Never in our lifetime has this country been faced with such extraordinary challenges and exciting opportunities. With the number of legislative and regulatory proposals under consideration, it can be difficult to sift through the good, the bad and the ugly. We want to arm AFSCME nurses with important mobilization points. This edition of *UNA Action* focuses exclusively on current economic and policy plan proposals. We hope it is helpful.

**AFSCME: A Key Stakeholder in National Health Care Reform**

**This is the Year it Can Happen!**

Comprehensive health care reform, at the national level, is this year’s top policy priority for AFSCME International. With President Barak Obama in the White House and with Democrat leadership in Congress, meeting this goal is within our reach, but it will not be easy.

As we work with policy-makers to help shape health care proposals that will cover everyone and reign in soaring costs, AFSCME has three top priorities:

- **A public health insurance plan** must be an option because private health insurance has proven to be unreliable, with cancelled policies and soaring rates at the will of the companies. A public plan will also drive efficiency and innovation, as greater competition is introduced for private plans.

- **Employer responsibility**. In order to level the playing field and to create a system of fair financing, all employers must be required to either offer health benefits or to pay into a fund to provide coverage.

- **Comparative effectiveness research and evidence-based care**. Billions of dollars are wasted each year on ineffective and unnecessary care. We must invest in research focused on the highest value treatments. This is not about government control over health care, but giving patients and providers the best information to make their own decision.

Our union continues to help shape health care reform policy proposals at every level and works to mobilize our members around the demand that comprehensive health care reform can not wait any longer. President Gerald McEntee chairs the AFL-CIO’s Health Care Reform Campaign Committee and is leading labor’s charge to make reform a reality this year. Likewise, our union was a founding member of Health Care for America Now, a broad-based coalition of more than 600 organizations dedicated to organizing grassroots activity in support of health care reform.

AFSCME was one of a few key stakeholders invited to the White House for the new administration’s first summit on health care reform in February. Barbara Blake, RN, of UNAC/UHCP/AFSCME, represented the union by speaking at a public forum sponsored by the National Coalition on Health Care in April.
Health Care Funds in Economic Recovery Act

The most significant legislative victory in AFSCME’s history was achieved when President Obama signed the American Recovery and Reinvestment Act (ARRA) into law (P.L. 111-5). The $787 billion economic package provides significant funding to cash-strapped states and local governments and provides investments in health care. AFSCME’s strongly voiced position that the country’s economic health is related to the health care crisis was heard loud and clear by the Obama administration.

The Medicaid program, on which many AFSCME hospitals and nursing homes depend, will receive a significant boost from ARRA. The Act invests $87 billion to reduce state costs for Medicaid and to help 20 million vulnerable Americans keep their health care coverage. The federal funds will help states and counties face rising Medicaid demands; states will be relieved of the pressure to cut back funding to hospitals and other important health services. Eight days after the law became effective, states had access to the first two quarters of the additional federal Medicaid funds, totaling more than $15 billion. All states received initial funds ranging from $2 billion each for California and New York, $362 million for New Jersey, $470 million for Illinois, to $70 million for Hawaii. Counties that contribute to the state Medicaid share will receive a portion of this money as well.

In addition to funds for the Medicaid program, ARRA will boost other health care programs critical to AFSCME nurses:

- $1.1 billion for research to help patients, nurse and doctors determine the effectiveness of different medical treatments. The funding will accelerate the development and dissemination of research to compare and evaluate clinical outcomes, effectiveness, risk and benefits of two or more medical treatments and services. To fuel this research, ARRA establishes a new Federal Coordinating Council for Comparative Effectiveness Research. The research funding is not intended to be used to mandate coverage, reimbursement, or other policies for public or private insurance payers.
- $200 million for health care workforce training programs: a portion must go to the Nursing Workforce Development Programs, which trains advanced practice nurses, increases the number of minority and disadvantaged students enrolled in nursing programs and increases nurse retention through career development and improved patient care systems.
- $50 million for states to implement activities to reduce health care-associated infections. (See related article on page 3.)
- $17.2 billion through 2019 for health information technology (HIT). The new provisions include incentive payments for health care providers to create and implement electronic health records (EHR). The transition to electronic health records will curb costs by eliminating unnecessary and

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Remember Kentucky River?

AFSCME Fights for the RESPECT Act

The “Kentucky River” decision by the National Labor Relations Board redefined “supervisor” to include anyone who exercises the authority to assign and/or responsibility to direct the work of other employees on a regular and substantial basis. The board defined “substantial” to mean at least 10-15 percent of the employee’s time. For nurses, that means that working charge for as little as one shift a week could be grounds for exclusion from a bargaining unit. Last year AFSCME and other unions worked for the enactment of a legislative fix to the Board’s decision, but we were not successful.

