

Welcome to Healthcare Notes!

Welcome to the first issue of our quarterly newsletter *Healthcare Notes*. The Healthcare Education Project (HEP) is a joint initiative of 1199SEIU United Healthcare Workers East and the Greater New York Hospital Association. Developed in 1999, the project has been at the forefront of numerous statewide campaigns advocating for quality healthcare accessible to all New Yorkers.

- Over the years, HEP has protected New York hospitals and nursing homes from literally billions of dollars in proposed state funding cuts.
- We led the successful fight to create the Family Health Plus Program.
- We were the driving force behind the enactment of the Health Care Efficiency and Affordability Law (HEAL-NY) that resulted in \$1 billion in capital investment in New York State's healthcare facilities.
- We successfully advocated for coverage of low-income legal immigrants in the State's Medicaid and Family Health Plus Program.
- We effectively advocated for a significant expansion of Child Health Plus, New York State's health insurance program for children.

HEP is a strong advocate for progressive healthcare legislation while protecting against damaging funding cuts to New York's hospitals and nursing homes. We also educate our neighbors about important healthcare initiatives by organizing public health fairs and forums and hosting leadership dialogues. We work in collaboration with local communities – individuals, local healthcare providers, and civic and religious leaders.

HEP is delighted to launch this newsletter that will feature articles on significant policy and fiscal issues of concern to New York's healthcare facilities, its workers, administrators, and patients. Our goal is to keep our stakeholders informed by sharing industry news, perspectives, and legislative updates.



We welcome your feedback!
To submit a suggestion, please
email us at info@hepnny.org.

1199 Members to Congress: No Healthcare Cuts

On December 11, 2012, 1199SEIU members and representatives from the Greater New York Hospital Association (GNYHA) took their “no Medicare cuts” message directly to New York’s Congressional delegation in Washington, DC, during the height of the “fiscal cliff” negotiations. Meeting with elected officials and their staff, the group made a strong case to protect Medicare from potentially devastating cuts.



1199 members meet with their congressional representatives.

Lorna Bryan, a medical assistant at Roosevelt Hospital's emergency room, was part of the 1199 team that met with the office of Rep. Carolyn Maloney. She described it as a very good meeting, and said that the policy director, Elizabeth Darnall, was very receptive.

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“We had people from home care and nursing homes [in the group] and we got to give our input about things happening now; for example, the disparity between aides and patients is so much right now so that if they were to do any more cutting it would get worse.”

Hospital representatives emphasized how Medicare cuts would further erode the healthcare system.

- Graduate Medical Education (GME) funding helps hospitals pay for the clinical or “residency” training doctors receive after medical school. Cutting GME funding would make it much more difficult for hospitals to train tomorrow’s physicians.
- With a third of the nation’s doctors retiring in the next decade and a growing Medicare population, fewer doctors in training will lead to a national crisis.
- Medicare already underpays hospitals and further cuts would exacerbate the situation.
- Hospital outpatient clinics care for uninsured and underinsured patients. Cutting their funding would force many of these clinics to close.

Fortunately, on these issues, the healthcare community’s voices were heard. On January 2, 2013, President Obama signed into law The American Taxpayer Relief Act (ATRA), which averted the fiscal cliff. Importantly, Medicare and Medicaid were spared major cuts. But the law included \$30 billion in other cuts to healthcare, mostly to pay for the “doc fix.” It also included a reduction to hospital payments of \$11 billion to account for increases in inpatient payments allegedly due to document and coding improvements.

Highlights of the fiscal cliff deal

- Postponed an automatic 2 percent sequestration cut to Medicare providers to March 1.
- Averted a 26.5 percent reduction to Medicare physician payment rates (the “doc fix”) by one year.
- Averted more serious reductions to GME and Medicare hospital outpatient clinic payments.

Pending cuts

On March 1, the automatic sequestration spending cuts that were delayed in the fiscal cliff deal went into effect. These include a

2 percent cut to Medicare providers that goes into effect on April 1. If Congress decides to revisit sequestration, hospitals could be at risk for additional Medicare cuts, and Medicaid programs could potentially see cuts as well.

On March 27, the Continuing Resolution (CR) that funds the federal government runs out. Congress will have to extend the CR, which raises the threat of another government shutdown. This debate also has the potential for additional spending cuts.

Congress is also about to start its annual process of drafting a budget resolution for 2014. The budget resolution is a nonbinding document that sets the parameters for Congress’ tax and spending decisions. The budget process, which began with the State of the Union Address on February 12, will be followed by the release, probably in mid-March, of the respective House and Senate budgets, followed by the President’s budget, probably in early April. Hospitals could be at risk during the budget process as well.

HEP will continue to advocate in Washington, DC, against deep cuts to healthcare and programs that benefit the elderly, and working- and middle-class families, and the resulting loss of jobs.

Take Note

The United States – and New York in particular – is struggling with the obesity epidemic facing both adults and children alike. The percentage of New York children who are obese has tripled over the last three decades to 25 percent. Additionally, 60 percent of adults are either overweight or obese. This increases the risk of chronic diseases and conditions, including Type 2 Diabetes, high blood pressure, high cholesterol, stroke, and heart disease, to name a few.

