1989

Advisory Council Meeting Guidelines; Series I; File 7

Juanita Hunter

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ATTACHMENT #2

ADVISORY COUNCIL MEETING PROCEDURES

HIGHLIGHTS OF CURRENT DISTRICT ACTIVITY FOR PREPARATION OF
ADVISORY COUNCIL MEETING SUMMARY

District 14  Date  May 19, 1989

Representative completing form (please indicate position):

Barbara Malon, Executive Director

Please give brief descriptions of activities in which the District
has engaged since the last meeting in these areas:

CONTINUING EDUCATION, PROGRAMS, EVENTS

Programs held since the March 15 Advisory Council Meeting and
detailed in the last report:

<table>
<thead>
<tr>
<th>Date</th>
<th>Title</th>
</tr>
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<tbody>
<tr>
<td>3/16/89</td>
<td>&quot;LPNs: Delineation &amp; Expansion of Role&quot;</td>
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<tr>
<td>3/30/89</td>
<td>&quot;Accent on Legislation: 1989&quot;</td>
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<tr>
<td>4/6/89</td>
<td>&quot;An Overview of Psychiatric Nursing Research: Current Update&quot; - Approved for 3.6 continuing education contact hours.</td>
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<tr>
<td>4/9/89</td>
<td>&quot;The Nursing Crisis in Nassau County&quot;</td>
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Additional Programs & Meetings

<table>
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<th>Date</th>
<th>Title</th>
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</thead>
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<tr>
<td>5/17/89</td>
<td>&quot;Healing: A New Meaning for Nursing Practice.&quot; Speaker- Barbara Joyce, PhD, RN. Presented by the Community Health Nursing Clinical Unit.</td>
</tr>
<tr>
<td>5/18/89</td>
<td>&quot;JCAHPO Survey: Points to Remember.&quot; Speakers - Susan Heidtman and Hazel Simon. Program to be presented at the luncheon meeting of the Nursing Service Administrators Functional Unit.</td>
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<tr>
<td>5/23/89</td>
<td>Annual Meeting. Following the business meeting, there will be a presentation of two educational scholarship awards and a brief presentation and discussion of the CVAR Report. Maggie Jacobs, NYSNA Secretary, will lead the latter.</td>
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NURSING SHORTAGE: RECRUITMENT & RETENTION IN NURSING

1. The Recruitment & Retention Project Committee has completed a major phase of its work by identifying extensive resources for support of the Project. Work is continuing in developing the presentation package and planning for an orientation and workshop in the Fall for member speakers. The cadre of speakers

(OVER, PLEASE)
is building. A "Call to Members" to volunteer as speakers is included in each issue of our newsletter and distributed at meetings.

An article by Dr. Gloria Gelfand, Project Chairperson, is published in the May-June issue of Nursing News.

2. As in the past, we continue to respond to requests for nurse speakers for Career Days in elementary, junior and senior high schools.

3. Recruitment & Retention Innovations

A new endeavor of the Association is to publish, in our newsletter, innovative recruitment and retention programs in education and service institutions. The first, by Dr. Maria Koszalka, Executive Director of Nursing, Brunswick Hospital Center, appears in the May-June issue of Nursing News.

GENERAL

1. The Board of Directors, at its February meeting, approved a statement of Philosophy for the Association.

2. The full day retreat on April 7 of the Board of Directors, Chairpersons and Vice Chairpersons of organizational units for the purposes of continuing long range planning and continuity of planning for organizational units was enormously successful. The very productive general sessions and group work provided the basis upon which a forward-looking revision of the Association's Long Range Plan will be carried out.

3. Plans for the Mini Convention on September 26, 1989 are proceeding with great verve. Promotion activities are underway.

4. The Board of Directors has approved the conferring of honorary membership upon members who have been NAChA, District 14 members for 50 years - to be effective in January 1990.

5. The development of a local legislative Network is underway. Launched at the March 30 Membership Meeting, members are sending information to Association headquarters about own State legislators and areas of interest. These members will be key contacts throughout legislative sessions. A call to members to become legislative contacts was included in the May-June issue of Nursing News.
PHILOSOPHY

The Nurses Association of the Counties of Long Island, Inc., is the voice for professional nurses in Brooklyn, Queens, and Nassau counties. The Association assumes responsibility for an informed membership which actively seeks to influence the issues confronting nursing today and in the future.

