

# Resolution 1

## NYSNA Political and Policy Platform – 2023-2024

*Submitted by the NYSNA Board of Directors*

*(proposed changes are shown in red)*

### Guiding Principles

#### 1. Protecting Patients and Maintaining the Quality of Health Care in New York and Nationally

- A. Pass legislation to require minimum nurse-to-patient staffing ratios in all patient care settings Fully implement the New York State hospital and nursing home staffing laws to ensure safe staffing and to serve as a basis for the continuing campaign to establish uniform and enforceable minimum nurse staffing standards that will apply to all practice settings in New York and nationally.
- B. Maintain professional and patient care standards and patient safety regulations, including the provision of requisite technology and equipment to be used in a patient-centered manner and guaranteeing quality care for all
- C. Fight against de-skilling, barriers to the scope of practice and erosion of standards of professional nursing practice
- D. Fight against hospital industry efforts to expand the use of remote and at-home hospital care in a manner that jeopardizes patient safety, displaces the direct care nursing workforce and replaces bedside nurses with less well trained and cheaper healthcare workers, adds to the workplace burdens on nurses, or prioritizes profits over patient care
- E. End for-profit health care and stand against the treatment of patients and people in need of medical care as commodities or means for profit - patients must take precedence over profits
- F. Maintain proper and adequate financial support for rural, urban and community safety-net hospitals
- G. Target funding for indigent and low-income patient care to facilities that is proportionate to the actual amount of such care provided by each institution
- H. Maintain and expand the role of the public hospital and health care system
- I. Ensure equity of care in our hospitals for all patients regardless of race, ethnicity, religion, gender, gender identity, immigration status, employment, and income

#### 2. Guaranteed High Quality Medical Care and Treatment is a Human Right - NYSNA Supports Universal Access to Health Care Regardless of Socio-Economic Standing or Ability to Pay

- A. Implement a "Medicare for All" health care system to provide universal access to health care for all
- B. Eliminate barriers and maintain equality of access to care on the basis of need, regardless of socio-economic status, race, ethnicity, gender identity, ability to pay or immigration status
- C. Address social determinants of health as a core element of providing health care to our patients and communities
- D. No for-profit corporate or investor control or operation of hospitals and other health care providers
- E. Moratorium on the closure of hospitals and other vital health care services
- F. Maintain strong regulation of the market activity and business practices of all health care providers
- G. No erosion or elimination of existing Certificate of Need (CON) regulations
- H. Expand Certificate of Need (CON) regulations applicable to licensed primary care facilities to cover unregulated physician practices and other facilities that currently operate with minimal

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oversight and control

- I. Reject austerity proposals and cuts to services, and seek needed revenue from those most able to provide it

### **3. Protect the Rights, Working Conditions and Economic Security of Nurses, Health Care Providers and all Working People**

- A. Maintain and improve the ability of nurses and other health workers to properly exercise their professional duties to patients as defined by their scope of practice and clinical competency
- B. Provide a safe working environment for nurses, health care workers, and patients
- C. Provide fair terms and conditions of employment to all nurses, health care workers, and other workers
- D. Provide all nurses, health care workers and other workers with high quality health care benefits
- E. Provide all nurses, health care workers and other workers with economic security in retirement or in the event of disability or inability to continue working
- F. Recognize and expand the right of all nurses, health care workers and other workers to organize and engage in collective activity, to effectively engage in collective bargaining, and reject all efforts to restrict or constrain the exercise of workers' rights, including so-called "right to work" laws, restrictions of the rights to free speech, to strike and to engage in other public action, and attacks on wages, health care benefits and pension rights
- G. Hold employers accountable for forcing nurses to work outside their scope of practice, area of expertise and clinical competencies and causing unsafe situations for nurses and patients

### **4. Ensuring Democratic Input and Control of the Allocation of Health Care Resources In Our Communities**

- A. Support the establishment of democratic regional health planning councils or other bodies composed of elected or representative members to provide democratic input in and real power to determine the allocation of health resources in their communities
- B. Expand the role of the public and of direct care providers in the Certificate of Need (CON) regulatory process at the State and local level
- C. Increase the transparency of the CON and other regulatory processes to ensure that the public is informed and has the ability to effectively monitor and meaningfully participate in the process
- D. Provide for a rational and democratic planning process to oversee CON decision making and prevent disruptive and destructive market practices that result in the misallocation of medical care resources on the basis of monetized demand rather than unmet health care needs
- E. Support a census that truly counts the total population, including all citizen and non-citizen residents, fairly apportions healthcare and other social funding, and advocates against undemocratic gerrymandering

### **5. Actively Address Social Determinants of Health and their Impact on Health Outcomes of Patients and Communities**

- A. Engage in efforts to eliminate environmental and social factors that contribute to racial and class disparities in the health, safety and well-being of local communities and populations,

