



# HPAE

## LOCAL 5094 Newsletter

A NEWSLETTER FOR THE  
MEMBERS OF HP AE LOCAL  
5094

PROACTIVE

August 2019

## Message from a Co-President

Dear member,

We are entering a time of action in America, in politics, our economy, in our workplaces, and in our communities. With the lack of responsiveness, ethics, or responsibility in the administrative spheres of our lives, we are moving towards a point in which words, pleas, requests, and complaints lose their effectiveness and meaning. From Capitol Hill, to Wall Street, to the Rutgers Board of Governors, we are in a time of political, psychological, and ideological warfare over ethics, economic fairness, professional dignity, and basic worker's rights. We see our professions, and jobs under threat from privatization, our institutions being bought out and swallowed up by giant healthcare conglomerates, our "productivity standards" being dictated by the demands of the private insurance industry, and our leadership being corrupted by the solely profit driven business model. Healthcare professionals, patients, clients, students, and members of our community have been commoditized along with the crucial services we provide. Jobs are being handed over to private hospitals, jobs are being contracted out, people retiring and leaving our agencies, burning out, going on FMLA, becoming mentally and physically sick over the unreasonable demands brought forth in the wake of state wide changes to the reimbursement system. Repeatedly we get stonewalled by our so called leadership; seemingly there must be an expectation that we will lose hope and simply give up after a while. The powers that be expect us to keep our heads down and accept the circumstances that we are dealt, because after all, we are not the decision makers, right? Constant demand, ever increasing pressure, increasing threats upon our benefits, our working hours are increasing due to paperwork, uncompensated, and we simply sit here and obey out of fear of losing more. We dedicate our time to our clients with the intention of keeping the quality of care at a high standard, but we find ourselves staying late as a result, doing documentation into the night time hours. We are approaching Labor Day, a holiday dedicated to the labor movement. I have a strong inclination to think that our predecessors would not have dealt with the undignified, dehumanizing working conditions that we are facing with this corporate buy out. It seems as if our agencies get stripped of funding, and are hobbled by gross mismanagement, just to be handed over like second hand goods to privateers that capitalize and exploit our vulnerability. We are one of the last public sector institutions left in the state, and we frequently serve the poor, disabled, traumatized, marginalized, and indigent. Most choose public healthcare/mental health for the mission of serving the underserved. This legacy will likely die a slow death, and our worker protections will go with them if we do not show up, speak out, and act! This is a call for solidarity in the coming months. There is more at stake than many comprehend. If we do not take a stand and demand our voices to be heard, for our dignity as professionals to be restored, to receive the level of funding we actually require, the dignity of, and reimbursement for the difficult and frequently thankless work we do, then when will we? The partnership agreement is on the horizon. Our contract negotiations for the entire university network are up. We need all members to be ready to show up, take a stand, and demand transparency over this merger, a fair and equitable contract, and a place at the table when decisions are made that can significantly and detrimentally affect our jobs and community at large! We need to lead by example and by action! Who's in?

In solidarity,

Justin O'Hea  
HPAE 5094

## UH Bargaining Update

The HPAE 5094 UH bargaining committee and management has met twice in the past month with the following results:

- ⇒ We reached tentative agreements on several housekeeping changes to contract language.
- ⇒ We presented a new proposal on promotions and transfers that would guarantee members who apply for all internal UH positions an interview.
- ⇒ We proposed a minimum 3 weeks notice to all non-emergency departmental schedule changes.
- ⇒ We proposed a new Vision benefit for eyeglasses or contacts.
- ⇒ We made a new proposal increasing tuition reimbursement and expanding the usage to travel, lodging, licensure, and some non required certifications.
- ⇒ We proposed to expand cell phone reimbursement to more employees who have to use their personal cell phones for work.
- ⇒ We rejected several proposed take-backs from management, including:
  - Giving themselves the ability to automatically raise parking rates if Rutgers does
  - Having leave time no longer count for overtime.
  - Penalizing 12-hour shift employees by only compensating some of their shift when they take leave for death or serious illness of a family member, or education leave.

At our next session, we will be plan to make our wage proposal

We expect to have at least two more bargaining sessions in the next month to come. Please look out for a request from your bargaining committee to show support by stopping by during your break time. Management needs to see that we are serious and have the backing of our members.

### President and CEO Update:

As you should all know by now, on May 1<sup>st</sup>, Commissioner Shereef Elnahal, M.D., M.B.A, of the NJ Department of Health, was approved by the Board as the next President and CEO. A graduate of Johns Hopkins University who earned his medical degree from Harvard Medical School and a Master's in Business Administration from Harvard Business School, Dr. Elnahal is a licensed physician. Dr. Elnahal previously served as the Assistant Deputy Under Secretary for Health at the U.S. Department of Veterans Affairs under President Obama. He also served as an Adjunct Professor of Health Policy and Management at Georgetown University. His term at UH began June 2019.