Healthcare for obesity-related conditions costs New York taxpayers nearly \$8 billion a year, ranking second in the United States. Nearly 81 percent of these costs are paid by Medicaid or Medicare, far exceeding the national average of 52 percent. This means that taxpayers foot the bill to the tune of \$771 per New York household.

The Healthcare Education Project (HEP) has been working to educate the public on ways to combat obesity and diabetes, working in conjunction with hospitals, health centers, churches, and community groups. Workshops focused

on healthy eating habits and reducing sugary drink consumption have been critical steps in tackling this growing epidemic.

In the fall of 2012, the New York City Department of Health became the first in the nation to approve a ban on the sale of soda and other sugary drinks larger than 16 ounces, in restaurants, street carts, and movie theaters. Unfortunately, this month, State Supreme Court Justice Milton Tingling struck down the City’s policy, citing overreach by the New York City Board of Health and calling the limits “arbitrary and capricious.” Mayor Michael Bloomberg has vowed to appeal the decision; it could take months to work through the legal process.

HEP’s healthcare advocates co-sponsored several dozen forums on the topic of sugary drinks in the city’s five boroughs, in partnership with high schools and colleges, senior centers, churches, and youth programs, reaching over three thousand people. HEP will continue these collaborative efforts throughout the year.

Notes from the **frontline**

Surviving Sandy

Antonieta Sorace is a Certified Nursing Assistant at Grandell Rehabilitation and Nursing Center in Long Beach, New York. There are about 160 members of 1199 at Grandell. The center was evacuated at the time of Hurricane Sandy. Ms. Sorace was one member of a team that volunteered to evacuate with the patients and stay with them in another facility until Grandell reopened.



I have worked at Grandell since February 11, 1997. I work on the floor for patients with dementia, Alzheimer's, and behavioral issues. It is one of the hardest floors in the facility but it's my favorite floor. I love it, I call it my penthouse. I've been on the same floor for 16 years except for four months and that was just to try a different shift. They have become my family. We're the first people the residents see in the morning so that makes me feel good. Those among them who can remember things remember if you were off or if you were on vacation and it just makes me feel good. I take care of nine patients. I'd say of the 54 residents, maybe about 48 need another person to help them. We shower, shave them, get them up, help them with toilet, recreation, feed them in the dining room. I feed about three or four patients for breakfast and for lunch, like my coworkers.

Thinking about Sandy brings tears to my eyes. It was my weekend off, I got a phone call at 7 in the morning asking me to come in. When I got here, there were hundreds of patients being wheeled out to school buses and ambulances waiting to evacuate them. It was amazing but it was scary. We started evacuating Saturday night and finished Sunday evening the day before the storm, October 28th.

On Friday (before the storm) we were called by each unit by management and briefed and asked if we could come in

and help and get the patients where they needed to be, and either go back to our families, or actually evacuate with them and stay put. I said I would send my son to safety and I would evacuate. My other son is away at college in Albany so I knew he was safe.

We went to 17 different facilities because we have about 278 residents split up in 17 facilities in Westchester, Bronx, etc. I was stationed in Brooklyn, at Hamilton Park. Grandell had days before started calling every family member, checking first if the family members had space and could take the resident, whether they were in an evacuation area or not, and so on. There was a lot of confusion among the patients, which is normal – they were asking where are we going, where is my family, why are we packed up, and so on.

In Brooklyn, we cared for 48 patients for 30 days. The coordination I witnessed with the coworkers was phenomenal. Their administrator and Director of Nursing Services (DNS) in Brooklyn welcomed us with open arms. Our administrator, Mr. Heller, came to Brooklyn every day like clockwork. Mary, my DNS, also came. Pierre came. The union showed up, they found us! When they came in I felt this uplift, anyone I saw, from the union or Grandell I just had to go and hug, because I knew I had lost everything

and once I came back to Long Island I would face reality.

During the evacuation we had to keep the continuity of care going. We were all in one big room. There were around 43 patients, maybe 15 coworkers. It was spacious; we put mattresses on the floor. This is where they ate and slept. It was around the clock, but it was just so different – there were only two bathrooms, but we did a good job. We had access to the 2nd floor for showers so we'd take maybe ten patients a day and give them showers up there. I can't say it was getting normal because it wasn't – but as the days went on it got a little easier because housekeeping came in, and recreation, they played puzzles with them. There were activities going on, so they were physical for a few hours, not just sitting in the same room.

Here at Grandell I have my own assignment, I take care of my nine and the others have theirs, but in Brooklyn we combined together and just took care of everyone as a group. We made sure they ate, were safe, had their showers. It worked out so well – given the situation, the care was phenomenal.