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- including income inequality and access to equal educational opportunity
- B. Mitigate climate change and address its contribution to causing superstorms and natural disasters, jeopardizing the quality and availability of food supplies, and otherwise negatively affecting the health and well-being of our communities
  - C. Reduce environmental pollution and contamination of our air, water, soil and food
  - D. Ensure the availability of safe housing for patients in need and protect the affordability and quality of the housing stock in our community
  - E. Ensure that all patients and members of our communities are food secure and have access to healthy foods and proper nutrition
  - F. Address the incidence and causes of violence, including gun violence, in our communities, schools, homes and health care facilities
  - G. Address the growing mental health crisis and improve the availability of services to identify impacted individuals and provide necessary support
  - H. Guarantee the full and unrestricted right to reproductive health care services and ensure the bodily autonomy of all people in New York and nationally, including the right to freely terminate pregnancies and to access the full range of contraceptive services and options
  - I. Address all forms of bigotry and discrimination on the basis of race, ethnicity, religion, gender, gender identity, immigration status, employment and income, so that all people are treated equally and fairly, have full access to vital services, are protected from environmental and climate change effects on their health and well-being, receive equal justice and fair treatment from the police, court and penal systems, and are socially, politically and economically integrated into our communities

## **6. Participate in Initiatives and Support Legislation that Promotes Campaign Finance Reform to Level the Playing Field for Labor and Community-Based Candidates, Prohibits Voter Suppression and Ensures Universal Voting Access**

## **7. Preparing for and Responding to COVID and other Pandemics and Public Health Crises**

- A. Nurses and their representatives must be fully incorporated into planning, decision making and emergency response to COVID and other similar public health emergencies
- B. Any planning and response to pandemics and public health emergencies must include effective rapid testing, infection control protocols and PPE supplies (including a focus on reusable equipment)
- C. Investment in and upgrading facility of ventilation and physical infrastructure in all workplaces and patient care settings must be prioritized to prevent or mitigate exposure of nurses and patients to airborne communicable diseases and other environmental hazards
- D. Expand the number of hospitals and beds with appropriate staffing to provide surge capacity and prohibit hospital closures and reductions of vital services and to prepare for public health emergencies
- E. Protect health care workers who are sickened or die from exposure to communicable diseases, including enhanced disability, workers compensation, and survivor benefits
- F. Prohibit employers from using crises to reduce services or violate clinical practice and patient safety standards
- G. Enact provisions to require crisis bonus pay and supplemental support services in the event of declared pandemics or other public health emergencies to support the essential work of the healthcare workforce

# Resolution 2

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## Safe Staffing For All New Yorkers

*Submitted by the NYSNA Board of Directors*

**Whereas** the Delegates to the 2021 NYSNA convention approved a resolution stating the need to recruit and train members to fully implement the state staffing law, to work collaboratively with other unions on staffing committees, to develop uniform baseline ratios and staffing standards at each workplace, to mobilize members to independently monitor and enforce adopted staffing plans, to incorporate and enforce safe staffing ratios in all our collective bargaining agreements, to work with and organize non-union nurses in unrepresented workplaces through the staffing committee process, to aggressively enforce staffing data collection and disclosure by all hospital employers, and to employ the staffing law as part of a campaign to expand minimum staffing ratios to all areas of every hospital;

**Whereas** the Delegates to the 2021 NYSNA convention also approved a resolution to support the development of a comprehensive strategy to strengthen implementation of the staffing law, including training members to use the law to improve staffing, developing common minimum staffing standards, developing an organized process to collect staffing data and ensure compliance with staffing plans by employers, and publicly sharing staffing data with members and the public to build support for enacting mandatory state-wide minimum staffing ratios;

**Whereas** the Delegates to the 2022 NYSNA convention approved a resolution urging NYSNA members to leverage the state staffing law to ensure that adopted staffing plans include minimum ratios, to negotiate minimum ratios in each collective bargaining agreement, to vigorously pursue enforcement by the state of staffing plans adopted under the state law committee process, to pursue state legislation to improve the law and its enforcement process, to expand the number and types of units covered by mandatory minimum staffing ratios under state law and regulation, and to make staffing ratios and contractual enforcement a top bargaining priority;

**Whereas** NYSNA and our union allies successfully pushed the State DOH to adopt final regulations mandating a minimum 1:2 nurse-to-patient ratio for ICU/Critical Care patients in all hospitals;

**Whereas** NYSNA and our union allies successfully convinced the State DOH to require hospitals to include all patient care areas in their adopted staffing plans, including EDs, out-patient procedural units, clinics, and other non-acute, out-patient, and ambulatory care areas;