Submitted by:  
Christine Boardingham  
University Hospital Chairperson  
May 11, 2019

## ROWAN NEGOTIATIONS PLANNING

We are gearing up to start our negotiations for our contract which is expiring on June 30<sup>th</sup>.

Our membership meeting was held on April 4<sup>th</sup> and we are continuing to get points/topics together for negotiations. Next date for our membership meeting is scheduled for June 6<sup>th</sup>.

We have received a draft copy of our current contract and it is being reviewed for accuracy. We will be meeting with the negotiations team shortly.

We kicked off our contract campaign on June 6<sup>th</sup> with a celebration as we plan out our membership activities forth coming and gear up for re-negotiations to begin.

New members are continuously being acquired.

In Solidarity,

Deborah Cruz  
HPAE Local 5094  
Rowan Committee Chair

I want to thank our negotiation team for the time and effort we put into the contract negotiations. We have demonstrated a camaraderie that provided strength and facilitated strategy. I sincerely appreciate our hard work and support. In Solidarity.

Mendes Toussaint  
Co-Grievance Chair

**HPAE. Putting care first.**



# SAVE THE DATE

**HPAE 2019 PROFESSIONAL ISSUES CONFERENCE**  
**“Bringing Our Professional Values  
into the Transformation of Health Care”**

**INVITED SPEAKER: First Lady Tammy Murphy**

**THURSDAY, OCTOBER 10, 2019**

**8:00 a.m. to 4:30 p.m.**

**Hilton East Brunswick**

**3 Tower Center Blvd., East Brunswick, NJ 08816**

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A Newsletter for the members of  
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## The Future of Healthcare is a Single Payer System

Many of us have known for a while that the American healthcare system is fundamentally broken, through personal or professional experience. A study published in *The New England Journal of Medicine* examined data from 1999 to project administrative costs of health insurers, employers' health benefit programs, hospitals, practitioners' offices, nursing homes and home care agencies. The study found administration accounted for 31 percent of healthcare spending in the U.S., compared with 16.7 percent of healthcare spending in Canada. According to the *Times*, the same estimates today would mean administrative costs in the U.S. account for \$5,700 of the about \$19,000 on average that this nation's workers and their employers spend on family coverage annually. Private insurance companies raked in about 40 billion dollars in profit last year alone. The maze of private plans and their various "clinical necessity criteria" for utilization review create a confusing mess for mental health and physical health providers to be able to bill efficiently, and put the clinical decision making more in the HMO's hands rather than the treating physicians. The amount of time and manpower required to meet the standard for utilization reviews, and to bill is very costly in our current system, taking hours away from physicians when they could be caring for their patients. Out of network fees can be exorbitant to the service user, and people can be outright denied of service based on the practice not accepting your insurance. Large hospital systems and unregulated pharmaceutical companies can price gouge for procedures, and reimbursement rates have been stagnant with the growing costs. Many stand-alone hospital systems cannot stay solvent or compete without farming themselves to huge healthcare conglomerates. Decent health insurance is largely connected to employment at this time, and if you lose your job you lose your healthcare. Our employers use our benefits like the dangling carrot before the horse to

keep us locked in to dead end jobs because we fear losing out healthcare. Not just that, they use the cost of employer based plans as a leverage point against us in our negotiations, and as an excuse to short us on raises. Single payer healthcare would largely eliminate administrative overhead costs by cutting out the middle men, and would not require having many, if any staff for utilization reviews. It would allow physician and clinicians to have much more control over the care and outcomes of their patients as well. It would eliminate out of network charges and denials, while opening up a huge amount of choice for the service users to choose their doctors and hospitals due to it being universally accepted. There is complete parity between mental health and physical health services. It would cost around half of what we pay now, is much more efficient, and employers are not in control of it, or have the partial responsibility to pay for it. With the freedom of improved and expanded Medicare for all not being employer based, people can be free to start small businesses and entrepreneurial endeavors without any fear of losing coverage. At the bargaining table the leverage that administration holds through our benefits virtually disappears, and opens up a lot of money that could be negotiated for better raises. In a single payer system there is only one payer to negotiate prices for prescription medications, which will eliminate price gouging and fixing from the pharmaceutical giants, and would set reimbursement rates to prevent large hospital systems from price gouging as well. Medicaid funded programs would get a large boost in revenue because reimbursement rates would go up. Public institutions would boom and many new patients will access treatment. Improved and expanded Medicare for all is a no brainer. Anyone fighting to stop it is an obstacle to progress and an obstacle to a healthier nation.