off the “senior healthcare cliff.”

Ann Goldstein, age 57, from Lynn explained that though she is only 57, she lives in fear of what will happen when she goes on Medicare. She depends on her frequent and affordable doctors appointments for multiple serious health issues. Her current income would be just over the eligibility limit for MassHealth if she was 65; on her 65th birthday, she might lose access to the care she needs.

Carrie Haymon, age 84, of Boston told the committee about the day she almost died as a result of unaffordable healthcare. She chose not to call the ambulance while in severe pain, afraid of what the bill would be. She got to the ER only moments before it was too late.

MSAC member Anne Goldstein shares her story to legislators.

The hearing was an important stepping stone, but certainly not the end of our campaign. Since July 1st members gathered at the MSAC office to celebrate the 50th anniversary of Medicare and Medicaid (see page 10). These landmark social programs have kept thousands of Americans in good health and financial security, but today they are just as threatened as on the day President Roosevelt signed them into law. Mass Senior Action and many allies, including the Association of Retired Americans, celebrated the success of Medicare and also paused to reflect on how we can strengthen them. Our statewide campaign is a key part of this vision.

MSAC will continue collecting postcards and spreading the word. Many decision-makers, particularly leaders on Beacon Hill, and community members still need to be informed of the senior healthcare cliff and our campaign to address it. Since the hearing, members and organizers have been strategically reaching out to communities in Haverhill, Winthrop, Boston, and Malden, just to name a few key legislative districts.

We have built solid momentum and support. Remember that without Mass Senior Action this conversation would not be happening; the suffering would remain silent. Together we have built a unified, powerful senior voice to tell Massachusetts that it needs to protect its seniors. Together, we can Bridge the Gap to Affordable Senior Healthcare!
FALL 2013

Fall 2013 - April 2014: MSAC creates and distributes survey to understand scope of healthcare issue for seniors.

October 2013: MSAC sends out first survey.

November 2013: 200 seniors complete survey.

November 2013: MSAC holds first meeting to discuss healthcare issue for seniors.

Fall 2013 - Summer 2014: MSAC creates and distributes survey to understand scope of healthcare issue for seniors.

Spring 2014: MSAC holds second meeting to discuss healthcare issue for seniors.

Summer 2014: MSAC holds third meeting to discuss healthcare issue for seniors.

Fall 2014: MSAC holds fourth meeting to discuss healthcare issue for seniors.

Fall 2014 - Summer 2015: Campaign forms as “Bridge The Gap.” File legislation and start outreach, including getting ally endorsements, signing postcards, and organizing community forums.

Spring 2015: MSAC secures more than 50 legislator cosponsors.

Summer 2015: Garner over two dozen ally endorsements, including Boston Mayor Marty Walsh, AFL-CIO, Commonwealth Care Alliance, Senior Whole Health, Healthcare For All, SEIU 1199, Mass Home Care, Mass Assoc of Councils on Aging, Alliance of Retired Americans, and many others.

July 1st, 2015: More than 75 MSAC members turn out big and testify at HC Finance Committee bill hearing.

August 6th, 2015: Medicare’s 50th Birthday Celebration at MSAC Office. Continuing outreach to community and key legislators.

August 2015!
Imagine if Massachusetts had an extra $2.2 billion of tax revenue? Where would you invest that money? Polls by Raise Up Massachusetts indicate that people want it spent on improving public education and infrastructure, including public transportation. In order to raise money for these important issues, Raise Up is launching a campaign for the passage of an amendment to the state Constitution for a Fair Share Tax on income over $1 million.

To move forward, the campaign must gather 64,750 certified signatures in 2015 and get at least 50 votes in the state Legislature in two constitutional conventions before going to the ballot in 2018. To achieve these goals, the campaign is building a broad coalition that brings together leading organizations on transportation and education with business leaders and community, labor and faith organizations.

Mass Senior Action will do its part to help gather signatures and educate the public on this campaign, just as we did for the campaigns for increasing the minimum wage and earned sick time. Our own President Barbara Mann was one of the first co-signers for the initial petition for the Fair Share Tax. Contact your organizer for more information about how to collect signatures with the official petition form.

