

# Lobbying for Safe Staffing to Improve Patient Outcomes

# SAFE STAFFING

# SAVES LIVES

*Quality Health Care for ALL*

NAME: \_\_\_\_\_ BUS CAPTAIN NAME: \_\_\_\_\_

BUS#: \_\_\_\_\_ BUS PICKUP TIME: \_\_\_\_\_ BUS CAPTAIN PHONE#: \_\_\_\_\_

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# ITINERARY FOR APRIL 23, 2018

## MEMBERS CATCH YOUR BUS & GET TRAINED

**(9:30 AM – 10:45 AM)**

- Get breakfast with lobby day orientation & registration
- Bus departure times vary. Contact your NYSNA Rep.

**L FOR THOSE NOT ON THE BUS** (or on Albany area bus), Lobby Day Breakfast and Lobby Day Orientation will be in the Convention Center Meeting Room 3-4 at two times: **-8:45AM-10:00AM -9:30AM-10:45AM**

### Student Bus Drop Off (8:30AM - 9AM)

- **I** Student RN headquarters – breakfast & Lobby Day Orientation, Meeting Room 6
- **I** Nurses and Nursing Students Defend the New York Nurses' Scope of Practice (9AM-10AM)

### **A MEMBER BUS DROP OFF (10:45AM – 11:15AM) Madison Ave.**

### **B NYSNA CHECK-IN (8AM - 11:30AM)**

- Get T-shirt

### **C Education on NYSNA's Legislative Priorities (11:15AM - 12:15PM) & the Importance of RNs Establishing Relationships with Legislators**

- Hear from patients, caregivers & elected leaders
- Express your support for RN issues

### **D LOBBY & DEBRIEF BY APPOINTMENT (9:30 AM – 3:30 PM)**

- Go with your Lobby Team to advocate with Assembly members & Senators. Check-in through Security (multiple entrances underground and above-ground) to Legislative Office Building or Capitol. One to two 1/2 visits per team: focus on the talking points.

- **G** Prepare and turn in collective Report on visit outcomes in Albany Room. (Note: After 3:30pm, turn in Reports at **B** Madison Avenue Lobby.)
- [ **I** Student Nurse Debrief from Lobby Visits in meeting room 6 ]

### **E LUNCH AVAILABLE (12:30PM - 2:30PM)**

- Before or after scheduled Lobby visits
- Sit down to plated lunch in Convention Center

### WORKSHOPS (2:30PM - 3:30PM)

- **F** Patient Defenders: RNs Documenting Unsafe Staffing at the Bedside
- **L** Federal & State Budgets' Negatively Impacting Patients & Nursing Practice
- **H** Why Frontline RNs Support Single Payer Healthcare for Their Patients
- **J** Caring for All New Yorkers: RN Perspectives on Diversity among Our Patients and Effective Nursing Practice

### **C CLOSING PROGRAM (3:30PM - 4:00PM)**

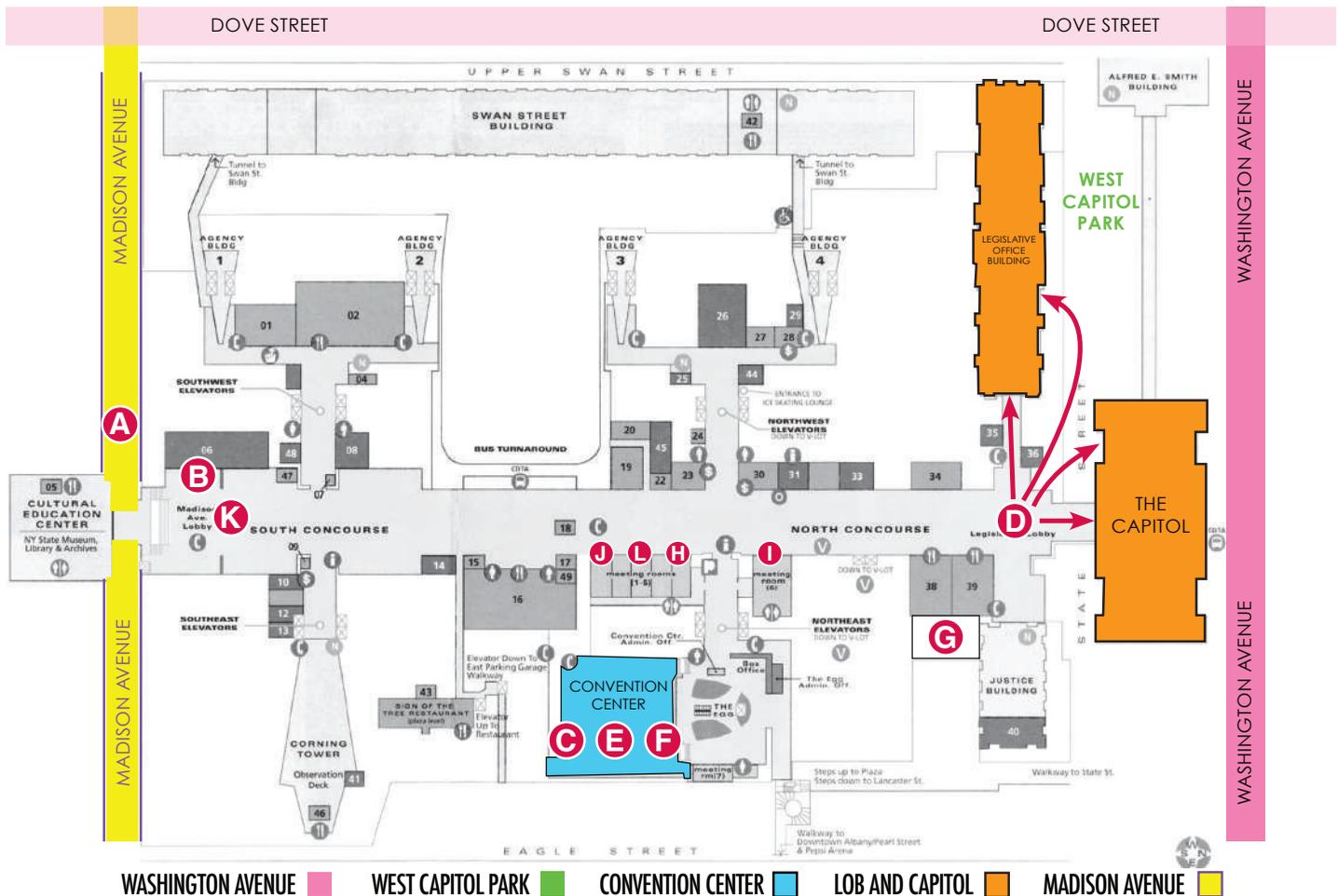
- Return to Convention Center Main Room for Closing Program and sendoff to departing buses.

### **K BUSES DEPART (4:00PM - 4:30PM)**

- **B** Go to Madison Ave Lobby to pick up your box dinner
- **A** Return to the bus that dropped you off. Roll Call.
- Complete your CE Certificate
- "Next steps for Campaign" training
- Sign up for upcoming Lobby Days and Safe Staffing Campaign Activities

**L FOR THOSE NOT TAKING A BUS** (or on Albany area bus), must go to "Next Steps for Campaign" training in Meeting Room 3-4 at 4:00pm

\* 4.5 contact hours will be awarded for the day. Up to 5.5 additional contact hours in take-home booklets







**Support for Safe Staffing Legislation has never been stronger or louder. Safe Staffing calls on hospitals to maintain a responsible ratio of nurses to patients—ensuring better care and saving lives.**

There is significant support among the general public.\*

**95%**

New Yorkers who have positive opinions of nurses

**85%**

New Yorkers who favor Safe Staffing legislation

**67%**

New Yorkers who think hospitals don't have enough nurses

Localities across New York State are passing resolutions in support of the Safe Staffing Legislation:

- **The City of Buffalo**
- **City of Tonawanda**
- **Town of Tonawanda**
- **Town of West Seneca**
- **Town of North Collins**
- **Town of Lancaster**
- **Village of Kenmore**
- **Ulster County**
- **Albany County**
- **Town of Cheektowaga**
- **Town of Amherst**
- **Town of Hamburg**
- **Town of Niskayuna**
- **Schenectady County**
- **City of Schenectady**
- **Kingston City Council**
- **Erie County**
- **Rockland County**
- **City of Utica**
- **Town of Lloyd**
- **Town of New Paltz**

Unfortunately, the Greater New York Hospital Association, the Hospital Association of New York, and their allies are putting profits first and actively oppose this legislation.



