MAY 2021

Academic Year 2020-21 No. 6

psc-cuny.org/retirees.org

VIRTUAL CHAPTER MEETING MONDAY, MAY 3, 1-3 on ZOOM

The meeting will be in two parts.
(1) **A CUNY New Deal:** Speakers will discuss a legislative package and campaign phased over five years to rebuild and **re-imagine CUNY.**

(2) Updates on the NYC/MLC negotiations on retirement health insurance and the organized response to these moves. This issue of Turning the Page is primarily devoted to this burning issue.

MONDAY, JUNE 14, 1 – 3 PM

Barbara Bowen, who is stepping down as PSC President, will take a retrospective look at her twenty-one years in office. This is usually our annual luncheon. Since these are still unusual times, BYO food to Zoom.

THE MONTH THAT WAS

All who were at the April 5th chapter meeting and retirees who have been reading our email blasts know that the City's plan to move retirees from Medicare to a Medicare Advantage plan is an issue of urgent concern. The following articles are what we know and don't know about the proposed change.

Our union's Delegate Assembly (DA), on the basis of the resolution we passed at the April chapter meeting, voted unanimously to request that the MLC place a moratorium on moving forward with the change. **However,** the PSC has only one vote on the Municipal Labor Committee (MLC), which is bargaining for all public unions in the city. We are engaging with other unions and **coalitions** to stop or at least slow down this wholesale change. Stay tuned to the PSC website and look for updates via email blasts from our Retirees Chapter. And talk to your friends in other unions with our mutual concerns. ☐

MEDICARE ADVANTAGE AND ITS DISCONTENTS

Bill Friedheim
Chapter Chair

April 5th Chapter Meeting: Three hundred twenty members attended our April 5th Retiree Chapter meeting to discuss the proposed move from traditional

Medicare (with secondary insurance from the City) to Medicare Advantage. The angst and concern of members was palpable. A full video of the meeting is available at: https://www.youtube.com/watch?v=QOReog6RQ1o

But First Some Background: The chapter convened the meeting in the wake of a proposal to transfer 250,000 municipal retirees from traditional Medicare (with secondary insurance provided by the City) to Medicare Advantage, a retreat from Medicare to privatized, for-profit healthcare and more problematic coverage.

The proposal is an outgrowth of a June 2018 agreement between the City of New York and the Municipal Labor Committee (MLC) to save "$600 million in Fiscal Year 2021." The MLC negotiates health benefits for over 100 municipal unions, including the PSC.

Most NYC retirees and their spouses are Medicare eligible. Traditional Medicare covers 80% of costs for those who qualify. Under the present City "senior care" plan, NYC pays most of the rest, with few out-of-pocket expenses for municipal retirees. Combined with robust benefits (particularly drugs) from our Welfare Fund, PSC retirees have excellent healthcare benefits.

But now that may change. In line with the June 2018 agreement to save $600 million, the City sent out a Request for Proposal (RFP) late last year to shift municipal retirees to Medicare Advantage. Four healthcare insurers responded, with two making the final cut—Aetna and a coalition of Emblem Health and Empire.

This is a retreat from Medicare to privatized, for-profit healthcare and more problematic coverage. The optics of that don't look very good for a progressive union, like the PSC, which is on record for single payer and for healthcare as a public good, affordable for everyone.

The parties to the June 2018 agreement, however, stated that they would explore eight areas for savings, only one of which was transferring retirees to Medicare Advantage. The two major changes under consideration for the current agreement are negotiating for fairer pricing with the private hospitals and transferring retiree coverage to a special NYC version of Medicare Advantage.

One item not considered, was "self-insurance." Without getting into the weeds of public-sector health insurance, suffice it to say most major cities and states self-insure their health plans. New York City could conceivably save hundreds of millions of dollars by self-insuring, an option never explored.

Rather than transparency, negotiations between the MLC and the City are opaque. Most member unions are not party to these deliberations. A "tripartite commission" conducts discussions behind closed doors. The MLC/NYC agreement does not go directly to members of municipal labor unions for ratification.

The proposed transition would happen with little prior information and would be a logistical nightmare as the City would have to notify more than a quarter million municipal retirees and their dependents, issuing them Medicare Advantage cards to replace their Medicare cards.