We are trying again. Although it has not yet been reintroduced, we anticipate Congress will reconsider the Re-Empowerment of Skilled and Professional Employees and Construction Tradesworkers (RESPECT) Act. The bill protects nurses’ coverage under the National Labor Relations Act (NLRA). The NLRA guarantees employees the right to organize and bargain collectively the terms and conditions of their employment. A nurse, who may routinely direct other employees, would not be considered a supervisor under the RESPECT Act and would maintain NLRA coverage.

The issue of “Kentucky River” has been covered extensively in the UNA Action (Winter 2007, Winter 2006, Summer 2006 and Winter 2005). These articles are available online at www.afscme.org/workers/1778.cfm.

AFSCME recognizes that the ultimate key to transforming the American health care system into a high quality, high performance system is to include frontline health care staff in all quality improvement efforts. This requires that health care staff play a central role in all planning, system design, implementation and reporting efforts. Adequate staff training and methods for ongoing feedback to improve systems are essential.

From a resolution on Promoting Health Care Quality Improvement, adopted at the AFSCME International’s 38th Biennial Convention in 2008.

Federal Funds Available to Reduce Health Care Associated Infections

All working nurses know the terrible consequences of healthcare associated infections (HAI). From longer hospital stays to the loss of a limb or even death, these preventable infections take a toll on patients, nurses and the entire health care system. HAIs are estimated to be one of the top 10 causes of death in the United States. Hospitals alone account for 1.7 million infections and nearly 100,000 deaths each year, according the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC).

The Obama administration recognizes the severity of this public health crisis and is making resources available to address the problem. The Fiscal Year 2009 Omnibus Appropriations law (P.L. 111-8), signed by the president on March 6, includes new funding and requirements for states to combat HAIs. The law includes $102 million for Preventative Health and Health Services Block Grants to states. In order to be eligible for the full allotment of the block grants, states must submit to the Secretary of Health and Human Services—a plan to reduce health care-associated infections. Each state plan must be consistent with the HHS national plan and include measurable five-year goals and interim milestones for reducing these types of infections. Congress explicitly called on states to invest these increased resources in strategies to reduce HAIs through collaborations with public health departments and health care facilities and to begin to develop statewide plans.

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HHS will review public comments on its action plan to prevent HAIs. Additional public input will be sought at three public meeting this spring and summer. for more information visit http://appropriations.house.gov/witness_testimony/LHHS/Don_Wright_04_01_09.pdf.

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Expanded Health Coverage for Children Becomes Law

Any nurse who works in an emergency room or in a public health clinic can tell you that uninsured children do not get seen by providers until an illness becomes too serious to ignore. When these children finally receive services, it takes longer and costs more for them to be treated. Often they are seen by overworked public health providers who do not have access to the same technology or drugs as private providers. The results are an unjust imbalance in quality care and a staggering price tag for taxpayers.

One of the first bills President Obama signed into law was the expansion of the state Children’s Health Insurance Program (S-CHIP). The legislation, which had been vetoed twice by President George W. Bush, continues health coverage for seven million children, covers an additional four million children and finally lifts the ban on states providing insurance to legal immigrant children. Since its creation more than a decade ago, S-CHIP has helped millions of children who do not qualify for Medicaid and have no real options for private insurance. President Obama also rescinded a Bush administration policy that made it nearly impossible for states to expand eligibility for S-CHIP.

The new law also establishes a Medicaid and S-CHIP Payment and Access Commission (MACPAC). MACPAC will be a 17-member commission to review Medicaid and S-CHIP policies, including payment methodologies and the relationship of these methodologies to access and quality of care. The MACPAC is required to create an early warning system to identify provider shortage areas and problems that threaten access to care for Medicaid and S-CHIP beneficiaries. Medicaid pays for 17 percent of our nation’s hospital care but specific reimbursement rates are set by states. MACPAC has the potential to make recommendations on those payments to hospitals.

AFSCME Applauds Appointment of Nurse to Lead HRSA

We know that nurses are key to solving the health care crisis. For so many of the issues that plague the system, nurses are on the frontlines finding solutions, one patient at a time. And now the Obama administration has made it clear they want to hear the voice of nurses. In February the president appointed a nurse, Mary Wakefield, PhD, RN, FAAN, to be the administrator of the Health Resources and Services Administration (HRSA). As part of the U. S. Department of Health and Human Services, HRSA is the primary federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. The agency is responsible for nursing workforce analysis and development in the nation. HRSA administers and publishes the National Sample Survey of Registered Nurses.