Abiding by the American Nurses Association's Code of Ethics, we are committed to ethical practice by and for a culturally diverse population.

We believe that all persons are entitled to live at their optimum level of wellness and that nursing care provides for health promotion, restoration, and maintenance in every area of practice. It is the Association's responsibility to support the highest standards of nursing performance.

We believe that quality professional nursing practice is assured through education, which is ongoing and responsive to the health care priorities of society.

Recognizing the diversity in nursing education, we support opportunities for advancement through the career ladder concept. To advance the body of knowledge of the profession of nursing, we support the conduction of research and the dissemination of research findings.

The profession of nursing is an integral part of the Health Care Delivery System. As such, we promote and support its continued viability through the introduction of nursing as a career choice for all people beginning at the earliest level of education.

As nurses, we are accountable and responsible for participation in the political process to facilitate the mission of our association.

Approved by the Board of Directors - February 16, 1989
THE NEW YORK STATE NURSES ASSOCIATION

REPORT OF MEETING OF ADVISORY COUNCIL

March 15, 1989

PRESIDING: Juanita K. Hunter, President

I. ATTENDANCE

Representatives attended from fourteen districts. An attendance roster is appended to this report.

Staff:
- Martha L. Orr, Executive Director
- Elizabeth Carter, Deputy Director
- Wendy M. Burbank, Associate to the Executive Director
- Gretchen Crawford, Director, Nursing Education Program
- Louise Kehn, Associate Director, Nursing Practice and Services Program
- Debra Lamb, Assistant to the Director, Communications, Publications and Public Relations
- Karen Maune, Director, Organization Services
- Bernard T. McCann, Associate Director, Legislative Program
- Robert R. Sacco, Director of Financial Affairs
- Anne Schott, Director, Communications, Publications and Public Relations

II. INTRODUCTIONS

Those present introduced themselves.

III. DISTRICT ISSUES AND REPORTS

District representatives gave brief reports supplementing written material submitted in advance or at the meeting. Information not contained in the written material follows.

District 4 - A teaching day was held in March. Consumer advisory committee is active. Media is interviewing district representatives and members of nursing community about shortage, availability of health care to under-served populations.

District 12 - Scholarship money is being raised. District is working with local (external) committee on professional image.
District 14 - Program on entrepreneurship was held in February. Nursing service administrators group plans meeting on LPN role. Legislation will be subject of March 30 membership meeting. Psychiatric-mental health nursing is subject of April meeting. Projects on impairment prevention and recruitment are in progress. Retreat is planned for board and committee chairs for examination of long-range plan. Mini-convention is planned for September.

District 16 - PR committee is active. NYSNA president gave presentation on critical issues on March 14.

District 17 - Activity demonstrating opposition to proposed creation of RCT is intensive. Members are involved in county homeless project; specifically, district has "adopted" homeless family to provide social support (non financial). Scholarship will assist one graduate from each high school in district to attend nursing school.

IV. PROGRESS REPORT ON MAJOR ISSUES

A. Report of ANA Commission on Organizational Assessment and Renewal

District representatives reviewed the recommendations of the ANA Commission as they are presented in the executive summary of the report. Dr. Hunter and Ms. Orr directed attention to the March 2 memorandum from Ms. Orr and Elizabeth Carter reporting on the proceedings of the February 23-24, 1989 COAR consensus building meeting. The Council noted that the recommendations concerning membership, which constitute a compromise provision, are already drawing sharply divergent reactions from SNAs.

Ms. Orr explained to district representatives that the proposed structure of the Congress on Nursing Economics, specifically as that structure implicates the proposed Institute of SNA Collective Bargaining Program, is not legally feasible.

Some district representatives stated that it would be possible for the COAR report to be discussed at a district meeting before June. Dr. Hunter assured district representatives that NYSNA would assist in these discussions if district leaders desire assistance.
B. Activities related to nursing shortage

Dr. Crawford reported on activities being conducted by the Statewide Planning Committee on Nursing Education and on issues related to the shortage.

C. Activities related to opposing AMA proposal for creation of registered care technologist

Ms. Kehn directed attention to the written report of the Nursing Practice and Services Program.