## Safe Staffing Legislation (S.03330/A.01532) will protect patients by:

- Establishing safe standards for Nurses at all New York hospitals.
- Requiring hospitals to staff units using nurses that are trained for care in that unit. For example, nurses in the ER should be trained in ER care.
- Requiring hospitals to be more transparent about their staffing levels.
- Setting a maximum number of patients a nurse is responsible for at any given time.



### 31 SPONSORS

including Kemp Hannon (R),  
Chair of the Health Committee



### 101 SPONSORS

including Richard Gottfried (D),  
Chair of the Health Committee

**A PROPER NURSE TO PATIENT RATIO SAVES LIVES.**

In fact, a patient's chance of death **increases** by 7% for each additional patient that a nurse must care for.

New York State  
**NURSES**  
ASSOCIATION®



## **ECONOMIC ANALYSIS OF THE SAFE STAFFING FOR QUALITY CARE ACT**

**A01532**  
**Assembly Member Gunther**

**S03330**  
**Senator Hannon**

### **1. Claimed Cost of Compliance**

According to written position statements issued by the GNYHA and HANYS, the cost of hiring nurses to comply with the proposed staffing ratios legislation is \$2 billion. Based on an assumed average cost per nurse of \$100,000 (including salary and benefits), this means that in the aggregate NY hospitals claim that they will have to hire approximately 20,000 nurses to comply with the proposed law.<sup>i</sup>

It should be noted that the hospitals have failed to provide any concrete information regarding their current staffing or support for the contention that they will have to hire 20,000 nurses. We believe, based on a review of limited staffing data in our possession, that the hospitals are greatly exaggerating the price tag of the ratios bill. The \$2 billion price is an arbitrary assertion that is unsupported by any concrete data.

### **2. The Relative Cost of Compliance is Minor**

According to data obtained from the American Hospital Directory, the aggregate revenue of NY state hospitals (excluding the VA system) is \$160.59 billion.<sup>ii</sup> The \$2 billion cost of complying with ratios alleged by the hospitals thus amounts to less than 1.25% of total revenues, a very small relative share of total hospital revenue and of total costs.

### **3. Compliance Can Be Attained Without Additional Expenditures**

According to a review of IRS form 990 data from a sampling of hospitals, managerial expenses range from 18% to 27% of total hospital expenses.

Based on our analysis of hospital IRS 990 returns, managerial and other non-patient care functions include such expenditures as "key employee" salaries and benefits (i.e., salaries and benefits for executives and high level managers), advertising, occupancy and office expenses, travel expenses, dues paid to industry associations, lobbying costs, legal fees, and other similar non-patient care costs.

We also note that in addition to expenses categorized on the IRS 990 returns as purely “managerial,” NY hospitals increasingly utilize multiple layers of management and supervisory personnel at all levels of operation, including at the patient care unit and department levels. Many hospitals categorize these excess levels of middle management as “program expenses” (i.e., as patient care) and thus further mask the true degree to which resources are diverted to non-patient care activity. These managers do not provide direct patient care and siphon resources away from direct patient care.

It must also be noted that executive level salaries are often inordinate and excessive. Of the approximately 200 hospitals in NY State, the top 412 executives alone receive compensation of \$339 million.<sup>iii</sup>

If we assume that the average hospital expenditure on managerial and other functions unrelated to direct patient care is 20% of revenues (probably a low estimate), then the aggregate spending on non-patient care operations is about \$32.12 billion per year. The \$2 billion that the hospitals claim it will cost to comply with minimum staffing ratios is thus only 6.25% of the \$32.12 billion that is currently spent on managerial and other non-patient care functions.

The hospitals could easily meet the costs of compliance without incurring any additional costs by: 1) reducing executive salaries, 2) eliminating excess layers of management throughout hospital operations, 3) reducing or eliminating advertising and other wasteful spending, and 4) streamlining other non-patient care functions.

The claimed \$2 billion cost of compliance could thus be absorbed merely by shifting 6.25% or 1/16th of current managerial and overhead spending (i.e., reducing managerial/overhead costs from the current 20% or more of budget to around 15%). Compliance thus would not cost the hospitals a dime. It would merely require CEOs to figure out how to spend a little bit more of their existing budgets on direct patient care.

#### **4. The Hospitals’ Cost Analysis Does Not Account for Other Cost Factors**

In coming up with their \$2 billion price tag, the hospitals have only accounted for the direct cost of hiring more nurses. They have not considered the dynamic cost effects of increased RN staffing, which include the following:

- Reduced length of stay and fewer incidences of unreimbursed excess stays;
- Fewer reimbursement reductions resulting from hospital-acquired complications;
- Fewer unreimbursed 30 day re-admissions;
- Improved morale and productivity of RNs and other patient care staff;
- Reduced RN turnover, resulting in lower costs of recruitment and training, and higher productivity;
- Reduced reimbursement penalties for failure to meet quality standards;
- Lower incidence of workplace injuries and illness among staff that is often attributable to short staffing, stress on the job and heavy patient loads;
- Fewer assaults on nurses and other staff by patients and family members, caused by long wait times or frustration with the lack of staff to meet patient needs in a timely fashion, resulting in lower workers compensation and legal liability costs;
- Lower costs of defending against malpractice lawsuits by patients or their survivors; and

- Increased patient satisfaction scores and other metrics that result in bonus payments.

Though we have not been able to fully quantify the cost savings that will flow from increased staffing, and understand that some of the savings will not be immediately gained, it is clear that the offsetting benefits of staffing ratios are substantial and will greatly reduce the direct costs of compliance.

For example, about 86% of NYS hospitals evaluated in 2014 faced Medicare penalties for high re-admission rates. In California, by way of contrast, where nurse to patient ratios are already law, only 33% of hospitals had a readmission penalty imposed, and the average penalty amount was half of the NYS average.

It should also be noted that in California, the passage of staffing ratios legislation corresponded to a dramatic increase in hospital net income. Median hospital operating margins increased from 0.1% in 2001 (before the 2003 implementation of staffing ratios) to 3.1% in 2010. The percentage of hospitals with negative operating margins dropped from 50% in 2001 to 34% in 2010.<sup>iv</sup>

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<sup>i</sup> See: HANYS and GNYHA memoranda in opposition to the bill.

<sup>ii</sup> See: American Hospital Directory, [https://www.ahd.com/states/hospital\\_NY.html](https://www.ahd.com/states/hospital_NY.html)

<sup>iii</sup> See: Paying for What Doesn't Count, How Exorbitant Executive Compensation and Frivolous Advertising Hurts New York Hospital Patients, Memorandum, Communication Workers of America District One.