The best way to help seniors and working families and build a stronger economy for us all is to make sure that we have good public schools for our children, affordable public higher education and a transportation system that gets people to work, doctor’s appointments, family visits, and everywhere in between. Without investment in these common goals, communities across the Commonwealth suffer. Raising new revenue is necessary to improve our local K-12 public schools, rebuild crumbling roads and bridges, make college affordable, and invest in fast and reliable public transportation.

But aren’t we already in “Taxachusetts”? Despite the nickname, Massachusetts has one of the largest income inequality problems in the country, and it’s getting worse. Case in point: Our highest-income residents, who have been the biggest winners in the economy, pay the smallest share of their income in state and local taxes. This is largely due to lower-income earners paying a higher share of their income in sales taxes and property taxes — and to tax benefits being given to Massachusetts residents with the highest incomes.

This constitutional amendment would create a 4 percent higher rate on annual income over $1 million, which would bring the tax share of the wealthiest residents closer in line with the rest of us. If millionaires paid their fair share we would be able to improve our public schools, make public higher education more affordable, and fix our crumbling transportation system.

Without these residents paying their fair share, Massachusetts has not been able to make needed investments to move the state forward:

1. Compared to other states, Massachusetts ranks 48th in state spending on higher education as a percentage of our economy.
2. Since cutting the income tax by $3 billion a year, our state has reduced local aid — money that invests in good K-12 schools and local services — by more than 40 percent.
3. 446 bridges in Massachusetts are “structurally deficient,” meaning they have “major deterioration, cracks, or other flaws that reduce [the] ability to support vehicles,” and the MBTA needs billions to reach a “state of good repair.”

If Massachusetts is serious about helping working families and building a stronger economy for everyone, we must invest in good public schools, affordable public higher education, and a transportation system that works. The Fair Share Tax will provide the revenue to make those investments possible.
Massachusetts home care workers first in nation to win $15/hour
Historic wage increase boosts caregivers of seniors, people with disabilities

By 1199 SEIU and MSAC

BOSTON, MA – Tears of joy streaked the faces of cheering home care workers assembled in their Dorchester union hall this summer as a decades-long struggle for recognition and a living wage culminated in a historic moment of celebration. According to an agreement reached in contract negotiations between the 35,000 home care workers of 1199SEIU United Healthcare Workers East and the administration of Governor Charlie Baker, Massachusetts Personal Care Attendants (PCAs) are poised to become the first in the nation to achieve a statewide $15 per hour starting wage.

“This victory means we are no longer invisible,” said Kindalay Cummings-Akers, a PCA from Springfield, MA. Cummings-Akers cares for a local senior and became a union activist at the onset of the campaign. She was also a member of the statewide PCA negotiating team that reached the agreement with the Baker administration. “This is a huge step forward not just for home care workers, but also toward ensuring the safety, dignity, and independence of seniors and people with disabilities,” she added. “We are a movement of home care workers united by the idea that dignity for caregivers and the people in our care is possible. Today, we showed the world that it is possible.”

MSAC North Shore member Kiki Chaiton applauded the victory: “MSAC stood beside these workers and fought for them to get their union. We know better wages equals better care. This win is not just for the workers, it is a win for all of us who depend on these workers too.”

The home care workers’ journey began in 2006 when they banded together with senior and disability advocates to pass legislation giving Personal Care Attendants the right to form a union – a right they previously had been denied because of an obscure technicality in state law.

After passing the Quality Home Care Workforce Act to win that right and introduce other improvements to the home care delivery system in 2007, the PCAs voted to join 1199SEIU in 2008 through the largest union election in the history of New England. 1199SEIU is currently 3,800 children under the age of 17 living in Boston shelters. In the Malden area, a community group distributed over 40 Easter baskets to the families living in state sponsored motels.

The Metro North housing committee found that some communities have successfully kept rents affordable by passing a housing ordinance known as inclusionary zoning, which forces developers to set aside a portion of new units for low or moderate rents. Housing advocates feel this is a good compromise until the federal government addresses the housing crisis. However, many developers and city officials fight these type of solutions, fearing the lack of control over who lives in their buildings and the limits on rent profit. Communities that have passed inclusionary zoning ordinances feel it is a win-win for both the developer and the community. The developer still makes a hefty profit, and the community is able to address part of the housing need. “We need inclusionary zoning to meet the housing needs of Malden,” said Karen Lynch, Chairperson of Metro North’s housing committee, speaking at a public meeting in Mal-

Inclusionary Zoning: Create Affordable Housing One Unit at a Time

During the past year MSAC Metro North Chapter members have been meeting regularly to tackle an issue that is close to our hearts: how to create more affordable housing for veterans, families, seniors, and others who are in need.