D. LPN lawsuit

Ms. Orr reported that the lawsuit is still pending. Most hospitals have not instituted the regulations governing administration of IV therapy by LPNs pending outcome of the suit.

E. HANYS/hospital rate adjustment for professional salaries

Ms. Orr reported that NYSNA is assisting the Hospital Association of New York State in formal efforts to compel the state to release funds already approved for reimbursement of nurses and other professionals.

F. Proposed nurse practitioner regulations

Ms. Kehn reported that the Association is conducting prescription writing workshops leading to fulfillment of requirements for nurse practitioner certification.

V. REPORT ON CONSUMER ADVISORY COMMITTEE ACTIVITY

Deborah Hopkinson, co-chair of the District 4 consumer advisory committee, gave a presentation about establishment and early operation of a district consumer advisory committee. These specific suggestions were made and discussed:

A. Strong district leaders should be appointed to the committee to orient the consumer representatives and guide the committee's work.

B. Community leaders with diverse backgrounds should be appointed to the committee.

C. Meetings should be frequent.
Ms. Hopkinson and District 4 president Ingrid Pearson informed the Council that a committee will require at least one year to become effective.

VI. PROGRESS REPORT ON NYSNA COUNCIL ON NURSING RESEARCH SURVEY
Dr. Carter directed attention to the survey results.

VII. DATE OF NEXT MEETING
The next meeting is scheduled for Friday, May 19, 1989.

VIII. ADJOURNMENT
The meeting adjourned at 2:50 PM.
MARCH 15, 1989 ADVISORY COUNCIL MEETING ATTENDANCE

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<td>Margaret Hardie, President</td>
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Guest: Deborah Hopkinson, Co-chair, Consumer Advisory Committee, District 4

Observer: Mary Reed, graduate student, Russell Sage College
# ADVISORY COUNCIL MEETING GUIDELINES

## Report of Membership Figures

**MARCH, 1989**

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## Comparison Figures:

- **March, 1989**: 29,888
- **February, 1989**: 29,696
- **March, 1989**: 29,888
- **March, 1988**: 30,006

### Notes
- Comparison figures are provided for March, 1989 and 1988, along with February, 1989 data for reference.
LEGISLATIVE ALERT

The 1988 Voting Body of NYSNA recognized the need for free prenatal care for all women.

New York has a new legislative initiative to provide prenatal care to a larger group of pregnant women. The bills are S.A. 4733/A.6343, the Healthy Mother/Healthy Children Legislation. NYSNA is working with a number of other organizations throughout the state to assure that more pregnant women will have access to early prenatal care.

Here is what you can do:

1. Volunteer to participate in a legislative liaison team working for Healthy Mothers/Healthy Children in your county. Karen White at Statewide Youth Advocacy, Inc. is coordinating this activity. To volunteer, call her immediately at (518) 454-8525.

2. Write a letter to your state Senator and Assemblyman urging them to vote for S.A. 4733/A.6343. Send your letter between Mother's Day (May 14) and Father's Day (June 18).

3. Make an appointment to visit your state Senator and Assemblyman to educate them about the benefits of early prenatal care, including the vital services nurses and nurse midwives contribute to improving the health of pregnant women and babies.

4. Send copies of your letters and any responses you receive from legislators to NYSNA Legislative Program Staff and Statewide Youth Advocacy, Inc.

5. During the week of May 29 to June 9, send a letter to Senate Majority Leader Marino and Assembly Speaker Miller urging them to support S.A. 4733/A.6343.

Tell your County Board of Elections to get the name of your state Senator and Assemblyman. The address for state Senators is: New York State Senate, Albany, NY 12247. The address for state Assemblymen is New York State Assembly, Albany, NY 12248.