<sup>iv</sup> See: California Hospitals: Buildings, Beds, and Business, California Health Care Foundation, January 2013  
<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CaliforniaHospitals2013.pdf>

# EVERY PATIENT DESERVES A REGISTERED NURSE!

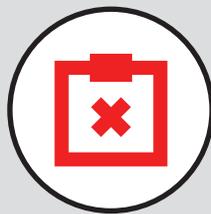
**New York nurses fought back against a dangerous proposal in Albany and won. But we must stay vigilant and keep an eye on any proposal that attempts to change our scope of practice.**

Albany politicians are proposing the creation of a “Community Paramedicine Collaborative” program that will allow EMTs and Paramedics to provide direct care to patients in their homes during non-emergencies **replacing nurses in the process!**

**THESE ARE ATTEMPTS TO DEREGULATE, DESKILL, AND DISRUPT EXISTING SCOPE OF PRACTICE AND COULD RESULT IN:**



Highly skilled nurses being replaced by **workers without the training of a RN**



Non-nurses being forced by management to take on RN duties **without proper training or pay**, and no clear path for advancement



A two-tiered health care system that **prioritizes cutting costs over patient care**

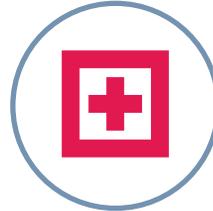
**STOP DEREGULATION THAT DESKILLS OUR PROFESSION + JEOPARDIZES PATIENT CARE**

New York State  
**NURSES**  
ASSOCIATION

## Healthcare in New York is being threatened on all fronts.



Attacks from lawmakers in Washington on the Affordable Care Act



Potential cuts to Medicare



Attempts to slash funding that help the patients who need it the most

# Now is the time to act!

**Protecting Enhanced Safety Net Hospitals is a start.**

**Enhanced Safety Net Hospitals are defined as follows:**

- 1** Any private hospital that meets all of the following criteria:
  - 50% or more of all patients treated (inpatient and outpatient) receive Medicaid or are medically uninsured;
  - 40% or more of inpatient discharges are covered by Medicaid;
  - No more than 25% of inpatient discharges are covered by private insurance;
  - At least 3% of patients receiving services are uninsured; and
  - Provide care to uninsured patient in all services, including emergency, hospital-based and community clinics, dental and prenatal care.
- 2** Any public hospital operated by a county, municipality or public benefit corporation, regardless of its patient population characteristics.
- 3** Any hospital federally designated as a “critical access” or “sole community provider” facility.

## Thank You Albany:

- For including in the budget funding for Enhanced Safety Net Hospitals
- For stopping cuts to county and municipal health departments

## How to help:

- Move to disburse much-needed DSRIP funds to provider networks
- Stand with NYSNA to stop Washington lawmakers from cutting medicare
- Push for more money to protect the Enhanced Safety Net and Critical Access Hospitals

## **NYSNA Summary of the NY State 2018-2019 Health Budget and Other Budget Issues**

The newly enacted state budget includes many provisions that were fought for by NYSNA and other unions. We won quite a few victories in a dangerous political climate in which the State was facing a \$4 billion budget gap, much of which was the result of Federal government actions that threaten funding for Medicaid, the ACA, and other vital health care programs that are relied upon by our patients. The budget also addressed the threat posed by the anti-labor forces behind the “Janus” attack on unions and by the pro-corporate tax cuts enacted by Congress late last year that will impact the New York state budget. Given this context, the enacted budget represents a victory for nurses, our fellow workers and our patients.

### **1. The Essential Plan is preserved - for now.**

The budget will include funding fixes to maintain the Essential Plan, which provides coverage to about 700,000 New Yorkers, and is under threat due to Federal health funding cuts. The Essential Plan is funded largely through “cost sharing reduction” (CSR) monies under the ACA that were unilaterally terminated by the President in 2017. This funding not only provides money to run the Essential Plan in New York, but it also helps make individual coverage on the ACA exchanges affordable by picking up the cost of co-pays and deductibles for low and middle income participants. Although the program is saved for now, we will need to pressure Congress and the Federal government to restore the CSR funding that pays for the vital Essential Plan insurance program.

### **2. Enhanced Safety Net Hospital legislation is now law!**

NYSNA and our union and healthcare advocate allies pushed hard to enact legislation to target special funding streams to the urban and rural safety net hospitals that provide the highest levels service to Medicaid and uninsured populations and medically underserved communities. These hospitals also have the most precarious finances. This new law will target supplemental funding to all public hospitals, rural “critical access” and “sole community” hospitals, and private safety net hospitals with highest rates of Medicaid/uninsured patients and lowest rates of privately insured patients. The new budget includes \$50 million in funding for covered hospitals and the possibility of additional federal matching money. There will also be a workgroup convened in 2018 to study the financial problems faced by Enhanced Safety Net Hospitals and to recommend further legislative action. The final legislation incorporates fully the definitions of Enhanced Safety Net Hospitals that we had proposed. NYSNA played a key role in getting this provision added to state law.

### **3. Health Care “Contingency Fund” Passed**

The final budget includes a proposal to create a \$1 billion reserve fund to allow the state to respond to any cuts in health care funding from the federal level. The purpose of this fund is to create a reserve to protect New York’s health care programs in the event that the Federal government and Congress take actions that reduce funding for Medicaid, the ACA (Obamacare) or other key health care programs.

The bulk of the funding for this reserve will come from the proceeds of the conversion of the non-profit Fidelis insurance system to for-profit status and its acquisition by the Centene insurance company. The final budget legislation allows the “profits” from the Fidelis conversion to be appropriated by the state.

The final budget legislation formally creates the new “Health Care Transformation Fund” and provides that this fund will be kept separate from state general account funds and be used solely to support health care services (it cannot be raided or used for other, non-health purposes). If draconian federal health care cuts do not materialize (i.e. if the Republicans lose their majority in Congress), the monies in the fund can be used to support health care capital, operational or other health care spending at the state’s discretion.

The new fund will receive at least \$1 billion (and possibly more), and the money will come entirely from the proceeds of the conversion of the non-profit Fidelis health insurance company to for-profit status and its acquisition by Centene. The conversion and sale of Fidelis is expected to yield at least \$3.75 billion in profits, but the deal must be approved by the state Department of Financial Services (which oversees insurance providers). The state took the position that Fidelis earned all of its income from state Medicaid payments and attained its \$3.75 billion valuation because of its non-profit (and tax exempt) status, thus entitling the state to “seize” the bulk of the proceeds of the Centene deal.

The final agreement reached will allow the state to receive \$1 billion when the deal is approved in the next few months and also to receive another \$1 billion (half from Fidelis and half from Centene) in the form of a claw back of excess reserves being held by Fidelis. An earlier glitch which would also have cost NYCHH’s MetroPlus insurance arm about \$200 million in “excess reserves” was fixed in the final legislation and the definition of the insurers to whom this would apply specifically excludes “public benefit corporations” such as NYCHH and no other non-profit insurers meet the “excess reserves” definition.

If the deal to sell Fidelis to the for-profit Centene insurance company does not move forward, the state can still seize about \$500 million in “excess reserves” being held by Fidelis.

The legislation to create this reserve fund establishes a powerful precedent to allow the state to claw back profits that other insurers or providers have earned primarily due to direct state subsidies (and has been widely decried as such by pro-business analysts). Making private insurance companies disgorge their profits in the interest of maintaining vital public services will be a useful tool in future battles to protect and expand vital social services and may even be of use in the move to single payer health care.

#### **4. Capital Financing for Essential Health Care Providers is increased.**

The state appropriated \$525 million in capital funding for safety net hospitals and other providers for FY 2018-2019, of which \$60 million is directed to community-based providers and \$45 million to residential health care facilities. The remaining \$420 million will be available for safety-net hospitals. This money is not only available for capital expenses, but can also be used to restructure and improve the sustainability of hospitals. This funding is key to preserving and expanding key health services and supporting the continued viability of financially precarious safety net hospitals. Funding from this pool of money has been used to keep many vulnerable hospitals that would have closed open and serving our communities.

#### **5. \$100 million in new funding for opioid treatment - payed for by drug makers and distributors.**

This new funding will create an “Opioid Stewardship” program funded entirely by new fees assessed on the manufacturers and distributors of opioids. The funding will be directed to programs operated or funded by the State Office of Alcohol and Substance Abuse Services (OASAS) and will result in increased resources for inpatient, outpatient and community health programs to ease the strain of the opioid crisis on our hospital’s

psychiatric and rehab services. The assessment of special fees on the drug industry also adds to the growing movement to make private corporate interests in the health care industry financially responsible for the social impact of their profit making activities.