This grim scenario is right out of the austerity playbook. Management, in this case NYC, pleads austerity and tells labor that negotiations are part of a zero-sum game. If you don't cut retiree benefits, then actives will have to pay more out of pocket. Or union welfare funds will see per-capita funding from the City diminished. Or the City will slash wages. Or all the above.

The image is jarring: Classic divide and conquer, zero-sum politics in the richest city in the richest country in the history of the world – a city just awarded $6 billion in federal stimulus money.

Back to the April 5th Meeting. Two long-time advocates for PSC retirees addressed the meeting: Our president, **Barbara Bowen**, who is on the steering committee of the MLC (but not the committee conducting the negotiations) and **Donna Costa**, executive director of the PSC/CUNY Welfare Fund and a member of the MLC technical committee examining proposals for Medicare Advantage plans submitted in response to the NYC RFP.

Barbara provided political context for the negotiations and explained that the City is responding to escalating, out-of-control healthcare costs. But she made clear that the savings NYC anticipates are for the City, not the municipal workforce. Donna seemed confident that the Medicare Advantage plans will not diminish benefits, will not increase out-of-pocket costs and may provide even more coverage than currently enjoyed. She prepared FAQs which are available here.

A third presentation, by **Len Rodberg**, a renowned national advocate for single-payer (and member of the Retiree Chapter), offered a different outlook, arguing that Medicare Advantage plans as profit-making entities have a history of higher patient costs, more limited access to doctors and hospitals, "cherry picking" healthier patients (who are more profitable) and "lemon dropping" sicker patients (i.e. "obstructing" their care "so that they leave"). He argued that "Medicare Advantage can work for members as long as they don't need much medical care." Prof. Rodberg's PowerPoint slides can be viewed as a PDF here.

In sum, there were somewhat different narratives from three very creditable presenters. At the end of the meeting, the chapter passed the following resolution by a vote of 93.5% to 6.5%.

> **As a matter of urgent concern, the Retiree Chapter of the Professional Staff Congress requests that the PSC seek a moratorium** on any agreement between NYC and the Municipal Labor Committee to move retiree

healthcare coverage from Medicare/Senior Care to Medicare Advantage.

Municipal retirees affected by the proposed changes to retiree coverage have not been provided adequate and timely information, nor have they had opportunities to discuss and debate the controversies around Medicare Advantage plans, the personal effects of such a change and its policy implications.

Here's some good news. Twelve days later, on April 15th, the Delegate Assembly, the principal governing body of the Professional Staff Congress, unanimously passed a resolution supporting the Retiree Chapter's call for a moratorium (by a vote of 115 to 0).

Here's some more good news. Thousands of municipal retirees have signed a petition distributed by the Council of Municipal Retiree Organizations (COMRO) essentially calling for a moratorium. You can read the petition and add your voice by clicking here.

The petition and the PSC DA resolution help spread more sunshine on the MLC/NYC negotiations. But we need many more unions, many more retirees to fuel that sunlight. We have our work cut out for us. ☐

A DIFFERENT KIND OF MEDICARE ADVANTAGE?

Bonnie Nelson, John Jay

When the Retirees Chapter Executive Committee was recently briefed about New York City's and the Municipal Labor Committee's joint plan to move retirees from traditional Medicare to a Medicare Advantage plan, we were assured that the proposed plan was a different kind of Medicare Advantage plan—that every provider who takes Medicare is automatically in the plan; that providers are paid at the same rate that traditional Medicare pays; that we will not lose any benefits we currently have but rather will gain additional perks, such as a contact person to help manage the transition from hospital to home to reduce the likelihood of readmission; and that we will incur no additional costs above what we currently pay. Also, the move would save NYC $400 to $600 million per year.

This all sounded too good to be true, so while we waited for answers to some of our specific questions we began to examine the documentation in the RFP (Request for Proposal) for a Medicare Advantage Plan that New York City issued in November. These documents reveal that the type of plan being requested was "an extended service area (ESA) or passive PPO Medicare Advantage product." A few minutes with Google led to the discovery that a number of state governments have now moved their retired employees from traditional Medicare into a passive PPO Medicare Advantage plan. As described by the state of Wisconsin Employee Trust Fund, their "Medicare Advantage plan is a 'passive' Preferred Provider Organization,

or PPO, meaning you are not restricted to using network doctors, hospitals and other health care providers. You can see any provider that accepts Medicare and is willing to treat you and bill UnitedHealthcare," Wisconsin's Medicare Advantage insurer.