The core issue is that luxury units (with rents as high as $3,000 per month) are taking over Malden’s housing market without provisions to ensure affordability for low-income working families or seniors on a fixed income. Without protections, many long time residents are being priced out.

Metro North members heard from seniors sleeping on a family member’s couch, high school students who are homeless trying to study to pass their classes, and people working over 40 hours per week at two jobs yet still unable to pay climbing rents.

A new MSAC member, George, shared his story, “My wife and I have lived in the same apartment building for nearly 30 years. I recently retired from my accounting job so our income is now much less. A new owner bought our building, he owns many developments near the Boston colleges. We received a notice that our rent would increase by $350 per month--this is a big jump and a big shock to our budget. We will need to look for somewhere cheaper to live, but where?”

After hearing stories like George’s and witnessing the endless construction of luxury condos in Malden, the chapter organized a housing committee and reached out to their local elected officials and to activists in other cities, to see what they have done to address the housing crisis.

City Leaders said the problem would have to be addressed at the federal level. One Malden City Councilor, exasperated, said, “We don’t even have enough money in the city budget to run our schools; we cannot afford to get into the housing business.”

For the past 40 years, the federal government has consistently cut money for subsidized low-income housing. Housing authorities across the country are unable to do needed repairs to buildings and have up to a six-year waiting list for a subsidized unit. Allies working with the Boston homeless population informed MSAC that there are currently 3,800 children under the age of 17 living in Boston shelters. In the Malden area, a community group distributed over 40 Easter baskets to the families living in state sponsored motels.

The Metro North housing committee found that some communities have successfully kept rents affordable by passing a housing ordinance known as inclusionary zoning, which forces developers to set aside a portion of new units for low or moderate rents. Housing advocates feel this is a good compromise until the federal government addresses the housing crisis. However, many developers and city officials fight these type of solutions, fearing the lack of control over who lives in their buildings and the limits on rent profit. Communities that have passed inclusionary zoning ordinances feel it is a win-win for both the developer and the community. The developer still makes a hefty profit, and the community is able to address part of the housing need. “We need inclusionary zoning to meet the housing needs of Malden,” said Karen Lynch, Chairperson of Metro North’s housing committee, speaking at a public meeting in Mal-

Zoning continued on page 12.
Coalition Seeks to Increase State Emergency Aid

Would you be able to live on $304/month (or $92/month if you were experiencing homelessness) and only allowed to have $250 in assets?

Over 21,000 elders and people with disabilities are struggling to survive on Emergency Aid to the Elderly, Disabled, and Children (EAEDC), a state-funded cash assistance program administered by the Department of Transitional Assistance (DTA). EAEDC benefits have not been increased since the program began in 1988.

The Massachusetts Coalition for the Homeless, along with more than 60 allied organizations, is trying to increase access to EAEDC assistance and boost the economic security of our state’s most vulnerable residents.

The Coalition is gathering support for House Bill 529, which would improve the EAEDC Program in several ways.

First of all, HB 529 would increase the EAEDC grant. The typical monthly grant of $303.70 has not been increased since 1988. While EAEDC is a vital lifeline for program participants, the benefit levels are very low. The proposal is to match the levels provided under the TAFDC program for households of comparable size, so that, for example, one person on EAEDC could receive up to $428/month (with rent allowance).

The bill would also remove the shelter reduction/penalty for individuals experiencing homelessness. Currently, EAEDC program participants who are experiencing homelessness receive a reduced grant of only $92.80 per month. This monthly grant is significantly lower than the current grant for individuals who have housing and clearly is insufficient to allow these participants to meet their basic needs. By eliminating this grant reduction, EAEDC participants experiencing homelessness (in or out of a shelter) will not be further financially disrupted and may be able to transition into a more stable living arrangement sooner.