**6. \$37 million increase in funding for OASAS opioid and substance use programs**

The state Office of Alcohol and Substance Abuse Services saw its budget increased from \$210 million to \$247 million, with new funding directed to prevention, treatment and recovery programs and to public awareness and education activities including the following: \$10.6 million to support an expansion of residential treatment beds, a new Recovery and Community Outreach Center program, and an Adolescent Clubhouse program to provide peer support activities and events that help maintain a sober and substance-free lifestyle; \$3.8 million for the development and implementation of substance use disorder treatment in local jails; \$1.5 million for the creation of an Independent Substance Use Disorder and Mental Health Ombudsman to assist individuals in receiving appropriate health insurance coverage; \$2 million to fund the Substance Abuse Prevention and Intervention Specialist (SAPIS) program in New York City schools; \$1 million to educate and assist health care providers in caring for expectant mothers and new parents with substance use disorders; and an additional \$350,000 allotment for infant recovery centers.

**7. Community Paramedicine Collaborative proposal is removed from the budget.**

NYSNA has no objection to authorizing EMTs and paramedics to participate in integrated community health initiatives with nurses and other licensed health care professionals. We have strongly objected, however, to proposals like the one in the budget that would open the door to erosion of nursing scope of practice. The final budget legislation stripped out this improper proposal.

**8. Codification of CRNA Scope of Practice is not included in the state budget.**

The final budget legislation did not include the proposal to expand and codify the scope of practice of Certified Registered Nurse Anesthetists (CRNAs). NYSNA supported the legislation and will continue to work for the right of CRNAs to expand their scope of autonomous practice.

**9. For-Profit Ownership and Operation of Retail Health Clinics is again rejected.**

NYSNA strongly believes that it is imperative to protect nurses and patients from ongoing efforts to expand the ability of for-profit corporations to own and operate “retail clinics” in commercial settings and strongly opposes the “Walmartization” of health care in New York. We have long fought against this proposal and it was not included in the final budget legislation.

**10. New York responds to the attack on New York taxpayers in the new federal tax law.**

The recently enacted federal tax law that was rammed through by the President and Congressional Republican leaders gave \$1.5 trillion in tax breaks to corporations and the rich. Workers in the making \$25,000 or less will see an average tax cut of \$60, while those in the middle class will see about \$900 on average. The top 1%, however, will see an average windfall of \$51,000.

The Republican tax cuts will balloon the federal deficit and lay the political foundation to accomplish openly stated goals of slashing Medicaid, Medicare and other vital health “entitlement” programs in the name of deficit reduction. These cuts, if successfully enacted will have a particularly devastating impact on New York’s health care system and will directly threaten the viability of our hospitals.

To make matters worse, the net addition to the federal deficit was partly offset by skewing the new tax code to severely penalize residents of New York, Connecticut, New Jersey and other high income/high cost states

by capping the total federal tax deduction for property and local taxes at \$10,000. This means that many New Yorkers who live in areas with high home valuations and high property taxes will see large tax increases starting in 2019. In essence, the budgetary effect of this massive tax giveaway to corporations and the rich was partly subsidized by increasing taxes on many middle class New Yorkers.

The final budget agreement includes new provisions to respond to this assault on middle class New Yorkers by taking steps to circumvent this punitive treatment of state and local taxes.

The budget includes the following new provisions to reduce the effect on New Yorkers of the Republican tax give away to corporations and the rich:

- (a) **Expands Charitable Contributions to Benefit New Yorkers:** The State budget creates two new state-operated Charitable Contribution Funds to accept donations for the purposes of improving health care and education in New York. Taxpayers who itemize deductions may claim these charitable contributions as deductions on their Federal and State tax returns. Any taxpayer making a donation may also claim a State tax credit equal to 85 percent of the donation amount for the tax year after the donation is made. In addition, the legislation authorizes school districts and other local governments to create similar charitable funds. Donations to these local funds would provide a reduction in local property taxes (via a local credit) equal to a percentage of the donation. This will allow New Yorkers to claim these donations to health or education programs as credits against their state and local taxes and as charitable donations against their federal taxes, thus avoiding a tax hit when they file their 2019 federal taxes.

(b) **Creates the Alternative Employer Compensation Expense Program:** While the federal tax cuts eliminated full State and local tax deductibility for individuals, corporations are still allowed to deduct their state and local taxes in full. Under the State budget employers would be able to opt-in to a new “Employer Compensation Expense Program” (ECEP) structure. Employers that opt-in would be subject to a 5 percent tax on all annual payroll expenses in excess of \$40,000 per employee, phased in over three years beginning on January 1, 2019. This will allow the employer to pay their employee’s share of the state income tax, which they can still deduct from their federal taxes. By shifting the employee’s state income tax obligation (which is now subject to the federal \$10,000 cap) from the employee to the employer, the employer can deduct that extra tax payment in full and the employee will have the same take home pay and avoid paying higher federal taxes under the new law.

(c) **Decoupling the State income tax from Federal Tax Code:** The New York state income tax code links its brackets and tax rates to the federal tax code. This was unproblematic prior to the enactment of the federal tax law, but now creates a situation in which state taxes on individual would be automatically increased by up to \$1.5 billion. The FY 2019 Budget decouples the state tax code from the federal tax code, where necessary, to avoid any such automatic increases.

#### **11. School-based health centers funding restored.**

The state budget an additional \$3.8 million for school-based health centers, restoring cuts that had been made last year. These cuts had forced operators of the 225 state-wide clinics to reduce staff or close entirely. These clinics are important providers of preventive, primary and oral health services, particularly for uninsured children. With the restored funding, many clinics that were under threat of closure, including those operated by NYCHH, Montefiore Medical Center and SUNY Downstate will be able to fill vacancies and shelve plans to close down.

#### **12. Funding for Nurse Family Partnership, Nurse Scholarships and Loan Forgiveness preserve**

The state budget preserves funding for Nurse-Family Partnership programs and for nursing scholarships, loan forgiveness and tuition waiver programs at prior levels.

#### **13. First 1000 Days Program is enacted.**

The state budget includes a new “First 1000 Days Program” to expand access to services and improve health outcomes for young children covered by Medicaid and their families. The initial funding is to establish the program and map out a strategy to increase services and health outcomes for children from birth to age three. NYSNA will push in future sessions to increase funding and to expand the range of nursing services employed in this new program.

#### **14. Vital Access Provider Assurance Program (VAPAP) and Value Based Payment-Quality Incentive Program (VBP-QIP) (formerly Interim Access Assurance Fund) are included in the budget with an increased budget.**

This ongoing program provides assistance to financially distressed hospitals as they seek to become “sustainable” and has been used to provide assistance to about 28 hospitals since 2014. The program has now been expanded to include the SUNY public system.

### **15. Measures to fight sexual harassment by employers.**

The new budget includes legislation to crack down on sexual harassment in the workplace. The legislation includes legislation prohibiting employers from imposing confidentiality clauses to prevent victims and their co-workers from discussing harassment settlements, banning mandatory arbitration clauses that prevent victims from taking their claims to a jury trial in the courts, and requiring employers to institute and publicly post sexual harassment policies that are equal to or better than the minimum model policies to be drafted by the Department of Labor and the Division of Human Rights.

### **16. New York State responds to the anti-union forces behind the Janus lawsuit.**

The Janus case, which is now pending before the US Supreme Court, would overrule longstanding precedents and allow public employees to “free ride” by enjoying all of the wages and benefits gained through union action without having to contribute their fair share of the costs in the form of dues or agency fees. Under current NY law, non-members are still required to pay the agency fee costs of union representation. If the Supreme Court rules (as is expected) in favor of the anti-union plaintiffs, public sector employees will no longer be required to pay their fair share of dues or agency fees. This will result in many unions losing a large percentage of their revenues and hamstringing their ability to effectively negotiate good contract and fight for worker’s rights in the political arena.

In response to this pending decision, the legislature, the governor and a coalition of unions (including NYSNA) came to an agreement on budget legislation that will blunt the effect of a negative decision in Janus. This new legislation includes the following elements:

- (a) Require public employers to transfer dues to the union in a timely manner;
- (b) Require all public employers to provide the union with access to new employees during the orientation period;
- (c) Allow unions flexibility to set their own rules for revocation of membership or of dues/fee payment authorizations;
- (d) Amend the legal duty of fair representation to allow unions to refuse to provide representation to non-member “free riders” in terminations and other disciplinary actions.

