Healthcare Reform: Continue to Fight for Patients

In November and December, SEIU members helped take us several steps closer to passing healthcare reform in the United States. Targeted phone calls by our members helped convince California lawmakers to vote “yes” for healthcare reform in both the House and Senate.

The healthcare reform packages passed by the Senate and House are not perfect, but aspects of this reform will work for our hospitals and our patients.

Our Hospitals
We see the effects of uninsured patients at many of our hospitals. One of our hospitals has been on the brink of closure, recently claimed bankruptcy and is going through reorganization. If all of our patients had health insurance, our hospitals would be financially secure.

Costs Less and Covers More

• Currently, one out of seven uninsured Americans lives in California. In 2007, one in five Californians were uninsured.
• More than 94% of Americans will be covered under the Senate’s health insurance reform bill—31 million people will have health insurance who don’t have it now.

What Does Reform Mean to Us?
• Insurance companies can not charge more because of gender or deny coverage because of a pre-existing condition.
• It will be illegal for insurance companies to drop our coverage if we get sick.
• The Senate bill will set limits on the premiums and...

Loida Loyola, RN for Hollywood Presbyterian, stands at LAC-USC in front of paper scrubs with healthcare stories written on them that were sent to U.S. senators in support of healthcare reform.

Save the Date
Nurse Alliance of California Legislative Conference
May 3-5, 2010

Hundreds of nurses from throughout California will get together in Sacramento May 3 through 5 for leadership, continuing education on topics relevant to nurses, whether it is workplace, healthcare or professional improvements, and lobbying legislators.

On the third day of the conference, members meet with California Senators and Assembly Members regarding upcoming legislation, which can improve either our nursing profession or patient care and delivery. For more information, visit the Nurse Alliance of California on the Internet at www.nurseallianceca.org
Members Drive Healthcare Issues in Calif. Legislature

This legislative year has been productive for Local 121RN members. We have supported and helped pass five bills in California in addition to the historic healthcare reform votes by the U.S. House and Senate in November and December.

AB 1083 Health Facility Security Plans

Probably the single piece of legislation that our members worked the hardest to author, sponsor and pass in the California State Assembly was AB 1083.

It was signed by the Governor on October 11, 2009. Local 121RN sponsored the bill and surveyed members about workplace violence and aggression this past Spring. Nearly 50 percent of respondents had witnessed violence or aggression at their hospital. And 55 percent of those responding said they have not received adequate safety training at their hospital.

Various members of Local 121RN lobbied lawmakers in Sacramento to pass the bill. According to the summary from the bill’s Legislative sponsor, Assemblyman John A Perez, District 46, AB 1083: “Requires hospitals to annually review and update the security and safety assessment regulations plan currently in the law to help ensure patients and workers do not become victims of violence. Specifically this bill amends current law to update the security assessment and security plan annually; attempt to cooperate with local law enforcement; consult with their employees and their union, if any, and members of the hospital staff.”

AB 23 Premium Assistance

Ensures that Californians who lose their job while working for a small employer through a layoff or other involuntary termination are notified that they may be eligible for premium assistance through the federal stimulus bill to help them pay for and keep their health coverage through Cal-COBRA. It would also give those who lost jobs as early as September 2008 a second chance to elect coverage under Cal-COBRA.

AB 303 Seismic Safety Requirement

Allows hospitals to access federal supplemental reimbursements for debt related to seismic retrofitting. Hospitals defined as “disproportionate share hospitals” – or a hospital that has disproportionately higher costs, volume, or services related to the provision of services to Medi-Cal or other low-income patients than the statewide average – could receive the reimbursements. Disproportionate share hospitals represented by SEIU 121RN include: Garfield Medical Center, Greater El Monte Community Hospital, JFK Memorial Hospital, Moreno Valley Community Hospital, Pacifica Hospital of the Valley and Pomona Valley Hospital & Medical Center.

AB 1422 Calif. Children and Families Act

This legislation will impose a tax on the total operating revenue of a Medi-Cal managed care plan. More than 60 percent of the proceeds from the tax will be appropriated to California’s Healthy Families program to help insure low-income kids. Our local fought to increase money allocated to the State Children’s Health Insurance Program or SCHIP during the Bush Administration and celebrated when it was enacted in 2009. This legislation allows California to insure more children through its Healthy Families program. Healthy Families enables families who do not have insurance and do not qualify for free Medi-Cal to purchase low-cost health, dental and vision insurance for children and teens.

SB 499 Hospital Seismic Safety

This bill adds reporting requirements for hospitals that apply for an extension of time to meet seismic safety guidelines for acute care facilities. The law also adds a penalty of up to $1,000 per day, per building not in compliance with reporting requirements.

2010 Important Election Year

Our state is in a troubled time right now. Decisions made this year will have a major impact on the future of education, social services, roads and healthcare. It’s a full election year with the Governor’s seat up as well as many State Assembly and Senate seats. If you would like to lobby in Sacramento or get involved in other ways, contact your Union Representative or Political Director Sonya Jimmons.

To get involved in any of the political activities highlighted in this edition, contact Political Director Sonya Jimmons at (818) 284-4743 or jimmonss@seiu121rn.org
Members Mingle With Politicians at SEIU Mixer

SEIU 121RN President Gayle Batiste, RN, CNOR, Member Laura Villondo, RN, and 121RN Executive Director Sue Weinstein rubbed elbows with Assemblymember Ed Hernandez, Senator Judy Chu, Senator Pedro Nava, newly elected Assembly Speaker John Perez, and others at a November SEIU mixer.