Besides Wisconsin, other states that have moved retirees to this type of Medicare Advantage plan are Kentucky, North Carolina, and Connecticut, as well as some municipalities and school districts.

Insurance companies managing these plans include Humana, United Healthcare, Blue Cross/Blue Shield, and Aetna.

Reading the descriptions of these various plans provides reassurance and raises anxiety at the same time. Some common themes are:

- Retirees will see no reduction in benefits; they are guaranteed the benefits of Medicare Part A and Part B.
- Extra benefits are promised—most frequently the SilverSneakers fitness program.
- Retirees may see any medical provider (doctor, hospital, therapist, etc.) that accepts Medicare.
- No referrals are required.
- Providers will be paid the Medicare allowable charge for services.
- Providers will bill the insurance company and not Medicare.
- Retirees must put aside their red, white and blue Medicare cards and use the new Medicare Advantage card.
- **Providers who accept Medicare are NOT obligated to accept the retiree as a patient or to accept the Medicare Advantage insurance for payment.**

It is, of course, this last bullet point that causes the most anxiety among us. Retirees who have long relationships with doctors, or who have relied on some of New York's and the nation's premiere hospitals, need reassurance that if their medical insurance card changes from the familiar red, white and blue Medicare card their doctor or hospital will still treat them.

There are additional concerns. The contracts for the Medicare Advantage plans are for a limited number of years—typically three to five—and are often re-bid at the end. Several of the states mentioned above have switched insurers for their group Medicare Advantage plans (e.g., both Kentucky and North Carolina have moved from United Healthcare to Humana). If this happens to us in NYC, will we have to scramble again to find out if our medical providers will still accept us?

Will our costs go up? Right now, we have no co-pays for office visits or services. Will co-pays start increasing over the course of this or future contracts?

Since all the negotiations have been in secret and since retiree representatives from any union have been left out of the process, at this point we are relying on verbal commitments and what we can glean from Google searches. We may hope that this change will be painless and even beneficial, but hope is a pretty slender reed to lean on. ☐

KEY QUESTIONS FOR THE MUNICIPAL LABOR COMMITTEE

We all have so many questions, but it now boils down to these four main questions that the Retirees have submitted to the technical committee of the Municipal Labor Committee in their negotiations:

1 Can the vendors guarantee that retirees will not lose their current doctors, since doctors who accept traditional Medicare are not required to participate in Medicare Advantage plans or to treat patients whose insurance is other than traditional Medicare?

2 What has been the experience of retirees who have been moved to Medicare Advantage passive PPOs in other states (such as Wisconsin and Kentucky) or cities? Has the negotiating team for the MLC/NYC contacted the appropriate agencies to find out what problems may have arisen? Will they?

3 Many of our retirees receive cancer care from Memorial Sloan Kettering and orthopedic care from Hospital for Special Surgery, which clearly state that they only accept traditional Medicare and do not accept Medicare Advantage plans. Do the vendors have written commitments from these institutions that they will accept the vendors proposed plan? Can the vendors produce written commitments from the other major hospital groups in New York and around the country?

4 Can the vendors guarantee that the portion of their plan that is comparable to the current GHI SeniorCare will have **no** greater deductibles, copays, coinsurance or program restrictions than that program currently has? □

WHY THE CITY'S PLAN FOR ITS RETIREES WILL ULTIMATELY FAIL

Leonard Rodberg, Queens College

The City is attempting to save money on health benefits for its employees and retirees by shifting the retirees from Medicare to Medicare Advantage, from public insurance to private, mostly for-profit insurance. This is a step backwards from the direction the country and New York State are clearly going. We need to continue progress toward more reliance on publicly-provided health insurance.

Nationally, the call for Medicare for All is more prominent than ever. Here in New York our single-payer legislation, the **New York Health Act,** has the support of a majority of the legislators in both houses of the State Legislature.

What is going on here? Health care costs continue to rise, and City government is still looking to the private sector for a solution. They plan to move retirees to private insurance, through negotiations via

the Municipal Labor Council, counting on the private sector to hold down costs.

Private insurance overhead costs – their marketing, prior approval systems, management salaries, and profit – are far greater than those of public insurance. The "savings" will come from shifting the costs onto the patients, through heavy co-pays, and reducing their access to care, through limited networks and requirements for prior authorization.