# GUARANTEED HEALTHCARE: WHY THE NEW YORK HEALTH ACT MAKES SENSE (A.4738/S.4840)

## Federal threats to healthcare funding are dangerous to the public's health in New York:

- Tax reform delivered deep cuts to corporations and the wealthiest 1%, resulting in **less revenue for social programs like Medicare and Medicaid**, threatening the coverage for millions of people who rely on these programs.
- Because of the repeal of the individual mandate, nearly one million New Yorkers who get insurance through the individual market are at risk of losing health coverage; an estimated 13 million will lose insurance nationally.

## The status quo for healthcare is also unacceptable:

- Over 1 million New Yorkers are currently uninsured. Millions more are underinsured.
- The U.S. spends more than **\$3 trillion** on healthcare annually, nearly double per capita compared to any other nation. Yet our healthcare outcomes are far behind in nearly every category. For example, maternal mortality is actually increasing in the U.S. despite every other developed country making significant gains in reducing deaths related to pregnancy.
- Financial barriers and lack of access to care are significant drivers in these shameful health outcomes. Each year, 1/3 of patients WITH INSURANCE go without prescribed medicines or fail to get the medical attention needed because of high deductibles and co-pays. **Hundreds of thousands of people file for bankruptcy** because of medical debt every year.
- An estimated 2,000 New Yorkers **die every year** due to lack of access to care.
- The current system relies largely on private commercial health insurance, which spends exorbitant amounts of money on CEO salaries, advertising to healthy "customers" with expensive ads, and creating huge amounts of paperwork and administration. Health insurance companies in the U.S. spend up to 20% of each dollar on administration; Medicare, by comparison, spends 2 cents of each dollar. WE THROW AWAY BILLIONS ON COMMERCIAL HEALTH INSURANCE UNRELATED TO DIRECT PATIENT CARE.
- Inequality is rapidly increasing, and **your zip code can actually determine your life expectancy**. The richest 1 percent of American men lives *15 years* longer than the poorest 1 percent, *10 years longer* for women.
- The current system is designed to make profits—which it does very well—not provide healthcare.

<https://www.governor.ny.gov/news/governor-cuomo-announces-impact-potential-affordable-care-act-repeal-new-york>

<https://health.data.ny.gov/Health/Child-Health-Plus-Program-Enrollment-by-Month-and-/cucz-jjkg>

<https://www.kff.org/uninsured/issue-brief/estimates-of-eligibility-for-aca-coverage-among-the-uninsured-in-2016-october-2017-update/>

<https://www.cdc.gov/nchs/fastats/health-expenditures.htm>

<https://www.ncbi.nlm.nih.gov/pubmed/27500333>

[http://www.commonwealthfund.org/~media/files/publications/in-the-literature/2013/nov/pdf\\_schoen\\_2013\\_ihp\\_survey\\_chartpack\\_final.pdf](http://www.commonwealthfund.org/~media/files/publications/in-the-literature/2013/nov/pdf_schoen_2013_ihp_survey_chartpack_final.pdf)

<http://www.pnhp.org/excessdeaths/excess-deaths-state-by-state.pdf>

<http://www.pnhp.org/publications/nejmadmin.pdf>

New York State  
**NURSES**  
ASSOCIATION

New York State Nurses Association  
131 West 33rd Street, 4th Floor, New York, NY 10001

212.785.0157



nynurses

nysna.org

# THE SOLUTION: GUARANTEED HEALTHCARE FOR ALL NEW YORKERS

Under the terms of the New York Health Act, all residents of New York will have access to quality health services without fear of financial ruin.

## How New Yorkers will benefit:

- 1. Comprehensive coverage.** All residents, regardless of immigration status, will be covered for: primary, preventive, and specialty care; hospitalization; mental health; reproductive health; dental, vision, and hearing; and prescription drugs and medical supplies. Within two years of passage, long-term care will be covered. It will be more comprehensive than commercial health plans.
- 2. Freedom to choose.** No network restrictions. Patients will choose the nurses and doctors they want and make healthcare decisions with them, not with insurance companies.
- 3. Fair funding.** No more premiums, deductibles, or co-pays. Universal coverage funded through a graduated tax on income, based on ability to pay. Healthcare costs will be cheaper for most New Yorkers and businesses. Public hospitals and clinics in New York will receive fair payment for the patients they serve.
- 4. Equality of Care.** It is well documented that there are different standards of care based on whether you are uninsured, have Medicaid, or private insurance. With the New York Health Act, everyone will be treated equally and covered for the same high quality care.
- 5. Decreased administrative costs.** No more paying insurance companies' administrative costs and profits. No more time spent by doctors, hospitals, employers, and patients completing forms and negotiating with insurance companies. The total savings is estimated to be \$45 billion. Healthcare will be accountable to the public's health, not to insurance company stockholders.
- 6. Reduced cost of drugs and devices.** Direct negotiation with pharmaceutical companies and medical device makers will bring prices down by as much as 40%.

For all these reasons, support for the New York Health Act is growing. The NYS Assembly has passed the bill three years in a row by large majorities. In the NYS Senate, we are just a few Senators away from majority support for the bill. We desperately need a healthcare system that will reverse decades of inequality through progressive funding; end the horrors of delaying needed care due to medical costs; and relegate medical-related bankruptcy to a footnote in history books. With your help, we can make healthcare a guaranteed right for all New Yorkers!

**To get involved, sign up with the Campaign for New York Health at [www.nyhcampaign.org](http://www.nyhcampaign.org)**



# DON'T WE ALL HAVE A RIGHT TO HEALTH CARE?

## THE NEW YORK HEALTH ACT CAN BRING US ALL:



### Better health care

**Our health care system is broken.** Insurance companies are in charge—with high premiums, high deductibles, and co-pays; too much control over which doctors or hospitals we can go to and what care they can provide; and high administrative costs.

It's all a heavy burden on patients, health care providers, employers and taxpayers.

Cost is a major barrier to care. Each year, one in three families with private health insurance has someone put off care due to cost, often for a serious medical condition. Employers continue to drop employee coverage or shift more costs to the employees.

We have to do better. Instead of patchwork repairs, we can cover everyone, provide better coverage without financial barriers to health care, and save billions annually. No premiums, deductibles or co-pays, and no restricted provider networks and out-of-network charges.

How? Through the New York Health Act—universal comprehensive health coverage, “improved Medicare for all” in New York.

The doctors and hospitals you choose would provide care. All of us, rich and poor alike, would be covered for all medically necessary services, including: primary, preventive, specialists, hospital, mental health, reproductive health care, dental, vision, prescription drugs, lab tests, and medical supplies—more comprehensive than commercial health plans.

New York Health will save us tens of billions a year. Taking insurance companies out of the picture would save billions



### Better coverage

in insurance company administration and profit and the billions health care providers spend on administrative costs to fight with insurers. It would capture savings from negotiating prices of drugs and medical devices. Employers wouldn't spend billions on reviewing, selecting and administering health benefits.

Today, insurance and out-of-pocket costs are a regressive tax. The insurance company wants the same premium, and imposes the same deductibles, co-pays, and out-of-network charges, whether you're a corporate CEO or the receptionist. The New York Health plan would be funded by a progressively graduated tax—based on ability to pay —on taxable income from employment, capital gains, interest, dividends, etc.—at lower cost thanks to the savings.

Like many other key services, health care should be a basic right, not a privilege or a commodity.

For years, people have said single-payer is the only sensible way to finance health care, “but it could never happen.” Now that the State Assembly has passed the New York Health Act, it's becoming truly achievable.



### Lower cost

🍎 **The health care system is rigged against working people.**

🍎 **Now Washington is making it all worse.**

🍎 **The New York Health Act is how we can fight back.**

**Assembly Member Richard N. Gottfried**  
Chair, Assembly Committee on Health

822 Legislative Office Building  
Albany, NY 12248  
518-455-4941

**FOR THE FULL TEXT OF THE  
NEW YORK HEALTH ACT, GO TO:**

<http://public.leginfo.state.ny.us>  
and type: **A4738**

**FOR MORE INFORMATION, E-MAIL:**

# HOW THE NEW YORK HEALTH ACT WOULD WORK:

**New York Health would provide comprehensive, universal health coverage for every New Yorker and would replace private insurance company coverage. You and your health care providers work to keep you healthy. New York Health pays the bill.**

## **1. Freedom to choose your health care providers.**

There would be no network restrictions. You choose your doctors and hospitals. Patients and their doctors—not insurance companies—would make health care decisions.