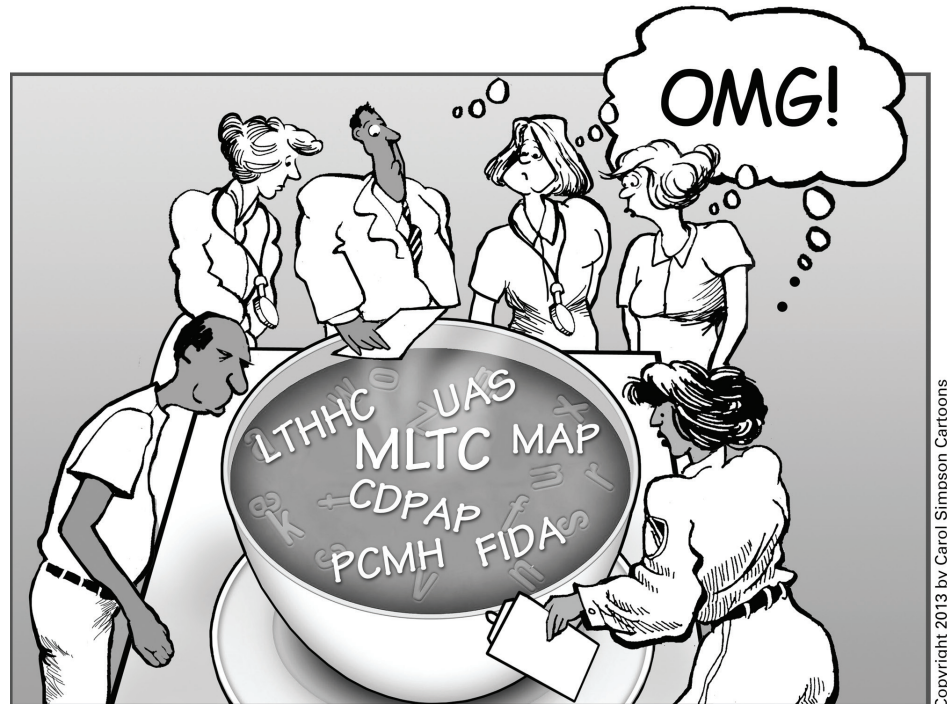
My son called me to say we lost the apartment. There was five feet of water, we were on the lower floor. I lost my car, it floated away. I only evacuated with three

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Managed Long-Term Care: Staying Informed

Since April 2012, New York State has been phasing in the implementation of mandatory Managed Long-Term Care (MLTC) for Medicaid beneficiaries across the state. To increase an understanding of the implications of this transformative plan, the Healthcare Education Project (HEP) organized a well-attended forum on MLTC for 1199 nursing home staff and administrators in July 2012. HEP has since prepared a detailed FAQ on how MLTC pertains to nursing homes, which is available on its website.

In MLTC, the state contracts with managed care plans to provide long-term services and supports to Medicaid beneficiaries who require more than 120 days of long-term care services in the community. One goal of MLTC is to help people remain in their homes and communities as long as possible and prevent or delay the use of institutional care. Requiring MLTC enrollment was a major recommendation of New York State's Medicaid Redesign Team (MRT), which Governor Cuomo created in 2010. Members of the MRT included George Gresham, President, 1199SEIU UHE; Dennis Rivera, Senior Advisor to the President of SEIU; Kenneth Raske, President, GNYHA; and



Eli Feldman, President and CEO, MJHS. MLTC is intended to meet the MRT's Triple Aim: (1) improve quality of care, (2) address the root causes of poor health, and (3) reduce costs.

HEP will provide timely updates through our website and newsletter, on the transition to MLTC as it affects hospitals,

nursing homes, and other care providers in the state. The FAQ is available on our website at www.hepny.org. It is organized under four broad themes: an overview of MLTC in New York State; how MLTC works; how it affects resident/patient care; and how it affects workers and collective bargaining.

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days worth of clothing, my son too, so that's all we had, but it's fine, everything came through. I was being blessed. My brother gave me money to buy a winter coat. I'm so grateful for my two coworkers who helped me clear up my house. I learned that the cars had been towed away by the National Guard. I found my car and got my license back. The union staff took my license plates to the DMV and had them destroyed. So many people did things for me while I was in Brooklyn. I tell you, the union, thumbs up, no one can say anything about them!

I ended up staying with my brother for two months with my younger son. I'm so grateful, I am rebuilding. I bought a couch and a bed. The union was looking for apartments for me, they bought a winter coat for my son, gave me a beautiful plate set,

gift cards. I'm telling you, the union helped me rebuild. They helped me with my FEMA paperwork. Sometimes it takes disaster to find out who's really there for you. No tears shed though, this was a wake-up call. I think I just cried once when my son gave me the news. It makes me stronger and realize who's there for you. 1199, thumbs up, I will go back and forth with them wherever they want.

I started back at Grandell on November 26, a new chapter! I was very surprised they opened on the 26th. It's because the staff were working around the clock. I get teary eyed, but you know these are tears of happiness because we rebuild and we just become stronger. Grandell is rocking. Long Beach is going to rebuild. Small businesses are slowly reopening and that makes me happy.