

ALBANY UPDATE FROM ASSEMBLY MEMBER RICHARD GOTTFRIED

Dear Neighbor,

This newsletter will bring you up to date on some highlights of my work representing you in the State Assembly in Albany this year, and a preview of the 2017 legislative session.

As Chair of the Assembly Health Committee, I won several important victories in the 2016 legislative session,

The Assembly increased the momentum for my “New York Health Act” universal health care bill by passing it again. For the first time, we passed a bill requiring nurse safe staffing levels in hospitals and nursing homes. I have been working with the Senate Health Committee and the Senate and Assembly Environmental Conservation Committees to hold public hearings on water contamination and whether our laws and policies are working to protect access to safe, clean water.

We won great victories when the State Senate finally agreed to two long-standing Assembly priorities: raising the minimum wage and providing paid family leave.

Assembly Speaker Carl Heastie has been key in these efforts. New York’s success depends on our extraordinary assets – including an educated workforce, diversity, culture, health care, and mass transit. Keeping those assets strong – and making sure every New Yorker has a fair chance to lead a full life – requires public spending for health care, schools, housing, subways and

buses, public safety, and other public services. And for fairness, the necessary taxes must be based on ability to pay. That’s just common sense, and I have always fought for these values in Albany and our community.

You can follow my work and legislative news by going to the Assembly website: www.nyassembly.gov/Gottfried. If you’d like to contact me or sign up for updates, you can click on the “contact” link there or e-mail me at: GottfriedR@nyassembly.gov. I look forward to hearing your comments and suggestions on legislative issues and community problems.

My Community Office – 242 West 27th Street, 212-807-7900, GottfriedR@nyassembly.gov – is here to serve you. Please contact us if you have a problem with a government agency, your landlord, a utility, noise or traffic issues, etc. We can help you. We can also assist you to apply for programs and benefits. If your block association or other group needs my help or would like me to come to a meeting, or if there is any other way I can help, please call or e-mail.

Sincerely,



Paid Family Leave: NY Leads with Best Law in the U.S.

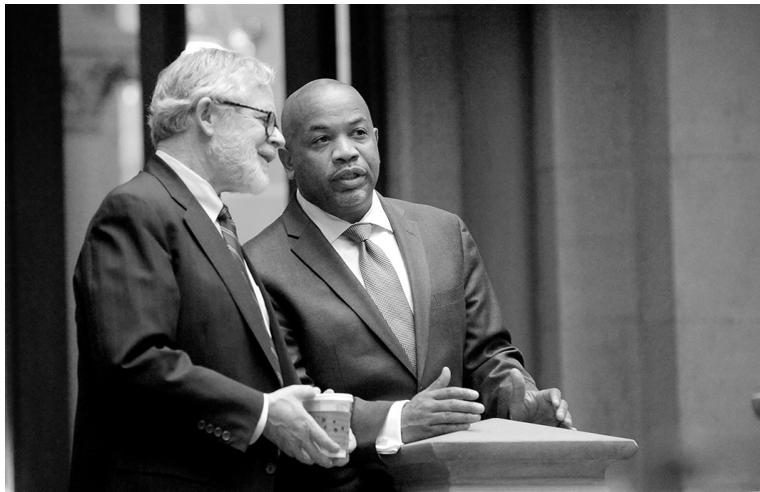
Paid family leave means time off from work to care for a new child, a family member with a serious health condition, or to ease the burden on a family when someone is called into active military service. During the time off, the worker gets a paycheck, although at a reduced level.

New York this year enacted the most generous paid family leave law in the nation. The Assembly had passed paid family leave legislation as early as 1997, but year after year the Senate failed to act. Thanks to strong advocacy by almost 300 organizations from across the state – including organized labor, community groups, health care providers, and family and women’s equality advocates – and Governor Cuomo, the language was included in the final 2016 budget passed in March.

The law takes effect in 2018. It offers eight weeks leave at 50% of wages for workers who have been employed for at least six months. The benefit increases by 2021 to cover 12 weeks at 67% of wages. It will be entirely funded through a small payroll deduction.