But health care costs will continue to rise. Why is this? Is it the fault of the insurance companies? No, they are just doing what is in their nature as profitmaking (or even nominally non-profit) companies within a market system. Is it, then, the fault of the hospitals and the doctors who raise their rates to what the market will bear? No. They, too, are just doing what the system allows them to do.

The real reason why costs keep rising is that we have a market system in healthcare, where the providers are allowed to set whatever price the market will bear, and there is no countervailing force to hold their prices down.

Remember the introduction of Medicare and Medicaid? It has been understood, at least since the 1960s, that a private market *cannot* work in healthcare. Patients do not have the information, nor is the "product" sufficiently limited and well-defined, that the patient-consumer can exercise effective control of prices. Every other advanced country has recognized this and has the government set the prices, either as operators of the system "national health service" or through negotiation with the providers ("national health insurance"). The result is that they spend about one-half of what we spend on health care. So we remain as the only country that allows prices to be set through a private marketplace, and our prices keep rising.

Moves toward publicly-funded universal healthcare, through Medicare for All and the New York Health Act, are not usually presented this way. However, this is why these programs are necessary: Government regulation of prices – in our case, through government being the principal funder of health care – is the only way in which the cost of health care can be contained. Trying to contain costs, as the City is doing, by involving more private insurance, is a losing game. It will fail, and we will eventually do what is necessary and adopt a publicly-funded approach to health care. Until then, beware.

Editorial note: Len Rodberg did a great deal of the research for the NY Health Act. This month the NY Health Act passed the NY State Assembly Health Committee. ☐

COMING UP

NEW DEAL FOR CUNY

One year ago, the New Deal for CUNY (ND4C) was an aspirational dream not only to fix CUNY, but to rebuild and fully fund a free and enhanced university. This winter and spring the PSC worked with a coalition of students and community groups to actually move a ND4C bill into both houses in Albany. It is an exciting, ambitious multi-year project, now supported by many legislators, which includes three key

provisions. (For more details, click here for an article in Clarion.)

These key provisions not only would return CUNY to pre-austerity days (before the 1990s), but importantly, take us back to a free CUNY (before 1976):

1. Increase the ratio of full-time faculty to students and professionalize adjunct compensation.

2. Reset the ratios of mental health counselors and academic advisors to students, in line with national standards.

3. Make CUNY free: eliminate undergraduate tuition and fees for in-state undergraduate students, and replace tuition income with public funds.

Our Monday, May 3rd Retiree Chapter meeting will have speakers to tell us more about this now realistic and exciting new bill. □

DON'T FORGET RANKED CHOICE VOTING

The New York City primary in June will include ranked choice voting for the first time. People can vote for up to five preferences. The PSC Delegate Assembly endorsed the following for NYC Mayor:

1. Scott Stringer
2. Dianne Morales

See the PSC website for City Council endorsements for neighborhoods https://www.psc-cuny.org/news-events/2021-nyc-endorsements

CONTINUING WOES

CUNY INCOMPETENCE PUNISHES ADJUNCT TRS RETIREES

We've Seen this movie before:
As reported in the December 2018 newsletter, scores of CUNY retirees in the NYC Teachers Retirement System (TRS) could not collect their full pension because the CUNY Payroll Office had not provided the accurate final salary history that TRS needs to calculate each individual's monthly payments.

When PSC retirees testified at a December 3, 2018 hearing, an embarrassed Board of Trustees promised to remedy the situation. After multiple meetings with a vice chancellor and many promises, some retired full-timers saw their pension issues resolved and received money TRS owed them with interest.

But for every pension issue resolved, there were multiple cases unresolved.

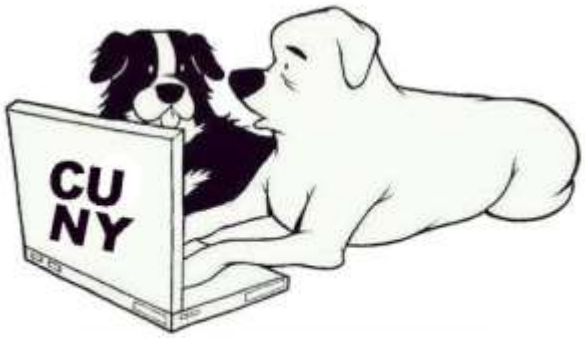
Fast forward two and a half years later. Now 932 retirees, mostly adjuncts with modest pensions to begin with, are still waiting for their full pensions – some as long as twelve years. The problem: CUNY payroll cannot accurately calculate how much back pay these adjuncts received once the 2010 – 2017 contract was ratified.