Dr. Wakefield was most recently the Associate Dean for Rural Health at the University of North Dakota School of Medicine and Health Sciences. She has expertise in quality and patient safety, Medicare payment policy, workforce issues and rural health care. She has served on the Medicare Payment Advisory Committee, the Institute of Medicine, Catholic Health Initiatives Board of Trustees and President Bill Clinton’s Advisory Commission on Consumer Protection and Quality in the Health Care Industry.

AFSCME applauds the selection of Dr. Wakefield to lead this important agency and we look forward to working with her.

Employee Free Choice Act Reintroduced

On March 10, Sen. Edward Kennedy (D-MA) and Rep. George Miller (D-CA) reintroduced the Employee Free Choice Act. The bill, also referred to as “Card Check,” would strengthen penalties against employers who break the law, allow employees to request mediation and allow workers to form a union through majority sign-up. The Senate bill (S. 560) has 39 co-sponsors. The House bill (H.R. 1409) has 224 co-sponsors.

A procedural battle is expected in the Senate. Under Senate rules, one senator may block or delay action with a filibuster. To overcome a filibuster and proceed with a cloture motion, 60 votes are needed. This requires bipartisan support.

We were disappointed to learn that Sen. Arlen Specter (R-PA) plans to vote against cloture, especially since he voted for cloture last Congress and previously co-sponsored the bill.

The Employee Free Choice Act is one of AFSCME’s highest priorities. We will continue to move forward to build the bipartisan support necessary to proceed in the Senate. AFSCME nurses should contact their members of Congress and urge them to support the Employee Free Choice Act.

To see if your senator or representative has co-sponsored the bill, visit http://thomas.loc.gov. Search by bill number, including the initials (S. 560 or H.R. 1409), then click on “Bill Summary & Status,” and follow the “co-sponsors” link.
The AFSCME Nurse Advisory Committee (NAC) provides expertise and recommendations to the union on issues and activities of importance to AFSCME nurses. The committee is composed of registered and licensed practical/vocational nurses from around the country and represents a range of practice settings. Based on recommendations from International vice presidents, members are appointed to two-year terms by President McEntee.

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Mary Lou Millar, RN  
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Wallingford, Conn.

**Health Care Funds from Page 2**

- • $24 billion for a nine-month 65 percent premium subsidy to help jobless people continue health insurance coverage they had through their previous employer.
- • $460 million to help states assist safety net hospitals. The funds will increase each state’s current federal allotment for Disproportionate Share Hospital (DSH) payments. These payments are made by a state Medicaid program to facilities that serve a disproportionate share of low-income or uninsured patients. They supplement the regular Medicaid reimbursements these hospitals receive for providing inpatient care. States have some discretion in determining which hospitals qualify for DSH payments and how much they receive.
- • $2 billion to support 126 community health centers across the country. Nearly $155 million in grants have already been disbursed, which alone will help provide health services to 750,000 Americans and create 5,500 jobs.
- • $650 million for evidence-based clinical and community-based prevention and wellness strategies to address chronic illnesses.
- • $300 million for the Centers for Disease Control and Prevention (CDC) to administer its immunization program.

One health care provision in the ARRA – comparative effectiveness research – received strong opposition from the pharmaceutical and medical device industries. AFSCME and other health reform advocates have long argued that comparative effectiveness work is necessary to prove which treatments are best, to encourage providers to prescribe these proven treatments and to encourage insurance companies to compensate for them. A greater reliance on comparative effectiveness will both improve health care quality and decrease costs.

Unfortunately, opponents have spread misinformation about the comparative effectiveness research component, claiming it would lead to government-controlled decisions about health care. Though AFSCME was able to prevail, this skirmish reminds us that there are powerful forces that will wage an aggressive fight to block health reform efforts.

In addition to health care, the ARRA contains funds for other sectors such as education, human services, corrections and housing. The AFSCME Department of Research and Collective Bargaining Services has prepared an in-depth analysis of the ARRA which includes an explanation of the Act and a summary of all the workforce sectors that will receive disbursements. It is available at [www.afscme.org/legislation-politics/13.cfm](http://www.afscme.org/legislation-politics/13.cfm). State-specific information is available from the government at [www.recovery.gov](http://www.recovery.gov).
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