Today, just one in eight private-sector employees and just one in 20 minimum wage employees has paid family leave. New Yorkers should not be forced to choose between keeping their jobs and taking care of a sick family member or spending time with a newborn. The new paid family leave law is a groundbreaking step for workers and their families.

Leading the Fight for Universal Care: PNHP (Physicians for a National Health Program) is working with me to lead the fight for universal health care. I spoke at a rally of physicians and medical students in Albany for the NY Health Act single-payer bill, which passed the Assembly in 2016 for the second year in a row.



Chatting with Assembly Speaker Carl Heastie in the Assembly Chamber.

Moving from a Minimum Wage to a Living Wage

New York led the nation by enacting a major increase to its minimum wage – rising to \$15 an hour. The Assembly has fought for years to raise the minimum wage to a living wage so workers can support themselves and their families. It’s a key step to reducing the radical income inequality that plagues America, including New York. Data from the National Bureau of Economic Research shows that a higher minimum wage will improve working New Yorkers’ quality of life, for longer and healthier lives.

Under the new law, the hourly wage will go up to \$11 at the end of 2016 for New York City employers with 11 or more employees, then \$13 by the end of 2017 and \$15 by 2018. For New York City employers with fewer than 11 employees, it will go up to \$10.50 by the end of 2016, with annual increases of \$1.50 each year until reaching \$15 by 2019.

In Nassau, Suffolk and Westchester Counties, it will go up to \$10 by the end of 2016 and then an additional \$1 each year until reaching \$15 by 2021.

In the rest of the State, it will go up to \$9.70 by the end of 2016 and then an additional \$0.70 each year until reaching \$12.50 at the end of 2020, with additional increases to reach \$15 on a schedule set by the Division of Budget and Department of Labor.



Expanding Access to “Epi-Pens”

Many people have allergies that can cause a severe life-threatening reaction called an anaphylactic reaction, which can be quickly fatal. The reaction can be stopped and a life saved by an injection of a common drug called epinephrine from a pre-loaded hypodermic injector known as an “epi-pen.” Epi-pens can be safely used by a non-professional.

People who have these allergies can carry an epi-pen, but they don’t always. Ambulances, children’s camps, and public and private schools are authorized to stock and use epi-pens, but many people have reactions in places such as restaurants or sports arenas. Almost 25% of anaphylactic reactions occur in people not known to have a prior history. It is critically important that epi-pens be available in more public places.

As chair of the Assembly Health Committee, I worked with Assembly Member Tom Abinanti (from Greenburgh, New York) on drafting his bill to authorize additional public places, including restaurants, to stock and use epi-pens. The bill passed both Houses and is before the Governor for his approval.

Recently there has been a storm of angry protest because the Mylan company, which manufactures epi-pens, has raised the price from \$50 or \$100 each to \$600. This is an especially outrageous example of the problem of skyrocketing unjustifiable increases in drug costs. I and many other elected officials around the country have been working to deal with that problem. That’s a subject for a longer article.

Ensuring There Are Enough Nurses in Hospitals and Nursing Homes

It’s not rocket science that having enough nurses on staff in hospitals and nursing homes will improve the quality of patient care. Research published by the American Medical Association (the AMA) estimates five additional deaths per 1,000 patients in hospitals with an 8-to-1 patient-to-nurse ratio compared to those with a 4-to-1 ratio. More nurses per patient means fewer deaths, and improves patient recovery, and lowers the number of problems such as pneumonia, shock and cardiac arrest. California was the first state to mandate nurse staffing ratios and it has seen significant improvements in outcomes for both patients and staff.

In June, despite an extensive lobbying campaign against the bill, the Assembly for the first time passed legislation that would set nurse-to-patient ratios in hospitals and nursing homes. The bill, sponsored by registered nurse and former hospital administrator Assembly Member Aileen Gunther, sets ratios based on academic and evidence-based studies. The Health Department could also set more demanding and specific ratios.