It's not clear if the issue is misplaced payroll files, bad bookkeeping and/or just plain incompetence.

Earlier this year, CUNY set up pilot projects to correct payroll records, one at a senior college (CCNY) and one at a community college (Hostos). If the pilots worked, they could have provided a model for other colleges to correct their records, with a goal of providing TRS accurate information by early summer. Early in April, we found out that the pilots had not resolved the payroll issues. That's just for the people who retired by January 2017!

But for people who retired after January 2017, all bets are off. Maybe payroll information will be resolved by May 2022 (CUNY's date). And maybe not. CUNY payroll would have to track retroactive pay for the present contract (2017-2023) when it hasn't done so for most retirees covered by the 2010 – 2017 contract.

When we met with CUNY management, the excuses proliferated. It seemed like the "dog ate my homework" on steroids.



THE DOG ATE THE PAYROLL

We need to support the 932 retirees—mostly adjuncts—victimized by CUNY incompetence. Sign the Act Now letter to the Chancellor expressing outrage and calling for CUNY accountability at (click here). And support future actions as the PSC mobilizes against this outrage. ☐

READERS WRITE

April 6, 2021

Dear Fellow PSC Retirees

The proposed change in our medical coverage is very concerning to me, as it may be for you.

The assurances that were made by the two Medicare Advantage vendors [Aetna and Emblem] under consideration, appear to be empty of all substance. How, for example, can these plans assure that "access to doctors and hospitals would not diminish" or "that out-of-pocket expenses would not increase"? Are these plans negotiating separately and simultaneously with major medical institutions within the city and across the nation to assure that? Have we asked them to prove that their claims of having the same or even better benefits as original Medicare aren't simply statements that sound good but won't prove to be true for many city retirees?

Some of us have doctors who only accept original Medicare, or at most, one Medicare Advantage plan. This is true for Memorial Sloan Kettering Cancer Center. They only accept original Medicare and one very specific Medicare alternative which is the Emblem-Medicare Advantage plan that is part of the "Medicare choice PPO network."

Can the MLC assure us, that no matter what is negotiated, we can retain original Medicare insurance so we are able to remain with our current doctors and hospitals?

Can they assure us that if we may want to travel or move to another part of the country that the Advantage plan the City may choose will be as widely accepted by doctors in another state as original Medicare?

The Aetna and Emblem plans under consideration are part of a PPO we are told. Are there multiple types of PPO plans available?

If we decide to stay on original Medicare, how much would we have to pay for the secondary insurance that is currently paid for by the City? (i.e. for those of us who are Emblem Health (GHI Senior Care).

I understand that the decision for this change is based on the economic straits of the City and State. Does this seem as credible in light of the federal stimulus money and other potential sources of revenue? If the original reasons are no longer compelling, is there a chance that this issue could be re-voted on by the unions who meet with the MLC? Could the union insist upon this or do something that would force the city to reconsider this change?

Will we be taking a poll of the PSC retirees (and actually, entire membership, since they will be retirees someday) to determine whether we would like to have our medical coverage remain as it is or if we want to switch to the Advantage plan the City proposes?