## **2. Comprehensive coverage.**

New York Health would cover all medically necessary services, including but not limited to: primary, preventive, specialists, hospital, mental health, reproductive health care, dental, vision, hearing, prescription drugs, lab tests, medical supplies, and any benefit currently required by state insurance law or provided by the current state public employee health plan, Medicare, or Medicaid. This is a more comprehensive than commercial health plans.

## **3. Paid for fairly.**

Today, insurance companies set the same high premiums, deductibles, and co-pays, whether it's for a CEO or a receptionist, and a big successful company actually pays less than a small new business. Under New York Health, there would be no premiums, deductibles, co-pays or out-of-network charges.

New York Health would be funded by a progressively graduated tax—based on ability to pay—on taxable income from employment, capital gains, interest, dividends, etc.—at lower cost thanks to the savings.

For 98% of New Yorkers, it will be substantially less than what they now spend on premiums and out-of-pocket costs, with the biggest share of savings going to middle-class families.

## **4. Where the savings come from.**

We wouldn't be paying for huge insurance company administrative costs and profits or for the costly time and paperwork health care providers spend for dealing with insurance companies.

A comprehensive study of the New York Health Act done by Prof. Gerald Friedman, chair of the Economics Department at the University of Massachusetts at Amherst, shows that New York Health would save **\$71 billion a year**: \$26.5 billion by eliminating private health insurance administration and profit; \$20.7 billion by reducing health care provider administration of health insurance claims; \$2 billion by eliminating employer administration of health benefits; \$5.4 billion by reducing fraudulent billing; and \$16.3 billion by capturing savings from overpriced drugs and medical devices.

New York Health would use \$26 billion of the savings to pay for increase coverage and increased utilization, pay health care providers fairly and retrain displaced workers.

That would leave net savings of **\$45 billion –\$2,200 per New Yorker.**

**New York Health is the most affordable way.** Any plan that keeps insurance companies in the picture means wasting \$45 billion a year.

## **5. Job-friendly.**

Health care costs are a significant and unpredictable problem for business. These costs as a share of payroll have increased 50% in a decade, with small group rates increasing much faster than inflation. And New York employers spend over \$2 billion annually just to administer health benefits. The New York Health Act simplifies and reduces costs for employers—large and small—by taking them out of the business of buying health coverage. That would make New York dramatically more job-friendly, especially for small businesses, start-ups, low-margin businesses, local governments and taxpayers, and non-profits.

**Support is growing** for this common sense approach. The New York State Assembly passed New York Health three years in a row in 2015, 2016 and 2017. We're changing the conversation from "too bad it could never happen" to being really achievable.

The New York Health Act has been endorsed by a long list of organizations including: the New York State Academy of Family Physicians, the New York State American Academy of Pediatrics, and the Public Health Association of NYC; the New York State AFL-CIO, 1199 SEIU, the New York State Nurses Association, NYS United Teachers (NYSUT), United Federation of Teachers (UFT), 32BJ SEIU, the Retail, Wholesale & Department Store Union (RWDSU) UFCW, many other labor unions; the Working Families Party, the Green Party, Community Service Society, Citizen Action, League of Women Voters, Make the Road/New York, New York Communities for Change, the New York Immigration Coalition; and the New York State Black, Puerto Rican, Hispanic and Asian Legislative Caucus.

## FAQS

### **Doesn't the ACA fix health care?**

The Affordable Care Act leaves insurance companies in charge. Many more health plans have narrow restricted provider networks, rising premiums, high deductibles and co-payments that shift a large part of the cost to the individual. They control which doctors or hospitals we can go to and what care they can provide. We pay for their high administrative costs and profits. Employers continue to shift more of the cost of coverage to their workers, or drop coverage entirely.

### **Won't New York Health be just like every other health plan, only bigger?**

Not at all. By law, it will not limit who you can go to for care and will not dictate health care decisions. Financial barriers won't limit your ability to get care when you need it. Because wealthy and well-connected New Yorkers will be in the same plan with the rest of us, you can be sure it will be a better plan—better for patients and for health care providers.

### **Won't this be a huge new tax increase?**

No. We'll save \$45 billion, because we won't be paying for insurance company administration or health care provider costs for dealing with them, and save through State bargaining for reduced pharmaceutical and equipment prices. We won't be paying regressive premiums, or any deductibles, co-pays, or out-of-network charges. Property taxes will go down because local governments won't pay for Medicaid, and health care for their employees will be cheaper. New Yorkers will have more money in our pockets and better health care for our families, and the tax that pays for the plan will be based on ability to pay.

### **Can I buy private insurance?**

Private insurance that duplicates benefits offered under New York Health could not be offered to New York residents. That's important to prevent a 2-tier system, so wealthy New Yorkers have a stake in maintaining the quality of New York Health. But private coverage could be sold for benefits that would be outside the NY Health program, like purely cosmetic surgery.

### **Is long-term care covered?**

Long-term care (e.g., home health care, nursing homes) will be covered, but the specifics will be developed later.

### **What about retiree health benefits?**

Most retirees will simply be covered by New York Health, plus Medicare. A plan will be developed to deal with retirees who move out of state.

### **What if a person moves out of state?**

New York Health covers New York residents.

### **What if a person is temporarily out of state and needs care?**

New York Health will pay for health care while a New York resident is temporarily out of state and needs health care there. It will also pay if there are special reasons why someone needs health care from an out-of-state provider.

### **How will this affect union health plans?**

New York Health will be at least as comprehensive as any employer-or union-sponsored coverage, with no premiums, deductibles, co-pays or limited networks. Instead of negotiating for health benefits, unions will be able to focus on negotiating for higher wages and other issues. Unions that have negotiated low or zero worker contributions to a health plan will negotiate the same arrangement for the worker share of the payroll-based premium. Union-sponsored clinics will be able to continue serving union members—and anyone else—and be paid by New York Health.

### **How much will doctors and hospitals get paid?**

New York Health will set up payment systems (hopefully moving away from the fee-for-service model that just rewards volume, not value) and levels of payment. Health care provider organizations will be able to collectively negotiate with the plan. The most important guarantee that payments will be adequate is that all New Yorkers—rich and poor alike—will be in the same publicly-accountable plan. Savings from reduced administrative costs will be used to bring up rates for providers who are currently undercompensated for Medicaid and Medicare patients.



**What happens if Washington cuts Medicare and Medicaid and people lose their ACA coverage?**

**The only way New Yorkers can protect ourselves—the only way we can afford to fill the huge gaps that will be created by Washington—is by adopting our own highly-efficient form of health care financing—  
The New York Health Act.**

### **What doctors and hospitals will I be able to use?**

There will be no restricted network of providers. Every health care provider in the state will be able to participate, and patients can go to whichever provider they choose.

### **Will doctors and hospitals be required to participate?**

No. However, there would be no other insurance coverage to pay a non-participating provider.

### **Will doctors and hospitals be able to charge more than New York Health will pay?**

If a provider is paid by New York Health, the patient may not be charged more (no “balance billing”).

### **How much will we pay for New York Health coverage?**

The average family will pay a lot less than we do now. The cost will go down thanks to the savings New York Health will produce. Basing the premiums on the ability to pay means less of a burden on most households and most employers—especially small businesses and start-ups. That means more money in our pockets for 98% of New Yorkers—those making up to \$400,000 annually—with the biggest savings going to middle-class families.

### **What share will my employer pay?**

Employers will pay at least 80% of the tax on payroll, and employees up to 20%. Employers can agree to pay all or part of the employee’s share (e.g., through collective bargaining).

### **My employer now pays the whole premium for my coverage. Will I now have to pay 20% of the payment?**

If workers have bargained to get the employers to pay more than 80% of the premium now, it will be easier to get the same under New York Health, since the total cost will be less than it is now.