Thirdly, the Coalition seeks to increase the allowable personal asset limit from $250 to $2,500. Letting an individual have more than $250 in total monthly assets will allow more EAEDC participants to have assets and to move toward housing stability (by being better able to afford ongoing rent, first month’s rent, last month’s rent, and security deposit payments). The bill language also would exclude the first $15,000 in a vehicle’s value when determining the asset limit (as in the TAFDC program), so that more EAEDC applicants with cars can approved—which is especially vital in areas with limited or no public transportation.

Finally, the bill would create an annual cost of living adjustment (COLA) for EAEDC program participants. Building in a COLA so that DTA can provide increased benefits in response to the wider economic conditions would ensure that participants do not fall behind further economically from year-to-year.

Contact your Representative today and ask them to support House Bill 529!
Congress Overwhelmingly Approves Bill To Strengthen Medicare Patients’ Hospital Rights

Kaiser Health News

The U.S. Senate unanimously approved legislation this past July requiring hospitals across the nation to tell Medicare patients when they receive observation care but have not been admitted to the hospital. It’s a distinction that’s easy to miss until patients are hit with big medical bills after a short stay.

The vote follows overwhelming approval in the U.S. House of Representatives in March. The legislation is expected to be signed into law by President Barack Obama, said its House sponsor, Texas Democratic Rep. Lloyd Doggett.

It’s called the NOTICE Act, short for “Notice of Observation Treatment and Implication for Care Eligibility.” The law would require hospitals to provide written notification to patients 24 hours after receiving observation care, explaining that they have not been admitted to the hospital, the reasons why, and the potential financial implications.

Those implications can be dire. Observation care hurts seniors in two ways. It keeps Medicare’s more comprehensive hospitalization coverage from kicking in, and it means they may not get Medicare’s limited nursing home benefit if they need care in a facility after being in a hospital.

To qualify for Medicare’s nursing home coverage, beneficiaries must first spend three consecutive midnights as an admitted patient in a hospital, and observation days don’t count.

Without that coverage, seniors could pay thousands of dollars for the nursing home care their doctor ordered, or else try to recover on their own. Observation care is a classification used when patients are not well enough to go home but not sick enough to be admitted.

And because observation care is provided on an outpatient basis, observation 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.

A handful of states already require observation care notices, including New York, Connecticut, Maryland, Pennsylvania and Virginia, said Doggett. But Medicare officials have been reluctant to take similar steps.

Hospitals will have to comply with the NOTICE Act 12 months after it becomes law.

A Medicare official declined to answer questions about the NOTICE Act because he said the agency does not comment on pending legislation. However, he said an online brochure from Medicare describing observation care advises patients to talk to their physicians or other health staff if they have questions about whether they have been admitted.

Just two months ago, Sean Cavanaugh, a deputy administrator at the Centers for Medicare & Medicaid Services, fielded a barrage of questions on the issue from members of the Senate Special Committee on Aging. “There is an assumption if [patients] are being wheeled into a hospital bed,” and they are getting treatment, then they have been admitted, Sen. Claire McCaskill, a Missouri Democrat, told Cavanaugh. When Sen. Susan Collins, a Maine Republican, repeated McCaskill’s question asking if CMS would require notification, he said the federal government has been “pushing very hard” to encourage hospitals to educate patients about observation care. But he said it wasn’t clear that the agency could require hospitals to do more to inform patients.

“An online brochure from Medicare describing observation care advises patients to talk to their physicians or other health staff if they have questions about whether they have been admitted.”

“A new legislative requirement was the most direct way to address the problem,” Doggett said.

Meanwhile, the number of claims hospitals submitted for observation care continues to skyrocket. According to the most recently available data from CMS, total claims increased 91 percent since 2006, to 1.9 million in 2013. Long observation stays, lasting 48 hours or more, rose by 450 percent to 170,219 during the same period, according to a Kaiser Health News analysis.

In 2013, Medicare officials attempted to control the use of observation care by issuing the so-called “two-midnight rule,” which would require hospitals to admit patients who doctors expect to stay at least two midnights. But Congress delayed its enforcement after hospitals said the rule was confusing and arbitrary.