STATE OF NEW YORK

1989-1990 Regular Sessions

IN SENATE

April 11, 1989

Introduced by Sen. GOODRUE, LACK, POLKOSN, SPANG -- read twice and ordered printed, and when printed to be committed to the Committee on Social Services

AN ACT to amend the social services law, in relation to medical assistance to eligible pregnant women, infants and children

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subparagraph 3 of paragraph (a) of subdivision 1 of section
2 164 of the social services law, as amended by chapter 490 of the laws of
3 1979, clause (11) as amended, by chapter 710 of the laws of 1989, is
4 amended to read as follows:

(11) although not receiving nor in need of public assistance or care
5 for him or her maintenance under other provisions of this chapter, has
6 not, according to the criteria and standards established by this article
7 or by action of the department, sufficient income and resources, includ
8 ing available support from responsible relatives, to meet all the costs
9 of medical care and services available under this title, and in either
10 his or her, or (ii) a spouse of a cash public assistance recipient living in
11 the recipient's household, including an adult child, stepchild, or foster
12 child or (iii) a spouse of a cash public assistance recipient living in
13 the recipient's household, including an adult child, stepchild, or foster
14 or other relative or (iv) a child of a cash public assistance recipient living in
15 the recipient's household, including an adult child, stepchild, or foster
16 or other relative or (v) a child of a cash public assistance recipient living in
17 the recipient's household, including an adult child, stepchild, or foster
18 or other relative or (vi) a child of a cash public assistance recipient living in
19 the recipient's household, including an adult child, stepchild, or foster
20 or other relative or (vii) a child of a cash public assistance recipient living in
21 the recipient's household, including an adult child, stepchild, or foster

EXPLANATION--Matter in italics (underscored) is new material added to the law.

qualified provider determines, on the basis of preliminary information, that the pregnant woman's household income does not exceed the applicable income level of eligibility and the presumptive eligibility shall continue through the earlier of (i) the date on which eligibility is determined pursuant to this title or (ii) the day that is fourteen calendar days after the qualified provider of services makes the preliminary determination referred to herein, or (ii) in the case of a pregnant woman who does not file an application for medical assistance within fourteen calendar days after the date on which the provider makes the preliminary determination is made. The department shall provide qualified providers with such forms as are necessary for a pregnant woman to apply for medical assistance and information on how to assist such women in completing and filing such forms. A qualified provider that determines that a pregnant woman is presumptively eligible for medical assistance shall notify the department of the determination within five working days after the day on which determination is made and shall inform the woman at the time the determination is made that she is required to make application for medical assistance within fourteen calendar days after the date on which determination is made. Notwithstanding any other provision of law, information furnished by a qualified provider that is furnished to a pregnant woman during a presumptive eligibility period by a qualified provider for care and services included in the medical assistance program shall be treated as medical assistance for purposes of payment for the purposes of this paragraph, the commissioner may establish criteria to be used in determining eligibility.

Subparagraph (a) shall establish special income eligibility standards for eligible persons for pregnant women and infants. The income eligibility standard shall be equal to, but not exceed, one hundred percent of the federal poverty level as determined by the United States department of health and human services for a family of four. The income eligibility standard shall also be equal to, but not exceed, one hundred percent of the federal poverty level as determined by the United States department of health and human services. Eligible persons shall be entitled to receive medical assistance for care and services, as provided by paragraph (a) of this subparagraph. Eligible persons shall be determined for purposes of this paragraph by use of the same methodology used to determine eligibility for aid to dependent children. Eligible persons whose family income exceeds the income eligibility standard may be determined for purposes of this subparagraph for medical assistance for care and services as provided by paragraph (a) of this subparagraph. Eligible persons who are determined under this subparagraph for medical assistance for care and services as provided by paragraph (a) of this subparagraph shall be entitled to receive medical assistance as follows:

(1) For pregnant women, shall be entitled to receive medical assistance during the pregnancy and shall continue to be entitled to receive such as
STATE OF NEW YORK

IN ASSEMBLY

March 15, 1989

Introduced by M. of A. GOTTFRIED, JACOBS, TALLON, GREEN, SILVER, WEINSTEIN -- Multi-Sponsored by -- M. of A. ABRAMSON, BARR, BENNETT, BOYLAND, BRAGHMAN, BRENNER, BRODZER, CATAPANO, CLARK, COLMAN, CROKEL, DANIELS, DAVIS, DEARIE, DEI TORO, DINAPOLI, EVANG, GANNIS, GREENE, GRIFFITH, HABERSONG, HEVESI, HILMAN, HOTT, KOPPEL, LASHNER, LOPEZ, MARTINEZ, MAYERSohn, MCPHILLIPS, MURTAUGH, MALER, PASSAMANTE, PREPPER, PROUD, SAMPIOOK, SEMINERI, SERPANO, SIEGEL, SWEENEY, TOMKO, TEOVILI, YOUNG, ZALESKI -- read once and referred to Committee on Social Services