### **What if I’m self-employed?**

You will pay the entire contribution, just as you now pay your whole insurance premium.

### **What about Workers Compensation costs and benefits?**

The New York Health plan will develop a proposal to move work-related health care costs into New York Health, and consider whether there should be an experience-rating charge to employers to encourage workplace safety.

### **I have a good health plan. Why would I want to trade it for New York Health?**

New York Health will upgrade everyone with better and more comprehensive coverage with full choice of providers, and will save families thousands of dollars by eliminating premiums, deductibles, co-pays and out-of-network charges.

### **Is universal health insurance “socialized medicine”?**

No. New York Health would not tell your doctor or hospital how to care for you, and they would not be working for the government. That would be “socialized medicine.” New York Health just pays the bills. Like Medicare, which is public health coverage—not “socialized medicine.”

### **Won’t this result in rationing and long waits like in Canada?**

No. In the U.S., premiums, deductibles, co-pays, and restricted networks are all forms of rationing, even if we don’t call it that. Each year, one in three families with health insurance has a family member put off care due to cost. In traditional Medicare—a single-payer system—there is no rationing or delaying care. Canada’s single-payer system doesn’t ration health care. There have been delays in getting some services in Canada, but not because their health plan doesn’t provide excellent coverage. It’s mainly because of management issues in their delivery system, largely because it’s hard to maintain high-volume hospitals in a country with a small population spread out over huge distances.

### **Who will run the health care system?**

Today, our health care is largely controlled by insurance companies, which tell us who we can go to for care and what services they will pay for. There will be none of that in New York Health. There will be no limited provider networks. You choose your doctor or hospital. You and your health care providers make the health care decisions. New York Health just pays the bill.

### **Why not have a national system? Why should New York be doing this?**

It would be great to have truly universal coverage in every state. But Washington is heading in the opposite direction. A progressive state like New York can and should take the lead. The states have long been the “laboratories of democracy,” and the Affordable Care Act gives states new authority to set up their own health care systems that meet Federal goals.



# SAMPLE MINI AGENDA

## FOR LEGISLATIVE MEETING

(A 20 MINUTE MEETING)

- 1 Everyone introduces themselves** – name, where you work in the district and your job, and that you are members of NYSNA – 30 seconds each
- 2 Explain why you are there** – what is the topic and provide background (If the legislator is already a supporter, go straight to the ask. Highlight with a few examples.) – 3 minutes
- 3 Have one or two nurses tell a story** to highlight the need for change. – 4 minutes
- 4 Provide an ask to the legislator** (most of this should be the legislator responding to our ask) – 5 minutes
- 5 Conclude the meeting** by clarifying what you heard and what everyone's roles are: "you agreed to support the bill..." or "we have agreed to look up that piece of information you asked about and to provide that to you by next week..." – 3 minutes
- 6 Get the contact information of someone to follow up with.** Thank the legislator and depart. – 1 minute

# LOBBY DAY

## LOBBYING ASKS/MESSAGES

### Safe Staffing

**Assembly** – Thank Assembly members who voted for Safe Staffing.

Ask others to Co-Sponsor & Vote Yes this session.

Ask members if they are willing to send a letter to the Speaker calling for passage of Safe Staffing in the Assembly this year.

**Senate** – Thank Co-sponsors and ask them to ask Senate Leader to bring Bill to floor for a vote this session.

Ask others to Co-sponsor.

Ask members if they are willing to send a letter to the Speaker calling for passage of Safe Staffing in the Assembly this year.

### Threat to RN Scope in Budget

**Assembly** – Thank Assembly members for taking threat to scope out of their Budget Bill (community paramedicine)

**Senate** – Thank Senators who took threat to scope out of their Budget Bill (community paramedicine)

### NY Health Single-Payer bill

**Assembly** – Thank Assembly members who voted for NY Health; ask others to Co-Sponsor & Vote Yes this session.

**Senate** – Thank Co-sponsors and ask them to ask Senate Leader to bring Bill to floor for a vote this session; ask others to Co-sponsor.

### Hospital Financing

**Assembly** – Thank Assembly members for including Safety Net Funding language and actual Safety Net and Critical Access dollars in budget.

Ask them to disburse needed DSRIP funds to provider networks.

Assure them that we will be fighting with Congress to keep hospitals open for care and advocating in Albany and are seeking their commitment to work with us.

**Senate** – Thank Senators for including Safety Net Funding language and actual Safety Net and Critical Access dollars in budget.

Ask them to disburse needed DSRIP funds to provider networks.

Assure them that we will be fighting with Congress to keep hospitals open for care and advocating in Albany and are seeking their commitment to work with us.



# CE EVALUATIONS List by Page Number PAGE #

- **Lobbying for Safe Staffing to Improve Patient Outcomes: Paraphrase the Research on How Safe Staffing Protects Patients and Improves Quality of Care** ..... **29-31**  
 8:00 am – 9:30 am ...**page 29**  
 9:30 am – 10:45 am....**page 31**
- **Lobbying for Safe Staffing to Improve Patient Outcomes: Demonstrate Nurse Advocacy and Lobbying Techniques** ..... **33-56**  
 9:30 am – 10 am .....**page 33**  
 10 am – 10:30 am.....**page 35**  
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 3:00 pm – 3:30 pm.....**page 55**
- **Lobbying for Safe Staffing to Improve Patient Outcomes: Summarizing Why Nurses Need to Lobby for Changes in Public Policy to Improve Patient Outcomes** 9:30am – 3:30pm ..... **57**
- **Federal and State Budgets’ Negatively Impacting Patients and Nursing Practice** 2:30pm – 3:30pm ..... **59**
- **Patient Defenders: RNs Documenting Unsafe Staffing at the Bedside** 2:30pm – 3:30pm ..... **61**
- **Why Frontline RNs Support Single Payer Healthcare for Their Patients Caring for All New Yorkers: RN Perspectives on Diversity Among Our Patients and Effective Nursing Practice** 2:30pm – 3:30pm ..... **63**
- **Caring for All New Yorkers: RN Perspectives on Diversity Among Our Patients and Effective Nursing Practice** 3pm – 4pm ..... **65**
- **Lobbying for Safe Staffing to Improve Patient Outcomes: Relating the Value of Lobbying and How it Impacts the Nursing Workplace** 4pm – 4:45pm ..... **67**





2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Paraphrase the  
 Research on How Safe Staffing  
 Protects Patients and Improves  
 Quality of Care

8:00 a.m. – 9:15 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

PROGRAM CONTENT AND ORGANIZATION

**SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 –AGREE 5 – STRONGLY AGREE**  
 Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
9. What aspects of the program, if any, would you change in future? <b>Why?</b>		
10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>		
13. What educational programs do you think you and your colleagues need to improve professional practice? <b>Please be specific.</b>		
14. What educational programs do you need to enhance your knowledge, skills, practice, advocacy or leadership around healthcare, labor, political, and/or environmental issues that could affect nursing practice and/or community/global health?		
15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other Comments:	

**Thank you for completing the questionnaire.**



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Paraphrase the  
 Research on How Safe Staffing  
 Protects Patients and Improves  
 Quality of Care

9:30 a.m. – 10:45 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

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**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
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2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
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16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other Comments:	
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

9:30 a.m. – 10:00 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

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**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**

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	1	2	3	4	5	Comments
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2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments			
9. What aspects of the program, if any, would you change in future? <b>Why?</b>			
10. What new skills have you learned from the program that you think you will be able to put into practice?			
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>			
13. What educational programs do you think you and your colleagues need to improve professional practice? <b>Please be specific.</b>			
14. What educational programs do you need to enhance your knowledge, skills, practice, advocacy or leadership around healthcare, labor, political, and/or environmental issues that could affect nursing practice and/or community/global health?			
15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>		
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other Comments:

**Thank you for completing the questionnaire.**



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

10:00 a.m. – 10:30 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

**Program Evaluation Form**

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments			
9. What aspects of the program, if any, would you change in future? <b>Why?</b>			
10. What new skills have you learned from the program that you think you will be able to put into practice?			
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>			
13. What educational programs do you think you and your colleagues need to improve professional practice? <b>Please be specific.</b>			
14. What educational programs do you need to enhance your knowledge, skills, practice, advocacy or leadership around healthcare, labor, political, and/or environmental issues that could affect nursing practice and/or community/global health?			
15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>		
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Other Comments:

**Thank you for completing the questionnaire.**



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

10:30 a.m. – 11:00 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

PROGRAM CONTENT AND ORGANIZATION

**SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE**  
 Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
9. What aspects of the program, if any, would you change in future? <b>Why?</b>		
10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>		
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15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

11:00 a.m. – 11:30 a.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

**Program Evaluation Form**

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
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16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

11:30 a.m. – 12:00 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

PROGRAM CONTENT AND ORGANIZATION

**SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE**  
 Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
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16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

12:00 p.m. – 12:30 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

PROGRAM CONTENT AND ORGANIZATION

SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
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15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other Comments:	
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

12:30 p.m. – 1:00 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

PROGRAM CONTENT AND ORGANIZATION

SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
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6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
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8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
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10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Other Comments:	
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

1:00 p.m. – 1:30 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

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PROGRAM CONTENT AND ORGANIZATION

SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
9. What aspects of the program, if any, would you change in future? <b>Why?</b>		
10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>		
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15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

1:30 p.m. – 2:00 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

**Program Evaluation Form**

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**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
9. What aspects of the program, if any, would you change in future? <b>Why?</b>		
10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>		
13. What educational programs do you think you and your colleagues need to improve professional practice? <b>Please be specific.</b>		
14. What educational programs do you need to enhance your knowledge, skills, practice, advocacy or leadership around healthcare, labor, political, and/or environmental issues that could affect nursing practice and/or community/global health?		
15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve Patient Outcomes: Demonstrating Nurse Advocacy and Lobbying Techniques

2:00 p.m. – 2:30 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

**Program Evaluation Form**

**Thank you for attending this program. We hope that you found the course interesting and that we met your expectations. Please take a moment to complete this program evaluation form. Your comments will assist us in improving existing programs and in developing future programs.**

**PROGRAM CONTENT AND ORGANIZATION**

**SCALE: 1- STRONGLY DISAGREE    2 – DISAGREE    3 – NEUTRAL    4 – AGREE    5 – STRONGLY AGREE**  
 Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
4. The presenters responded to questions/ provided feedback in an informative, appropriate and satisfactory manner.	<input type="checkbox"/>					
5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
8. The program facilities and registration process were satisfactory.	<input type="checkbox"/>					

Comments		
9. What aspects of the program, if any, would you change in future? <b>Why?</b>		
10. What new skills have you learned from the program that you think you will be able to put into practice?		
11. Would you recommend this or a similar program to a colleague?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Do you have any knowledge, skill, and/or practice gaps that you would like us to provide an educational program on in the future? <b>Please be specific.</b>		
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15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

2:30 p.m. – 3:00 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

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PROGRAM CONTENT AND ORGANIZATION

**SCALE: 1- STRONGLY DISAGREE 2 – DISAGREE 3 – NEUTRAL 4 – AGREE 5 – STRONGLY AGREE**

Please provide feedback in the comments box.

	1	2	3	4	5	Comments
1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
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6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
7. Overall, the sessions were informative and valuable.	<input type="checkbox"/>					
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Comments		
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15. For purposes of being released to attend educational programs, which do you need:	Certification of Completion <input type="checkbox"/> Contact Hour Certificate <input type="checkbox"/> CEU Certificate <input type="checkbox"/>	
16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Demonstrating  
 Nurse Advocacy and Lobbying  
 Techniques

3:00 p.m. – 3:30 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

**Program Evaluation Form**

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**PROGRAM CONTENT AND ORGANIZATION**

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 Please provide feedback in the comments box.

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1. The program and presenter met stated aims, objectives and outcomes.	<input type="checkbox"/>					
2. The program material was presented in a clear and organized manner	<input type="checkbox"/>					
3. The presenter(s) were well prepared.	<input type="checkbox"/>					
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5. The program was paced appropriately.	<input type="checkbox"/>					
6. The time allocated to presentations and interactive group work was appropriate and satisfactory.	<input type="checkbox"/>					
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16. Was this course fair, balanced, and free of commercial bias?	Yes <input type="checkbox"/>	No <input type="checkbox"/> Other Comments:
<b>Thank you for completing the questionnaire.</b>		



2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve Patient Outcomes: Summarizing Why Nurses Need to Lobby for Changes in Public Policy to Improve Patient Outcomes

9:30 a.m. – 3:30 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

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2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Federal and State Budgets' Negatively  
 Impacting Patients and Nursing  
 Practice

2:30 p.m. – 3:30 p.m.

Speaker: Edward Yoo; Ari Moma &  
Chiqkena Collins

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

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2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Patient Defenders: RNs Documenting  
 Unsafe Staffing at the Bedside

2:30 p.m. – 3:30 p.m.

Speaker: Zina Klein; Todd Schultz and  
 Robin Krinsky

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

Program Evaluation Form

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2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Why Frontline RNs Support Single Payer Healthcare for Their Patients

2:30 p.m. – 3:30 p.m.

Speaker: Marion Parkins;  
Jessica Robie and Steve Bailey

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

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2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Caring for All New Yorkers: RN  
 Perspectives on Diversity Among Our  
 Patients and Effective Nursing  
 Practice

2:30 p.m. – 3:30 p.m.

Speaker: Toni De Nicola;  
Peter Pacheco & Ana Reyes

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

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2018 NYSNA Lobby Day  
 April 23, 2018  
 Empire Plaza, Albany, NY

Lobbying for Safe Staffing to Improve  
 Patient Outcomes: Relating the Value  
 of Lobbying and How it Impacts the  
 Nursing Workplace

4:00 p.m. – 4:45 p.m.

Speaker: \_\_\_\_\_

Your name: \_\_\_\_\_

Your facility: \_\_\_\_\_

Your e-mail: \_\_\_\_\_

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# I want to Be a Part of Defending My Patients My Hospital, My Union, My Practice!



I WORK AT \_\_\_\_\_

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

CELL PHONE \_\_\_\_\_

SEND ME TEXT MESSAGE ALERTS\*

\*Standard text and data rates may apply. Text STOP to opt out.

ZIP CODE \_\_\_\_\_

## Please Contact Me With Information about Volunteering:

### AT WORK:

- Be a Safe Staffing Captain on my unit
- Distribute literature on my unit
- Work with the Professional Practice/  
Safe Staffing Committee

### IN THE COMMUNITY:

- Support Guaranteed Healthcare for All
- Work on Climate Change
- Be Part of the Political Action Team
- Help out with Parades and Health  
Fairs
- Work on Social Justice & Civil Rights



# HEALTHCARE IS A HUMAN RIGHT

## STATEWIDE DAY OF ACTION IN ALBANY

### JOIN CAMPAIGN FOR NEW YORK HEALTH IN ALBANY ON JUNE 5TH

to tell our state lawmakers that NOW IS THE TIME for New York Health (A4738/S4840)!

Transportation will be organized from across New York State.

**The New York Health Act**—the bill to guarantee healthcare for ALL New Yorkers—passed the NYS Assembly in 2015, 2016, and 2017. Now, we need all hands on deck to win in the Senate!

### TUESDAY, JUNE 5

**BRIEFING**—9:30am

**RALLY**—11:30am @ West Capital Park

**MEETINGS**—1pm



Register and endorse at [nyhcampaign.org/lobbyday2018](http://nyhcampaign.org/lobbyday2018)

**ORGANIZED BY THE CAMPAIGN FOR NEW YORK HEALTH.**

CAMPAIGN FOR  
**NEW YORK HEALTH**

#### ENDORSED BY:

New York State Nurses Association (NYSNA), Physicians for a National Health Program NY Metro Chapter, Statewide Senior Action, Commission on the Public's Health System, Metro Justice, Callen Lorde Community Health Center, Citizen Action of NY.

To endorse, please email: [info@nyhcampaign.org](mailto:info@nyhcampaign.org)