Although it’s better for patients to know when they are on observation status, Toby Edelman, a senior policy attorney at the Center for Medicare Advocacy, said they may not be able to do much about it. She said there is no set process for challenging observation care while in the hospital, unlike issues such as disputing a discharge order when admitted patients feel they are not ready to leave.

The only way to switch from observation to admitted status is to persuade a physician or the hospital to make the change, said Edelman. And that decision doesn’t apply to the time the patient has already spent on observation.

Challenging observation care after leaving the hospital can be frustrating since Medicare appeals judges may decide that a patient’s condition did not require inpatient-level care — even though they received care that could have been provided nowhere else but a hospital.

Some hospital officials are worried that once patients find out that they are receiving observation care and have not been admitted, they may panic.

Marna Borgstrom, CEO and president of Yale-New Haven Hospital in Connecticut, told the Senate Special Committee on Aging last year she detected a small but alarming trend: When patients learned they were receiving observation care, they left the hospital against medical advice.

“I’m confident it would be an even greater number if more patients knew about the potential burden of being deemed an outpatient,” Borgstrom said.

Above: Members protested the Observation Status clause in 2011. Boston Member Saafa Abdul-Khaliq: “We do not give up. We keep fighting and push for change!”
August 6th 2015: More than 150 MSAC members from all six chapters gathered with our allies to celebrate 50 years of Medicare and Medicaid and to unite to protect and expand these lifelines.

“These programs were developed by the people for the people,” said MSAC President Barbara Mann as she asked the crowd to recommit to protecting these important programs. “Medicare and Medicaid are lifelines that have been under attack since their inception, and the reason they are still available is because the people stood up and fought back.”

Ture Turnball, Executive Director of Mass Care, the organization fighting to expand Medicare For All in Massachusetts, collected postcards in support of the state legislation, and members committed to push for bill numbers H. 1035 and S. 515.

MSAC Leaders explained why MSAC’s sponsored legislation, Bridge The Gap, is an important step until Medicare For All is passed. Health Care Committee Leader Edna Pruce fired up the crowd when she explained how 11 other states have lowered the cost of health care for people 65 and over, so “WHY NOT MASS?!?”

The Massachusetts Alliance of Retired Americans sponsored the event and thanked MSAC for being on the front line with the Alliance and fighting to protect these programs.

Happy 50th Birthday, Medicare: Protect it, Expand it, Medicare for All!
I first heard about Mass Senior Action from Dr. John Bennett, former MSAC President. I often invited John to come to my social work college classes to talk about his work in the community. He would share about the accomplishments of MSAC and the power of this organization to bring about change through legislative advocacy and collective action. I joined MSAC and made a promise to myself that I would become more active in the organization when I retired.

Well here I am, three years into my retirement, and continuing to learn more and more about MSAC and all it does, for seniors and everyone else. I am a member of the Springfield Chapter and have been appointed secretary of the executive board. Our chapter is very active and innovative, and I always learn a great deal at our chapter meetings about current issues facing seniors and other vulnerable citizens in our Commonwealth.

I have participated in collecting signatures for our Healthcare Campaign by visiting senior centers in our area. I have been to the State House more often in the past year than I ever have in my entire professional career as a social worker. I am learning how to advocate with legislators and have been impressed with the warm welcome and respect we receive when we visit them. I attended the recent hearing introducing our healthcare legislation to the Healthcare Finance Committee. I felt the power of the blue shirts as we filled the hearing room.

I am very proud of being a member of MSAC. I feel as if I have found a group of people that share my values and hopes for improving the quality of life for all, young and old. I look forward to continuing to grow and learn through my participation in MSAC. There is no better way to spend my retirement years.

Mary Brainerd, Springfield Chapter

Left: MSAC’s North Seacoast members hosted an August 21 BBQ and celebration where over 30 people attended including Congressman Seth Moulton’s Senior Affair Coordinator, Morgan Bell, who is pictured (right) with MSAC President Barbara Mann.

“We are the carriers of social values and warriors for social justice!”

Clockwise from right: Metro North members spread the word about MSAC at the Malden Senior Center, North Shore protests fast-tracking Trans-Pacific Partnership, Boston members with BHA Director Bill McGonagle at MLK Towers, Cambridge members at MSAC’s Medicare celebration.
Wages continued from page 7.