**Whereas** enforcement of staffing law committee processes and hospital compliance with adopted staffing plans by the State DOH remains problematic, with excessive delays in responding to and resolving complaints, insufficient resources for investigating complaints and enforcing the law, failure to take action against recalcitrant or abusive hospitals, and confusion or misinterpretation of specific provisions of the law, including the requirement to post adopted staffing plans in full on the DOH website;

**Whereas** NYSNA bargaining units have negotiated improved staffing ratios and groundbreaking enforcement mechanisms in recent collective bargaining agreements that give local bargaining units enhanced staffing standards and more power to force employer compliance;

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## **Therefore, be it resolved:**

1. NYSNA members and leaders will be trained and mobilized to fully utilize the provisions of the state staffing law and the staffing provisions of our collective bargaining agreements in a coordinated and mutually reinforcing campaign to enforce minimum staffing requirements, improve working conditions in our hospitals, and protect the quality of patient care;
2. NYSNA members and leadership will develop coordinated campaigns and strategies to link enforcement action at the hospital level with statewide efforts to establish uniform safe staffing ratios in practice and in law;
3. NYSNA members and leaders will work together to collect, analyze, and distribute to the public and to elected officials data showing the extent to which hospitals are not meeting minimum safe staffing standards and complying with contractual and regulatory staffing requirements;
4. NYSNA members and leaders will build upon contractual enforcement actions in the hospitals and enforcement actions before the state DOH to develop and implement a coordinated strategy to expand the number and types of patient care settings that are subject to mandatory minimum staffing ratios by law or regulation in 2024, including through the dissemination of information about staffing patterns to the public, demonstrations and other direct actions to protest poor staffing conditions and ongoing hospital non-compliance, and demanding that the legislature and Governor to take formal action through amendments to the staffing law, revised regulations, and stricter enforcement.

# Resolution 3

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## Remote Nursing, At-Home Hospital Care and AI Technology In Healthcare – Protecting Patient Safety and Nursing Practice Standards

*Submitted by the NYSNA Board of Directors*

**Whereas** the COVID pandemic gave rise to temporary emergency measures aimed at increasing hospital capacity to treat COVID victims and to reduce patient exposure to COVID by expanding the use of telehealth and the treatment of patients at home or in other non-hospital settings;

**Whereas** the federal CMS and state DOH suspended numerous regulations and minimum practice standards in response to the COVID healthcare emergency, expanding the use of remote telehealth services, suspending various professional practice standards and patient care protocols, permitting health practitioners to practice across state lines without being licensed in New York, and allowing hospitals to implement programs to provide more services at home or in other non-hospital settings;

**Whereas** the expiration of the COVID emergency in May of 2023 resulted in the termination of many temporary state and federal emergency measures that relaxed or suspended patient care regulations and undermined high quality hospital care;

**Whereas** the federal Consolidated Appropriations Act of 2023 extended to December of 2024 the authorization of CMS to continue expanded telehealth services for Medicare and Medicaid patients and allowed hospitals to apply for and receive federal waivers to implement or expand “Acute Hospital Care at Home” programs that are exempt from federal and state hospital regulations requiring nursing services to be provided on premises 24 hours a day, 7 days a week and the immediate availability of a registered nurse for care of any patient;

**Whereas** CMS continues to encourage hospitals and for-profit investors to expand the use of telehealth, remote nursing, and at-home hospital care by providing full, in-patient reimbursement rates for these cheaper and less safe remote care models;

**Whereas** artificial intelligence technology will increasingly be deployed by healthcare providers to drive clinical patient care decisions and replace or reduce the role of trained healthcare professionals;

**Whereas** the algorithms that drive AI technology have been found to embody inherent discriminatory biases that ignore or exacerbate racial and class disparities in access, quality of care, and patient outcomes;

**Whereas** private equity, corporate investors, and large hospital systems are increasingly applying new technologies, AI, and new care models to increase revenues and profits, lower labor and overhead costs, and reduce their need to recruit and retain nurses;

**Whereas** the federal CMS program has approved waivers for hospital at-home programs operated by 296 hospitals in 37 states, including Mount Sinai, Mount Sinai - Beth Israel, Mount Sinai - Morningside, Northwell Health - North Shore University Hospital, Catholic Health Services of Long

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Island (St. Francis, St. Joseph, Mercy, St. Catherine of Sienna and Good Samaritan hospitals), NYU Langone - Long Island, United Health Services - Binghamton, SUNY - Syracuse, Mary Imogene Bassett, and Rochester Regional in New York;

**Whereas** hospitals in New York are increasingly applying remote care technology to treat patients within the hospital, including the use of remote telehealth nursing to provide admission and discharge services for patients;

**Whereas** Mount Sinai hospital and NY Presbyterian hospitals are implementing remote nursing programs to handle in-hospital patient admissions and discharges; and,

**Whereas** in the case of Mount Sinai the remote admission and discharge services are being provided by a for-profit, Texas company that will be contracted to perform bargaining unit work and replace unionized NYSNA staff with remote telehealth nurses based in Texas;