Year after year, the bill has been approved by the Assembly Health Committee, which I chair, but it had never come to the Assembly floor for a vote. Assembly Speaker Carl Heastie played a key role in making that happen. Assembly passage is a crucial first step towards enactment. As a long time supporter of the bill, I am working with Assembly Member Gunther, patient safety advocates, unions and nurses to advance this important legislation, including repeat Assembly passage and Senate passage in 2017.



Governor Cuomo Signs Legislation to Combat Opioid Abuse: Governor Cuomo handed me one of the pens he used to sign the bill that would increase access to treatment and limit over-prescription of opioids.

Medical Marijuana Program Improvements Stalled by Senate

I am proud to have sponsored the law that created New York’s medical marijuana program in 2014. It can help bring needed relief to tens of thousands of people with serious debilitating and life-threatening conditions.

Unfortunately the program is very limited due to changes insisted on by Governor Cuomo when the bill was passing, and more restrictions imposed by the State Health Department. Several serious conditions were excluded from being covered, including post-traumatic stress disorder. There are only 20 dispensaries in the whole state. The companies producing medical marijuana are required to undertake the whole process: growing, processing, distributing and dispensing – there is no industry I know of where this “vertical integration,” as economists call it, is required (ordinarily, it would be prohibited by anti-trust laws). And patients are struggling to find doctors due to the Health Department’s unwillingness to make public the list of registered doctors who may “certify” a patient for medical marijuana or allow nurse practitioners (NPs) or physician assistants (PAs) into the program (although they may prescribe other controlled substances).

I introduced a package of bills to reform the medical marijuana program. Seven advanced out of the Assembly Committee to the full Assembly in 2016, including:

- Authorizing use for severe chronic pain and several additional conditions;
- Making the doctors list public;
- Allow companies to choose to produce, distribute or retail, without being required to do all three;
- Increasing the number of manufacturers and dispensaries;
- Creating a clinical advisory committee within the Health Department; and
- Authorizing NPs and PAs to certify patients.

Two bills passed the Assembly with the other five ready for a floor vote. But it became clear that the Senate would not vote on any of them, despite advocacy by patients and their families hurt by the Governor’s restrictions on the program.

In 2017, I will be reintroducing these bills and I will continue pressing the Health Department to take steps within its current regulatory power – such as allowing home delivery and expanding the conditions list – to make medical marijuana accessible to more patients.



Supporting Safer Staffing In Health Care: I joined members of the NYS Nurses Association and other legislators in Albany to rally support for the Safe Staffing for Quality Care Act, legislation that would set nurse-to-patient ratios in New York healthcare facilities. Joining me at the rally were nurses and (r.) Assembly Member Felix Ortiz (Brooklyn).

“Redispensing” Unused Medication Can Save Money and Help People in Need

When hospitals and nursing homes throw away unused prescription drugs, still in their packages, it’s a massive waste of expensive products that could greatly benefit patients. Up to 13% of prescription medications go unused in health care facilities each year, even while 50 million Americans don’t fill their prescriptions due to cost.

Thirty-eight states have laws allowing for the reuse of unused prescription drugs. I sponsored a bill, which passed both Houses and is before the Governor, establishing a donation and redispensing program. The bill is modeled on a California law that directly connects donor entities and redispensing entities, a safe and efficient method of redistributing unused medication. (It does not apply to unused medications from individual patients, because of quality concerns.)

This program would provide uninsured and underinsured New Yorkers with needed medications.

Protecting Clean Water

Ensuring safe drinking water is a top priority in my role as Assembly Health Committee Chair. I heard concerns from several fellow legislators across the State this year about lead and other dangerous chemicals in drinking water in schools. In June, both Houses of the legislature passed, and Governor Cuomo signed, a bill I helped write that would make New York the first state to require schools to test for lead at the tap and inform parents and teachers of the results. The bill would provide State aid for much of the cost. The Department of Health and Department of Education will oversee the process and report annually on the results.

The Assembly is holding public hearings in September in response to concerns about chemical contamination in municipal water supplies, such as cases in Hoosick Falls, Newburgh, and elsewhere. The hearings, held jointly by the Assembly and Senate Health and Environmental Conservation Committees, are examining current laws and public policies meant to protect public access to clean water and how they're working.