REFORM: Still Several Votes Away

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• out-of-pocket costs we pay each year, based on our family income.
• Working families can get the preventive care and immunizations they need to stay healthy, without being charged co-pays.
• The Patient Protection and Affordable Care Act strengthens Medicare, including wellness programs, free preventive care and reducing prescription drug costs for those whose coverage is lacking.

Now that different versions of the bill have passed in both the Senate and House, they must put together a final bill on which both have agreed. To do this, the bill will either be sent to Conference Committee or will “ping-pong” back and forth between House and Senate leaders until they come to an agreement on an amended bill.

If the bill goes to Conference Committee, members from each house meet to work out differences in their bills. If the Conference Committee reaches a compromise, it prepares a written conference report, which is submitted to each chamber.

The conference report, or agreements worked out between House and Senate leadership, must be approved by both the House and the Senate. Once it passes, it will be sent to the President for his signature.

Contribute to COPE This Election Year!

Whether you are Republican or Democrat, we need to work together in SEIU to support politicians who stand with working people and hold accountable those who don’t.

COPE (Committee on Political Education) is SEIU’s political action fund: our voice in politics. SEIU COPE supports pro-worker candidates based on where they stand on the issues, regardless of political party.

Sign up for COPE today to give Registered Nurses and other healthcare professionals a strong voice and to make rebuilding the economy and healthcare a priority for public officials!

If you would like to get involved in the Local 121RN COPE Committee, it meets the second Tuesday of each month. In 2010, not only will healthcare reform continue to be a focus, but expect to see discussion of immigration reform, a new Governor and more.

BARBARA WASHINGTON-KNIGHT, chapter president at Kaiser Moreno Valley Community Hospital, won a 19-inch Vizio flat screen television for signing up for COPE during the CEU training at Morongo Casino and Resort in December.

Kathy Hughes, 121RN Nurse Alliance of California Liaison, Ermalinda Magallenes, RN, and Emma Kake, RN, who both work at Hollywood Presbyterian Medical Center, and Nurse Alliance of California Executive Director Ingela Dahlgren at a December ‘09 healthcare reform event at LA County-USC Medical Center.
121RN Questions Diversion Program Changes

By Katherine Hughes
Nurse Alliance of California Liaison

November 19, 2009.

Increased Fees
We again discussed the importance of raising licensing fees only if it corresponds to improving the work of the board such as keeping the money to hire investigators. We voiced our concerns about allowing the Governor to borrow money from the BRN for the state general fund. The proposal is to increase the fees, hire 64 investigators for the Department of Consumer Affairs and improve the discipline program.

Hiring investigators would allow the BRN to work through the backlog of investigations and prevent backlogs in the future. But, the governor has borrowed money from the BRN reserve fund before and doesn’t pay it back until next fiscal year. If BRN license fees go up and the proposed improvements don’t happen, then the Governor just has more money to borrow from the BRN. The backlog is coming from all departments within Consumer Affairs and the Attorney General, not just from the BRN.

Mandated Furloughs
We continue to support SR25, authored by Senator Negrete McLeod, District 32, which would exempt self-funded licensing boards from mandated state furloughs. The Board of Registered Nursing is funded through its own license fees, and should therefore not be subject to mandatory furloughs imposed on state departments paid for through the general fund. The Department of Consumer Affairs, which conducts investigations for the BRN, and the Attorney General’s office, which does criminal follow-up, both bill the BRN for their work and time, so they are self-funded, as well.

Insulin Injections
SEIU 121RN Vice President Jeannie King spoke on behalf of 121RN members and the Nurse Alliance of California in support of requiring that registered nurses administer insulin shots in schools. We nurses know that insulin is a medication that requires two nurse witnesses when being administered in hospitals and it is too dangerous to be administered simply by trained school personnel.

The Nurse Alliance of California joined a support letter with several other nursing and school employee organizations. It is not a matter of cost, it is for the safety of the children. Schools should look into hiring semi-retired nurses who are no longer able to perform the rigors of bedside nursing.

The bottom line is, you can kill someone if you give them too much insulin or not enough, and it can happen almost instantly. Insulin is not something you just inject and walk away. You have to assess blood glucose before insulin administration, and assess symptoms before and after administration. You must have medically trained personnel to do this.

Diversion Program
The Nurse Alliance of California has sent a letter to Department of Consumer Affairs Executive Director Brian Stiger questioning some of the changes that he wants to implement to the nurse diversion program. We feel that due process is threatened for nurses accused of wrongdoing, and that the confidentiality guaranteed by the BRN policy for nurses in the diversion program will be undermined by the new Department of Consumer Affairs policy.

There is much concern that the due process afforded citizens accused of a crime could be jeopardized by this and that confidentiality is compromised. If a nurse is accused, unlike a doctor whose office address is posted, Article 14 of the Diversion Program would require the BRN to make public the nurse’s name, home address, and a description of their license restriction. Participation in the BRN Diversion Program is confidential and always has been. This change could eliminate that confidentiality.

Another concern is the number of drug tests mandated and the time frame required. It’s expensive, excessive and creates a hardship to both the nurse and employer. The estimated success rate appears unrealistically high and unattainable.

As illustrated above, there are some very good changes being made at the Board of Registered Nursing and some that greatly concern us. Our members continue to monitor the work of the BRN on behalf of all members.