AN ACT to amend the social services law, in relation to medical assistance to eligible pregnant women, infants and children

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Paragraph 5 of paragraph (a) of subdivision 1 of section 364 of the social services law, as amended by chapter 450 of the laws of 1979, clause (i) as amended by chapter 110 of the laws of 1988, is amended to read as follows:

(5) although not receiving nor in receipt of public assistance or care or for his or her maintenance under other provisions of this chapter, has not, according to the criteria and standards established by this article or by action of the department, sufficient income and resources, including available support from responsible relatives, to meet all the costs of medical care and services available under this title, and is either (i) under the age of twenty-one years or sixty-five years of age or older or (ii) a spouse of a cash public assistance recipient living with him or her and essential or necessary to him or her welfare and whose needs are taken into account in determining the amount of his or her cash payment or (iii) for reasons other than income or resources, is eligible for aid to dependent children or federal supplemental security income.

EXPLANATION--Matter in italics (underscored) is new: matter in brackets [ ] is old law to be omitted.
1. A pregnant woman shall be presumed to be eligible for medical assistance for ambulatory prenatal care beginning on the date that a qualified provider determines, on the basis of preliminary information, that the pregnant woman's household income does not exceed the applicable income level of eligibility and such presumptive eligibility shall continue through the earlier of (i) the day on which eligibility is determined pursuant to this title, or (ii) the day that is forty-five days after the qualified provider of services makes the preliminary determination referred to herein, or (iii) in the case of a pregnant woman who does not file an application for medical assistance within fourteen calendar days after the date on which the provider makes the preliminary determination referred to herein, the fourteenth calendar day after such determination is made. The department shall provide qualified providers with such forms as are necessary for a pregnant woman to apply for medical assistance and information on how to assist such women in completing and filing such forms. A qualified provider that determines that a pregnant woman is presumptively eligible for medical assistance shall notify the department of the determination within five working days after the date on which determination is made and shall inform the woman of the time the determination is made that she is required to make an application for medical assistance within fourteen calendar days after the date on which determination is made. Notwithstanding any other provision of law, ambulatory prenatal care that is furnished to a pregnant woman during a presumptive eligibility period by a qualified provider for care and services included in the medical assistance program shall be treated as medical assistance for purposes of payment. For the purposes of this paragraph, the commissioner may establish criteria to be used in determining a qualified provider.

2. (a) Medical assistance shall be provided pursuant to this paragraph to eligible persons who are not otherwise eligible for medical assistance pursuant to this section. For the purposes of this paragraph, eligible persons shall mean pregnant women and infants younger than one year old and children less than eighteen years old.

3. (C) The commissioner shall establish a special income eligibility standard for eligible persons. For pregnant women and infants this income eligibility standard shall equal but may not exceed one hundred eighty-five percent of the federal poverty level as determined by the United States Department of Health and Human Services for a family of the same size. For children eligible pursuant to subparagraph (b) of this paragraph, the income eligibility standard shall equal but may not exceed one hundred twenty-five percent of the federal poverty level as determined by the United States Department of Health and Human Services. Eligible persons shall be entitled to receive medical assistance care and services as provided by subparagraph three of this paragraph. Family income shall be determined for purposes of this subparagraph by use of the same methodology used to determine eligibility for Aid to Dependents of Veterans benefits. Eligible persons whose family income exceeds the income eligibility standard set forth in this paragraph may be entitled to receive medical assistance pursuant to this paragraph by paying a co-payment sufficient to reduce their income to the eligibility standard set forth in this paragraph. Eligible persons eligible pursuant to this subparagraph shall be considered entitled to such resources as are determined necessary to assure access to care and services.
The Campaign for Healthy Children

The Campaign for Healthy Children

MATERNAL AND INFANTS' HEALTH NEEDS CRY FOR MAJOR INVESTMENTS

New York State continues to rank among the worst states in the nation in the percentage of women receiving early and adequate prenatal care. Infant mortality rates are rising in New York City for the first time in 13 years. The expense of intensive neonatal care continues to rise, now topping $90,000 for one low birthweight infant.