Reproductive Freedom

The right to reproductive freedom is a fundamental right. New York State must strengthen reproductive health rights and respect a woman's right to make her own health care decisions. As chair of the Assembly Health Committee, this is an important part of my work.

The Assembly passed the Reproductive Health Act to bring New York law more fully in line with the Roe v. Wade Supreme Court decision. I am a co-sponsor of the bill.

The Roe decision has guaranteed abortion rights in every state, including New York, since 1973. However, while New York's own pioneering 1970 abortion rights law contains many protections similar to those established by Roe, if that landmark Supreme Court decision were overturned, some protections in Roe could be lost in New York.

The Reproductive Health Act (RHA) will permanently codify in State law the rights that Roe has guaranteed since 1973. I will continue to work to advance this bill in 2017.

Preserving "Safety Net" Hospitals

"Safety net hospitals" are those that deliver care to high numbers of Medicaid and uninsured patients, such as public hospitals – especially our New York City Health + Hospitals facilities – and many rural hospitals. The State currently targets financial resources so facilities can stay in business. However, the definitions used to identify needy hospitals are overly broad and may both exclude true safety net facilities and include those who do not really need the additional support.

I introduced legislation to provide additional aid using a more focused definition to better target true safety net providers in order to ensure their financial viability. The bill defines "enhanced safety net hospitals" as publicly-owned hospitals, certain rural hospitals, and those which serve at least 50% Medicaid or uninsured patients. It does not specify a dollar amount; that would be determined in the State budget.

The bill passed both Houses and is before the Governor. It has wide support both in New York City and upstate, from organizations including the NYS Nurses Association, DC-37, Doctors Council SEIU, NY Immigration Coalition, and the Commission on the Public's Health System. Our health care system depends on these vital community providers. I urge the Governor to sign this bill to ensure that State resources are used appropriately to support patient access to care in all communities.



Expanding Organ Donation In New York: With the NY Alliance for Donation and my colleague Assembly Member Felix Ortiz at a press conference to support legislation allowing 16 and 17-year-olds to register as organ donors. The bill passed both houses of the Legislature, and was signed into law by Governor Cuomo in July.

"New York Health Act" Universal Health Care Passes Assembly

For millions of us, our system of health coverage, based on insurance companies, is a major obstacle to health care and financial stability.

My bill – the "New York Health Act" – would provide universal, complete health coverage to all New Yorkers without premiums, co-pays, deductibles, or limited provider networks. It would free us from health insurance companies. The Assembly passed New York Health this past June for the second consecutive year. This has helped elevate the issue on the public agenda and change the conversation from "it's a great idea that will never happen" to a truly achievable goal.

The Affordable Care Act made important repairs to our health care system, but it left insurance companies in charge. That means high and rising premiums, deductibles, co-pays, and out-of-network charges. Insurance companies control which doctors or hospitals we can go to and what care they can provide; and we pay for their high administrative costs. Even for New Yorkers with insurance, cost remains a significant barrier to care. One in three families a year puts off medical treatment because of cost.

Only a single-payer system like the New York Health Act, funded fairly by broad-based assessments on income based on ability to pay, can remove the financial barriers to care facing New Yorkers.

According to an analysis by University of Massachusetts-Amherst Economics Department chair Prof. Gerald Friedman, 98% of New Yorkers would spend less for health coverage and health care under New York Health than they do today.

New York would save over \$70 billion by eliminating health insurance company administration and profit; reducing health care provider and employer administrative costs; and negotiating prices of prescription drugs and medical devices. Even after expanding coverage to all New Yorkers; eliminating deductibles, co-pays, and out-of-network charges; and increasing low Medicaid reimbursement rates to health care providers, the New York Health Act would generate net savings of \$45 billion a year.

Every year, insurance plans ask the State to approve significant rate increases. Plans available on the state's insurance exchange – designed for lower-income New Yorkers – have requested an average 17% rate hike for 2017, with several plans over 20%.

