

# Take Note

- Diabetes is the fastest growing chronic disease, affecting one out of every 12 adult New Yorkers according to the New York State Department of Health. It is the leading cause of new blindness, kidney disease, and amputation, and a major contributor to cardiovascular disease.
- In New York City alone, the number of people with diabetes has more than doubled between the mid-1990s and 2011. There are strong racial, ethnic, and income disparities in these numbers, with poorer neighborhoods showing a higher prevalence of the disease.
- Diabetes is twice as common among obese New Yorkers.

The Healthcare Education Project has been a regular advocate on this health issue, organizing informational events and distributing literature that educates communities on the link between sugary drinks, obesity, and diabetes.



**Obesity Prevention Health Fair in Corona Plaza organized by Latinos Educating Ourselves About Obesity (LEAO) and the Healthcare Education Project in Corona, Queens, New York City**

## FOR MORE INFORMATION:

### The New York State Diabetes Prevention and Control Program

150 Broadway – Room 350  
Albany, NY 12204-0678  
Phone: (518) 408-0125  
Fax: (518) 474-3356  
E-mail: [ManageYourHealthNY@health.ny.gov](mailto:ManageYourHealthNY@health.ny.gov)

### American Diabetes Association

1-800-DIABETES (800-342-2383)  
Mon-Fri 8:30 a.m. to 8:00 p.m. ET  
<http://www.diabetes.org/>  
Online chat as well as zip code search available

## Protecting CHIP

The Children's Health Insurance Program (CHIP), set to expire in September 2015, was reauthorized by Congress, thus protecting health coverage for the roughly 8 million children estimated to be enrolled in FY 2015. When the House passed a permanent solution for the Medicare Sustainable Growth Rate (the "doc fix"), it included a two-year extension for CHIP; the Senate passed this bill in April.

Who are these children? They are from low-income working families who earn too much to qualify for Medicaid but have limited access to private insurance. In the absence of CHIP, coverage options for most of them would be limited to policies available through the Federal or state-based marketplaces. In general, these policies are more costly and provide fewer benefits than CHIP. In addition, due to the "family glitch" in Obamacare, many families would choose single coverage rather than the more expensive family coverage, leaving many children without coverage. Without CHIP, it is estimated that close to 300,000 children in NYS could become uninsured.

The Healthcare Education Project has always supported the expansion of CHIP in New York State, and strongly advocated for Congressional reauthorization. In New York State, CHIP (known as Child Health Plus) covers all

Ruth Johnston (right), 1199SEIU member who works as a CNA at Autumnview Manor nursing home, and Maurice Brown (left), 1199SEIU Buffalo Niagara Political Organizer, met with Chuck Eaton, Chief of Staff for Representative Brian Higgins (middle).



children under age 19, including undocumented children. Child Health Plus, created in 1990, served as a blueprint for the Federal program. New York State covers approximately 30% of the cost; the rest comes from the Federal government.

The Healthcare Education Project, with members of 1199SEIU, visited members of the New York Congressional Delegation, urging them to stand up for CHIP and the millions of children – and low-income families – that it covers. Members spoke with their representatives about how losing CHIP would affect them personally, including their children's medication and hospital visits, which are covered by CHIP, and how their facilities and patients would also be adversely affected by a failure to reauthorize CHIP.

## Winning on the "Doc Fix"

On March 26, the U.S. House passed legislation putting in place a permanent fix to the Medicare Sustainable Growth Rate (SGR), or "doc fix" as it is known. The House bill passed with considerable bipartisan support and was also passed easily by the Senate. The Healthcare Education Project has supported a permanent fix for many years and is pleased that Congress was able to come up with a solution that does not include significant cuts to hospitals.

The permanent solution provides physicians with a transitional 0.5% Medicare payment update for five years, then transitions toward a value based payment system. The bill also includes other important measures, including a two-year funding extension for CHIP, a six-month enforcement delay of the Medicare two-midnight policy, and a one-year delay of the start of the ACA's Disproportionate Share Hospital (DSH) cuts from FY 2017 to FY 2018.

Importantly, the bill did not include cuts that the Healthcare Education Project lobbied aggressively against, including cuts to hospital outpatient payments, teaching hospitals (GME), Medicare bad debt payments, Medicare sequester cuts, and Medicaid cuts to states.



Healthcare Education Project advertisement at Ronald Reagan Washington National Airport



**We welcome your feedback! To submit a suggestion, please email us at [info@hepny.org](mailto:info@hepny.org).**



# Standing up for the Affordable Care Act

The Supreme Court is expected to issue its ruling on the subsidies in the Affordable Care Act (ACA) in June. This is the second time in five years that challenges to the ACA have been brought to the Court.

If the Court rules in favor of the plaintiff in *King v. Burwell*, (David King v. Sylvia Mathews Burwell, Secretary of Health and Human Services), it would mean that Federal subsidies are jeopardized for approximately eight million people who bought insurance in the 36 states where the Federal government runs the health insurance marketplaces. The plaintiff’s argument is that the subsidies were meant only to be provided through “state-based” marketplaces, not the Federal marketplace.

On Wednesday, March 4, the first day of the hearings, advocates and activists gathered outside the Supreme Court in a strong show of support for the ACA. The Healthcare Education Project was among the many rallying to support the law and protect healthcare for the millions of uninsured who could be negatively affected by a ruling against the subsidies.



## Special Enrollment Periods are ongoing for those without insurance

While the open enrollment period for health insurance ended on February 15, there are still opportunities for people to enroll and get covered under special circumstances.