We know what works. We can make a difference. The Federal government will even help pay for the services we need in this state.

New York is one of only four states that have not taken advantage of the Federal Medicaid options for expanded maternal and infant health care. We could be drawing down a fifty percent federal financial match, covering all pregnant women living on incomes at or below 185 percent of poverty, and providing health coverage to all their infants.

New York has taken a small step in the right direction through its Prenatal Care Assistance Program (PCAP) but this is fully state funded and has a number of drawbacks. Although effective in what it does, PCAP does not provide coverage for labor and delivery costs. These women either become Medicaid eligible by incurring enough health care costs, or their care is covered by the Bad Debt and Charity Care pool. Either way the state and the counties are paying for this care. PCAP does not cover infants at all. Those infants requiring intensive care at birth generally become Medicaid eligible and the state and localities end up paying these high costs as well.

If the state is going to invest in the health of pregnant women and their infants, it makes sense to be paying for care as early as possible, to help prevent the more costly interventions after birth, including intensive neonatal care, rehospitalization and the lifelong costs of disabilities.

All humane and logical conclusions point to the need to expand access to maternal and infant health care. The most cost effective way of doing this is to adopt legislation to take full advantage of available Federal matching funds: 5.4733 / A.6345 does just that.

WE URGE THE STATE TO ADOPT THE FEDERAL MEDICAID OPTIONS FOR MATERNAL AND INFANT HEALTH CARE AND ACT IMMEDIATELY AND FAVORABLY ON 5.4733 / A.6345.

Working to secure access to comprehensive health care for the children of New York State.

Background Information: Healthy Mothers/Healthy Children Legislation

The Need

Prenatal is the earliest, most humane and cost-effective investment the state can make in its future. The lack of prenatal care puts infants at tremendous risk of dying before their first birthday or suffering illnesses requiring costly and traumatic rehospitalization in the first year of life. Intensive neonatal care for an infant born too early, too small can cost $90,000; the state currently spends an average of $766 to provide a full range of primary prenatal care services to expectant low income women. A recently released report by the United Hospital Fund, Poverty and Health in New York City, finds that hospitalization of high-risk infants in the first year of life now accounts for 500,000 patient days in New York City hospitals.

Teen pregnancy makes sense as the earliest, most humane and cost-effective investment the state can make in its future. The lack of prenatal care puts infants at tremendous risk of dying before their first birthday or suffering illnesses requiring costly and traumatic rehospitalization in the first year of life. Intensive neonatal care for an infant born too early, too small can cost $90,000; the state currently spends an average of $766 to provide a full range of primary prenatal care services to expectant low income women. A recently released report by the United Hospital Fund, Poverty and Health in New York City, finds that hospitalization of high-risk infants in the first year of life now accounts for 500,000 patient days in New York City hospitals.

The report found that economic status and race clearly impact on the health status of our newest citizens. Hospitalization of low income infants for serious illnesses in their first year of life runs as high as 531 per 1,000 live newborns in the most disadvantaged areas of the City. Among higher income groups the hospitalization rate is less than 100 per 1,000 infants. White infants are hospitalized at a rate of 175 per thousand; Black infants return to the hospital with a serious illness at one and a half times that rate; Hispanic infants at twice that rate.

The infants of young mothers are most at risk. Teen pregnancy is one of the strongest predictors of infant illness requiring hospitalization. Teen mothers are among the least likely to receive adequate prenatal care.

Although prenatal care can clearly make a difference in the health status of newborns, New York State continues to rank among the worst states in the nation in the provision of such care to low income and minority women.

New York is the worst state in the nation in its percentage of Black women receiving early prenatal care. Of every four Black women in New York State receive inadequate prenatal care.

Working to secure access to comprehensive health care for the children of New York State.
Babies born to mothers who receive no prenatal care are three times more likely to be claimed by infant mortality. In 1985 in New York State, almost 90,000 women of all races gave birth without having received early prenatal care. They represented 3.5 percent of all women giving birth that year. In 1980, 90,948 women gave birth without the benefit of early prenatal care. They represented 32.2 percent of all women giving birth that year. In 1985, 18,088 babies were born prematurely in this state. A year later that number topped 19,200. In 1986, 2,798 infants died before celebrating their first birthday. Vital statistics in New York City show an increase in the infant mortality rate for the first time in 13 years.