Last year, the Massachusetts home care workers also united with the burgeoning Fight for $15 movement and the local #WageAction coalition, helping to kick off the $15 wage effort in the Bay State with rallies in Boston, Springfield, and Worcester on June 12th, 2014.

Home care workers took to the streets again on April 14th, 2015 as part of a massive Fight for $15 mobilization that drew thousands to the streets of Boston. That Boston-based action served as the kickoff for similar coordinated protests in more than 200 cities and 50 countries across the globe.

Caregivers say they are excited that the picket action they had planned for their current contract expiration date of June 30th can now serve as a celebration of this achievement and the spirit of cooperation that made it possible.

“This is an inspiring moment for home care workers, but also for our children – and our children’s children,” said a beaming Rosario Cabrera, a home care worker from New Bedford, MA, whose children Kendra, age 14, and Daniel, age 12, were with her at the negotiating session as workers cheered the new agreement with the Baker administration. “I am so proud that I can show my children and someday tell my grandchildren that I was part of this moment in history, that I was part of a movement for social justice. We want all home care workers to win $15 per hour – and to do it first in Massachusetts fills us with pride. It is evidence of what people can do when we organize and negotiate in good faith to reach common ground.”

In negotiations, workers and the Baker administration reached an agreement extending the current collective bargaining agreement and establishing a commitment that all PCAs statewide will receive a starting rate of at least $15 per hour by July 1, 2018. Workers will receive an immediate 30 cent raise effective July 1, 2015, a portion of which will be paid retroactively once the contract is ratified.

A new round of discussions will then begin no later than January 1, 2016 to solidify details on the series of wage increases that will elevate PCAs to the $15 mark by the agreed upon date of July 1, 2018. Meanwhile, PCAs across the state will vote by mail ballot on ratifying the contract extension and the terms therein, including the commitment to establish a statewide minimum $15 starting rate.

Zoning continued from page 7.

The term “affordable” is also somewhat ambiguous. What we think of as affordable and what the city and state define as affordable are two different incomes. In Malden, a one bedroom apartment rent at $1250 is considered affordable. To Metro North member Bill Regan, that number has a different meaning. “Affordable is what the person can afford. My daughter works two jobs making $9.00 and hour. $1200 is unaffordable to her and the other people she works with.”

Currently, the Metro North Housing Subcommittee is working with the city of Malden to draft the ordinance for inclusionary zoning. After the ordinance is written it will be up to the people in the city to convince elected leaders to pass the much needed housing tool. In the meantime, members will continue educating the community at public meetings and at a city council candidates debate during the November election season.

As long-time Metro North member Howard McGowan, who recently passed away in July, often said, “A city cannot progress forward while leaving their most vulnerable people behind. Housing should be a right, and we must make our Representatives make it a priority.”

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Biennial Convention 2015 RSVP Form

(Please detach and mail to MSAC, 150 Mt. Vernon St., FL 2, Dorchester, MA 02125, or return in person to organizer)

WHEN: Friday, October 30th, 2015. Registration: 9:30-10:30am, Program: 10:30-4:00pm

WHERE: MSAC Office, 150 Mt. Vernon St., 2nd Floor, Dorchester, MA 02125

Registration: $10.00, includes lunch and transportation. Register by Oct. 4, 2015.

Paid how (cash, check, or at door): ___________ (Please make checks payable to “MSAC”)

Name: ____________________ Phone: ____________________

Address: ____________________

Will you need a ride to the event? ___________

Workshops – Please choose 2:

_____ Tenants’ Rights: How to build a tenants’ association and know your housing rights.

_____ Community Organizing History: Learn about collective action in the U.S. and MSAC’s organizing model.

_____ Health Care Campaign: Discuss our next steps to Bridge the Gap to affordable health care for seniors.

_____ Social Security, Medicare, Medicaid: How to stop the attacks and protect these cornerstone programs.

_____ Direct Action Training: The basics of how to design strategic actions to win on issues.

_____ Facilitative Leadership: Tips and tools to make community meetings inclusive, interesting, and efficient.

_____ Progressive Revenue: Learn about the statewide campaign to make millionaires pay their fair share.

_____ Who Broke The Economy?: Examine the real causes of economic inequality and the recent crisis.