- **A life-changing event:** This category includes events such as a loss of health insurance (for certain reasons other than non-payment), marriage, a move, birth or adoption of a child, etc. Contact New York State of Health to complete your application within 60 days of this life-changing event.
- **If you are eligible for Medicaid or Child Health Plus, or if you are an American Indian or Alaska Native,** you can enroll anytime.

**Contact New York State of Health for any questions about the special enrollment periods.**

Online: [nystateofhealth.ny.gov](http://nystateofhealth.ny.gov) • By phone: 1-855-355-5777 • TTY: 1-800-662-1220

In person: Visit an In-Person Assistor. Contact New York State of Health to find your nearest in-person assistor

## Notes from the frontline

*Thomas Lewis is the Outreach Coordination Manager for GBUAHN, the Greater Buffalo United Accountable Healthcare Network. It is the largest Health Home in Western New York State. Health Homes have been established in response to the effort of Governor Cuomo’s Medicaid Redesign Team to reduce Medicaid expenses by reducing the number of costly visits to hospital rooms for basic medical care – care that is most effective when it is coordinated and directed by a primary care physician or “family doctor.”*

*GBUAHN is based throughout Buffalo in the practices of seven primary care physicians who have served the medically underserved for many years. Over 60,000 of Buffalo’s 260,000 residents are currently eligible for Medicaid. GBUAHN is on track to become the first Accountable Care Organization in New York State, and will ultimately provide care coordination for Medicaid recipients throughout Western New York.*

Here, Thomas Lewis describes how GBUAHN operates:

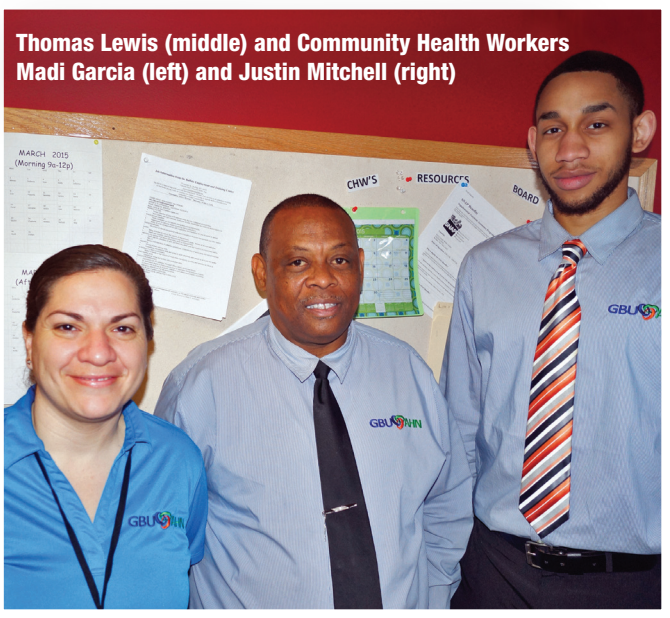
“Many Medicaid recipients use the Emergency Room as their primary care doctor. Our main goal at GBUAHN is to get Medicaid recipients connected with primary care doctors; then we link them to specialists they might need, and medical supply companies for things like wheel chairs.

I oversee a staff of 14 Community Health Workers. We call our mission ‘Boots on the ground’. We use a list generated by the State Department of Health which includes hundreds of Medicaid recipients that the Department wants to see enrolled in a Health Home. We will call the people or go door to door. In many cases, the target population is transient, so we might find them in soup kitchens, a Burger King, or at shelters. We also meet people we were not looking for and get them connected with our program.

When we find people who are eligible for Medicaid but don’t have it, we have them come in and get signed up through enrollers. They don’t have to travel far, and the enrollers speak Spanish, so much of the population can be served. Our navigators also ensure people are recertified when needed.

We have a Social Needs department, where if we find someone who is homeless, or facing an eviction notice or a utility shutoff notice, we deal with such issues right away. We work closely with county Social Services and other agencies; plus we have GBUAHN staff stationed at the Department of Social Services. Often, our staff will bring in clothes, baby clothes and pampers, toiletries for people who are in a pinch. Our staff comes from the communities we serve, and the passion does flow!

The community outreach workers I manage are the first face of GBUAHN; once we enroll people into our program, we transition them to a Patient Care Navigator, the second piece of the care team. Our navigators help people get the right care at the right time, within the GBUAHN network or beyond. They are linked to specialists and help people in emergency situations. Navigators have 80 to 100 patients in their caseload, and since we enroll that many people on a weekly basis, we add navigators every month. We create on average four new navigator jobs per month!



Our “Sense Health” sends people daily cell phone reminders about appointments and taking medication. We prioritize members during enrollment according to their health issues – substance abuse, domestic violence, people facing an eviction notice, and so on. I can’t talk with you about insurance if you’re hungry. I can’t talk with you about your doctor’s appointment if you’re about to get put out of your house! Transportation is a huge issue, so we link to Medicaid Cabs or use our GBUAHN courtesy van to get people to appointments and back home.

At the big hospitals and health systems, a lot of times the work force doesn’t look like the people they serve. Here at GBUAHN, we do. Our staff speak seven different languages. I just left an area today which is flooded with active injection drug users. Those are my people! I hang out with them, I grab ‘em and put ‘em in the car and take them to their navigator! We are covering the places that nobody else wants to go – the City Mission, or up under the bridge and places like that. Just being in the community, being trusted like that makes people more apt to get the care they need. If you don’t go where people are, you won’t find them.

*As told to Bill Covington*