For pregnant women and their infants, prenatal care guards against lifelong disabilities and protects against individual pain and suffering. For the state, investing in early and quality prenatal care for those who cannot afford such care is extremely cost-effective. The March of Dimes recently reported that in New York City, a conservatively estimated $100 million is spent each year on intensive neonatal care. The Congressional Office of Technology Assessment estimates that "for every low birthweight birth averted by earlier or more frequent prenatal care, the U.S. health system saves between $14,000 and $30,000 in new born hospitalization, rehospitalizations in the first year, and long-term health care costs associated with low birthweight.”

New York's Program

The state first began investing in prenatal care in a direct way in 1984 with the creation of the Prenatal Care and Nutrition Program (PCNP). The program grew steadily and was formally enacted into law in 1987 as the Prenatal Care Assistance Program (PCAP). PCAP provides prenatal care to women living on incomes at or below 185 percent of the federal poverty line, who are ineligible for Medicaid and have no third party insurance or have exhausted their insurance. PCAP providers must provide basic prenatal care, including referrals for special tests consultations and hospitalizations. They must provide health education for both parents regarding prenatal nutrition and other aspects of prenatal care, including alcohol and tobacco use, substance abuse, use of medication, labor and delivery, family planning to prevent future unintended pregnancies, breast feeding, infant care and parenting. They must establish a referral system for nutrition assistance, mental health and related social services. PCAP also funds important and effective outreach programs aimed at identifying women in need and ensuring their early entry into care.

The drawbacks of PCAP are significant. It does not cover the cost of labor and delivery. It does not cover infant health care. It is based on grants to providers, rather than creating an entitlement to care based on individual need. Because the program relies on grants to providers, rather than a woman's entitlement to care, women in geographic areas without a PCAP provider are unable to obtain coverage even when they are financially eligible. However, PCAP is the only state program focused specifically on prenatal care. Current programs have the capacity to reach an estimated 31,500 women; the Department of Health estimates that there are 50,000 women eligible for PCAP services.

Federal Assistance: The Bradley-Waxman Amendments

Since 1994, the Federal government has opened a number of Medicaid options, often referred to as the Bradley-Waxman amendments, that would help states provide expanded maternal and infant health care coverage. Taken as a whole, these options could be used to provide for services related to pregnancy, including: prenatal care, labor and delivery, postpartum care, family planning services, and conditions which may complicate pregnancy. It would also include a full range of health care coverage for infants.

Resources or asset tests may be waived in determining the eligibility of these women and children. Women may be presumed eligible as soon as they enter care. Eligibility may remain in full force and effect -- regardless of changes in income -- throughout the pregnancy and during the six month postpartum period.

Income eligibility for infants under the age of one year may also be raised to 185 percent of the poverty line. Newborns can become automatically eligible under their mother's Medicaid case number. In addition, children up to the age of eight living in families with incomes below 100 percent of poverty would be entitled to receive Medicaid.

New York has yet to take advantage of any of the major options available. The state provides continuous eligibility and covers the infant upon birth, but the hard-earned options of increased eligibility levels and presumptive eligibility have yet to be enacted in this state.

While New York raised Medicaid eligibility levels across the board last year, the state lags behind over 40 states which opted to provide expanded Medicaid coverage to pregnant women and infants under age one. A number of states, including Massachusetts, Rhode Island, Michigan and Vermont have raised eligibility levels for infants and pregnant women to the full 185 percent of poverty allowed by the federal changes. Massachusetts has gone beyond the Federal options, raising eligibility levels for children under the age of eight to 185 percent of the poverty line.

At least 23 states have opted to raise eligibility levels for children over the age of one, including our neighbors New Jersey, Massachusetts, Pennsylvania and Vermont. Twenty-four states now provide continuous eligibility for women throughout their pregnancies, including Massachusetts, Michigan, New Jersey, Vermont, Connecticut and Massachusetts. Fifteen states provide care to pregnant women as soon as they arrive, presuming they are eligible while the paper work is processed, again, including New Jersey, Massachusetts and Pennsylvania. At least 20 states have done away with the Medicaid resource test for young children and pregnant women.