The Assembly passing the bill for the second consecutive year is a major step forward. Now, health care advocates, labor unions, public health and health care provider groups (especially nurses, family physicians and pediatricians) and other groups are working with me to broaden our outreach to legislators and the public, so we can pass the bill in the State Senate.

I don't expect this to happen quickly, but many of my bills have taken years of work – same sex marriage, medical marijuana and the Family Health Care Decision Act, to name a few. New York led the way in enacting laws on minimum wage, child labor, and other worker protections. We can lead the way again for health care for all.

Health care should be a human right, not a privilege or commodity, and the New York Health Act is how we turn that principle into reality.

Trying to Help Puerto Rico's Health System

New York is home to the largest Puerto Rican population outside the island. Puerto Rico is struggling with a crushing economic and debt crisis. New York State is working to help the island address one critical problem: its health system.

The U.S. government has, for decades, outrageously shortchanged Puerto Rico under Medicare and Medicaid. New York Health Department experts are trying to help the island make its case for fairer treatment. Last fall I visited the island with a delegation of Health Department officials and Lieutenant Governor Kathy Hochul. What we learned and saw was shocking – the result of generations of colonialism.

The Federal government reimburses states for a percentage of their Medicaid spending. Each state's rate is calculated roughly on average income. New York and New Jersey, for example, receive 50%, while Kentucky and Alabama receive 70%. Based on the formula, Puerto Rico should receive over 80%. But Puerto Rico actually receives only 14%, because federal law sets an annual dollar limit on Medicaid funding for each of the territories regardless of need or the size of their Medicaid budgets. Puerto Rico's treasury is on the hook for much more than any comparable state.

In New York and other states, Medicaid is a critical source of funding for long-term care – home health care and nursing homes

– for many frail elderly and people with disabilities. But because of Federal rules, Medicaid in Puerto Rico does not cover long-term care. Many patients on the island suffer without proper care, or family members give up jobs to stay with the relative. Some families send an elderly relative to the mainland where Medicaid will pay for long-term care.

At the neonatal intensive care unit at the University of Puerto Rico hospital, we were told that they often must transfer newborns out ahead of schedule to make room for new babies, due to a lack of capacity.

How can New York help? Our Medicaid program is the second-largest in the country. It is sharing strategies with Puerto Rico about how it can eliminate expensive and unnecessary bureaucracy and use health information technology for more effective management. New York has long, successful experience working with Federal officials to get increased support, including showing how increasing funding in one area can improve outcomes and effectively save money. New York is working with Puerto Rico to prepare a comprehensive reform plan for submission to Washington.

It is shocking that so far, Congress has failed to help the U.S. citizens who are the population of Puerto Rico.

Ensuring Patient Pharmacy Choice and "Electronic Prescriptions"

Starting earlier this year, all prescriptions in New York State are required to be sent electronically directly to the pharmacy (with a few exceptions). The new requirement (enacted four years ago) is meant to reduce errors from bad handwriting, end the stealing of prescription pads (a factor in illegal drug use), and promote use of electronic health records.

Before electronic prescribing, patients were handed a written prescription that they could take to any pharmacy to fill. Under the new "e-prescribing" system, you and your doctor must decide which pharmacy to send the prescription to.

What if you're not sure whether you want to fill the prescription at the drug store near where you work or near your home? What if

you want to shop around before making a decision?

This session, the Assembly and Senate passed my legislation authorizing a prescriber (at the patient's request) to send an e-prescription to a secure site. The prescription would be downloaded by a pharmacy at the direction of the patient. The bill also provides that the prescriber would, at the patient's request, print out a copy of the prescription as a useful reminder for the patient. This should make it easier for patients to get their prescriptions filled at their convenience.

The Legislature also passed another bill that would help with the same problem. It would allow one pharmacy to electronically transfer a prescription to another pharmacy at the patient's request.

Both bills are currently before the Governor for his approval.



Assembly Member
**Richard
Gottfried's**
Newsletter Part 1:
Albany Update
September 2016

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