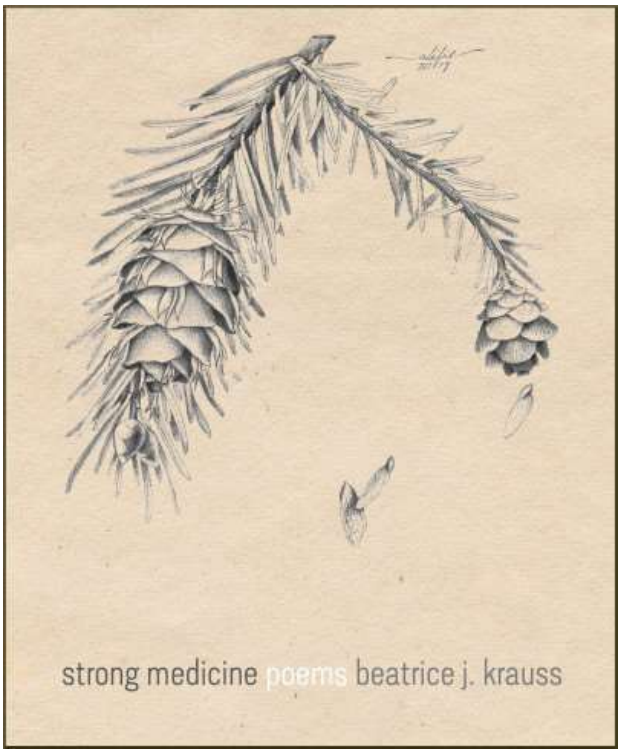
The proposed change in retirees' medical plans is very serious and I am strongly opposed to it. I hope that if most PSC retirees (and active members) are also opposed, we can work together to try to defeat it. Having made this appeal, I also want to thank Barbara Bowen and Donna Costa, for all that they have done and continue to do for CUNY and the PSC.

Sincerely,
Karen Anderson
LaGuardia Community College Retiree ☐

Connie Gemsen is a hospice social worker and a member of our Retirees Chapter Executive Committee. Here she writes about end-of-life issues in a warm essay published in *Months to Years:*

https://www.monthstoyears.org/in-the-spaces-of-strangers/ ☐

STRONG MEDICINE



Beatrice Krauss, emerita professor of public health, City University School of Public Health and Health Policy, at age 77, will have her first book of poetry, *Strong Medicine*, published summer 2021. It is available for presale at https://www.casaurracaltd.com/bookstore.

The site also includes a longer description of the book with "blurbs."

Dr. Krauss took poetry workshops in New York from Billy Collins at the 92nd Street Y and the late Ruth Lisa Schechter in Croton, NY, and was tutored informally and generously by the late Douglas Oliver, a colleague at Memorial Sloan-Kettering Cancer Center before he taught poetry at the Sorbonne.

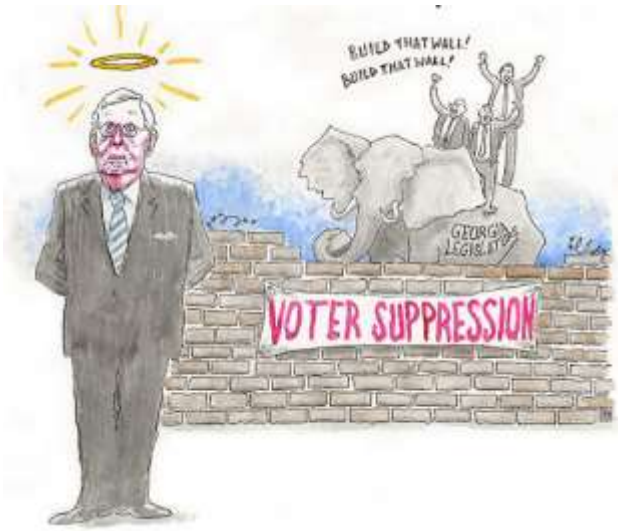
Strong Medicine includes poems about the HIV epidemic, her research focus, about harp-playing, her avocation, as well as poems focusing on art, activism, music, family, friends, nature and humor—the strongest medicine she knows. ☐

USEFUL UNION LINKS:

Retiree Chapter:
https://www.psc-cuny.org/retirees
Health & Safety Watchdogs
https://www.psc-cuny.org/about-us/environmental-health-and-safety
Welfare Fund
http://psccunywf.org/

LIFE DURING WARTIME

Josh Brown, the retired director of the American Social History Project at the CUNY Graduate Center, has produced a series of weekly political illustrations, beginning in 2003 with the war in Iraq, called Life During Wartime. You can view them by going to the entire collection, 2003- 2021, which is online at: www.joshbrownnyc.com/ldw.htm.



TURNING THE PAGE is a publication of the Retirees chapter of PSC-CUNY, Local 2334 of NYSUT and the AFT. We welcome contributions from our several thousand members: articles of special interest to retirees, short essays on your activities during this period of politics and plague, and your comments on recent publications of interest. Our newsletter collective is made up of Michael Frank, Bill Friedheim, Joan Greenbaum and Dave Kotelchuck. Please write to us at retirees@pscmail.org, with 'Newsletter' in the subject line, and visit the Retirees webpage https://www.psc-cuny.org/retirees