New York’s New Legislation

Legislation has just been introduced that would allow New York State to take advantage of the "Bradley-Waxman amendments". A.6343 was introduced in March by Assemblymembers Gottfried, Jacobs, Tallon, Green, Silver, and Weinstock. It is sponsored by: Assemblymembers Abramson, Barbara, Bennett, Boyland, Brennan, Breisky, Catapano, Clark, Colman, Crowley, Daniels, Davis, Dean, DeToro, DiNapoli, Eve, Gant, Grannis, Greene, Griffin, Harenberg, Hevesi, Hulman, Hoyt, Koppell, Lasher, Lopez, Martinez, Mayersohn, McPhillips, Murphy, Naelder, Pascaretti, Pheffer, Proud, Sashook, Seminoff, Siegel, Sweezy, Tonko, Teyroll, Young, and Zaletel. Senators Goodhue, Larkin, Robinson, Spano introduced the Senate companion bill, S.4723 in April.
WE NEED YOUR HELP. The state budget is complete and attention now turns to major policy legislation. Our message must be clear:

MEDICAID COVERAGE FOR MATERNAL AND INFANT HEALTH CARE MUST BE EXPANDED. ACT IMMEDIATELY AND FAVORABLY ON S.4733/A.6343.

HOW YOU CAN HELP: USE THE ENCLOSED POSTCARDS TO HELP GET THE MESSAGE ACROSS.

Ask your family and friends, your staff and clients, your colleagues and fellow church members to SIGN a card to Assembly Speaker Miller and Senator Marino. Bring them with you to your next meeting.

After getting the cards signed, (with addresses, including zip codes), YOU SHOULD MAIL THE CARDS. Don’t leave a meeting without the signed cards.

TIME IS OF THE ESSENCE. Quick turnaround and volume is the objective.

Call Karen A. White (518) 436-6525 immediately if you can use more cards.

OTHER WAYS OF HELPING

Use our "Dear Friend" letter as the basis of a personal or organizational letter to your own legislators. Along with the outline of why such care is needed, ask him/her specifically to:

"Take full advantage of all available federal Medicaid options for maternal and infant health care. Act immediately and favorably on S.4733/A.6343.

ACT NOW. Let’s get the word out, for the health of New York’s future.
TO MEMBERS OF NEW YORK STATE NURSES ASSOCIATION:

Please complete this form and send copies to NYSNA,
2113 Western Avenue, Guilderland, NY 12084 as well as
Statewide Youth Advocacy.

DEBRIEFING

Following your contact with a State legislator or legislative staff person, please complete this form.
Return the completed form to Statewide Youth Advocacy immediately.

1. Name of legislator or staff person interviewed:
   Legislator ______________________________________________________
   Staff Person _____________________________________________________
   (Name) ___________________________ (Title) ________________________

2. Contact made by: ( ) personal visit ( ) telephone ( ) letter

3. Response of legislator or staff person (list subjects discussed; include quotes; be as
   objective as possible):

4. Your assessment of the attitude on the issues of the person interviewed:

5. Your recommendations for follow up (include any information requested by legislator
   or staff that you may wish Statewide Youth Advocacy to know):

   Date of interview ____________________ Place ( ) Albany office ( ) District office

   Your name ______________________________________________________
   Address _______________________________________________________
   Telephone ___________________________ Organization __________________________

Please keep a copy for your files and send a copy to
Campaign Headquarters
71 Columbia Street
Albany, New York 12210
MEMORANDUM OF SUPPORT

S.4733

AN ACT to amend the social services law, in relation to medical assistance to eligible pregnant women, infants and children.

The New York State Nurses Association supports S.4733 which would extend available medical assistance to pregnant women for ambulatory prenatal care.

In this time of escalating health care costs, a program that works toward wellness will have beneficial implications for society. NYSNA, at its 1988 Annual Convention, voted to urge the state to institute viable prenatal care programs. This bill would provide care to the pregnant woman from time of application on through the sixtieth day after delivery. If, at application, a woman is determined to meet income level restrictions she will have care provided, at least, until eligibility is finally determined or 45 days from initial application. This presumption clause will allow for necessary initial care immediately to many people.

For these reasons the New York State Nurses Association strongly supports S.4733 and urges its adoption.

5/18/89