SUBMITTED ONLY.

## Joint Legislative Public Hearing 2016-2017 Executive Budget Health/Medicaid Hearing Room B Albany, New York

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Testimony by
Ralph Palladino

2<sup>nd</sup> Vice President AFSCME
DC 37 Local 1549

Local 1549 represents 4,500 employees of the public NY Health+Hospitals (NYHH) in New York City, known formerly as the NY Health and Hospitals Corp. We also represent employees of the Metro-Plus HMO run by NYHH.

Our members perform patient registration/appointments, financial counseling, record keeping, patient information, medical translation, billing, communications functions among other responsibilities. In Metro Plus they sign up the public for health insurance.

I am an employee and patient at Bellevue Hospital, the country's oldest public hospital. I served as the Local 1549 Hospitals Chapter Chair representing our members city-wide, the Legislative Chair of the Bellevue Community Advisory Board, DC 37's representative on Governor Spitzer's Healthcare Transition Team. Additionally, I was active in national healthcare reform efforts.

## **Employees Under Stress**

Our members' morale is low in the NYHH. We know that NYHH has had difficulties at times just meeting payroll. For too many years the members have been performing their duties magnificently while doing more with much less. They are very conscientious workers who care about the patients. Very often there is one employee simultaneously performing multiple duties, while patients stand in line waiting for their assistance. There is a lack of adequate supplies. They are highly upset by working next to so many employees of private agencies that NYHH says they must hire in order to "save money" because of budget cuts. We know they are sacrificing work quality and control. Private temp employees are exploited, low wage workers with no benefits. Some have been working at their positions for many years. This makes NYHH complicit in perpetuating low wage poverty.

There is a serious lack of translation services for patients. Either non-employee volunteers or front line workers volunteer to assist patients when being seen by medical providers. This is problematic since it raises questions about proper training and licensing. It also is risky when translation of HIPAA rights is performed by non-employed volunteers. Patients and staff must often work a longer period of time than they should for translation services.

When our members are being used for this purpose it adds greater pressure on the staff left in the area vacated by that employee. NYHH contracts out all of its translation work to a private phone line service. We know as employees, and the NY Immigration Study performed on translation services documents, how face to face interpretation is the best and safest method for any translation but especially medical translation.

## A Patient's Tale

Personally, I have always received high quality medical service at Bellevue. Bellevue saved my life and has improved my overall health. That is a major reason that I choose to be a patient there. But making and waiting for appointments, getting through to human beings to ask questions, being directed to wrong areas of service because of private temps, and waits for service once in the clinic are problematic. This includes waiting for service from employees who are my members performing various tasks, and also includes nurses. Also problematic is waiting for blood to be drawn and for blood pressure to be taken.

The staff is amazingly patient with so many patients crowded into smaller spaces waiting for service. The patients get very anxious, as do I at times.

## The State's Responsibility

NYHH as a public institution with an overhead of 5% or less is the best, most efficient deliverer of healthcare in the city. Yet the cost of care is never met since Medicaid reimbursement is under funded. State DSRIP is not distributed based on who deserves to receive the funding (according to the real percentages of where the indigent –including undocumented immigrants and those legally in the U.S. for under five years go for care). An unequal share of this funding goes to the private so-called not-for-profit institutions whose CEO's make well over a million dollars a year in salaries. Those institutions often have overheads of 20% or more. The state imposed Medicaid Cap that goes across the board unfairly penalizes institutions such as NYHH since they see sicker patients and those less likely to be able to pay. The "safety net" has to be redefined.

Thanks to the ACA more access for healthcare is required given more people will become insured and more will be using services. Yet NYHH is looking at ways to consolidate and probably even cut services that they directly provide due to lack of proper financial support.

In the face of the needs of the population and healthcare institutions, the state is tax cutting for businesses and yacht purchases among other things while not providing the aide to NYHH that is required to expand access and quality care

properly. Disproportionate Share (DSH) funds will disappear further crippling NYHH. Bad Debt and Charity Pool funding is inadequate.

We call on state leaders to rectify this situation. Mayor deBlasio has stepped by proposing some assistance for NYHH. It is time for the state to give more assistance. Please see to it that public and other needy institutions such as NYHH receive its fair share in order to properly carry out its mission. Employees and communities we serve need it.

THANK YOU.