**Whereas** remote nursing care and at-home hospital care raise serious concerns for patient safety, quality of care, and the protection of patients' privacy and sensitive medical information;

**Therefore, be it resolved that:**

1. NYSNA welcomes new technology and innovations that will improve the quality of patient care and community health outcomes, address racial and social disparities in care, and improve working conditions and nursing practice in our workplaces;
2. NYSNA however opposes efforts to employ new technology to extract greater revenues and profits by endangering patient safety, undermining the ability of nurses to deliver quality nursing care, imposing increased administrative burdens and workloads, or worsening already stressful working conditions that undermine recruitment and retention;
3. NYSNA members and leaders will closely monitor employer efforts to implement remote nursing technology, hospital-at-home programs, and AI technology in our workplaces to ensure that patients and the nursing workforce are not jeopardized;
4. NYSNA members and leaders will strenuously oppose industry efforts to inappropriately employ remote nursing, at-home hospital care, and new AI technology to the detriment of patients and front-line nurses, including through the enforcement of contract language that protects bargaining unit work and staffing standards, campaigns to inform the public and elected officials of the dangers of inappropriate uses of new technology in healthcare, and concerted political action to maintain standards of care and nursing practice.

# Resolution 4

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## Prevention of Artificial Intelligence Implementation Into Nursing Practice

*Submitted by Lucy Cheevers and Kimberly Marsh on behalf of the Westchester Medical Center LBU*

**Whereas**, healthcare, healthcare delivery systems, and healthcare Information systems strive to improve sustainable equitable care;

**Whereas**, recent federal legislation and state legislative efforts have strengthened the role of Artificial Intelligence (A.I.) in achieving the quadruple aims of quality healthcare;

**Whereas**, Artificial Intelligence (A.I.) technology through machine learning systems including Chat GPT (Chat Generative Pre-Trained Transformer) learn reason compute and enhance the speed precision and effectiveness of computers to make decisions like humans;

**Whereas**, nurses are one of the largest percentage of the healthcare workforce;

**Whereas**, technology can enable it also constrains nurses by ensuring data entry while reducing nursing interactions with patients, the essence of the nursing presence;

**Whereas**, nursing equates with presence providing knowledge, caring, empathy, advocating and supporting the patient and family while intuitively recognizing changes that are not always evident on a screen or recording device;

**Therefore**, be it resolved that NYSNA will oppose the co-option of the title of nurse or nursing practice by computers or their iterations;

**Therefore**, be it resolved that a NYSNA will oppose any human nurse being replaced or supplemented by Artificial Intelligence;

**Therefore**, be it resolved that NYSNA and NNU utilize their lobbying power at legislative levels to prevent the evisceration of the title of nurse and dilution of nursing practice.

# Resolution 5

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## Resolution To Support NYSNA Member Engagement

**Whereas** the strength of our union derives from the involvement, participation and commitment of our members, and

**Whereas** LBU leaders are burdened not only with the demands of the work environment, often in conflict with increasingly repressive employers, but with many additional tasks and time spent representing and supporting members, and

**Whereas** member education, engagement and interaction has been proven to enhance commitment and action, not only in its support for elected leaders but in its ability to tap the interest of other members not yet involved, and

**Whereas** the Labor Notes organization and conference has been a critical element in NYSNA's transformation for over a decade and was key in the development of NYSNA as a powerful labor union since then, and

**Whereas** NYSNA historically supported members' participation in the biannual Labor Notes Chicago Conference with astounding results as members had the opportunity to not only learn but to meet and network with seasoned labor activists, and

**Whereas** the Labor Notes conference is a critical adjunct to NYSNA's own Labor Education Department, generating increased member interest in taking advantage of NYSNA workshops,

**Therefore, be it resolved**, that NYSNA resume its long standing past practice of supporting members' attendance at the Labor Notes Conference, beginning in 2024, and

**Be it further resolved** that NYSNA investigate the possibility of sending members to other important educational experiences and workshops, such as CUNY School of Labor Studies and Cornell Labor Studies, and

**Be it finally resolved** that NYSNA offer this support in a fair and transparent manner to members throughout the state.

Signatories below:

1. Patricia Armand, CRNA, Vice Chair, Monte-Hutch
2. Maria Castaldo, RN, Vice Chair, Monte-Weiler
3. Una Davis, RN, Chair, Monte-Moses
4. Michelle Gonzalez, RN, Executive Committee, Monte-Moses
5. Claire Hughes, RN, Chair, Monte-Westchester Square
6. Shaiju Joseph Kalathil, RN, Executive Committee, Monte-Moses
7. Lorena Vivan RN Mount Sinai Hospital
8. Bianca Maynard, RN, Vice Chair, Monte-Moses
9. Vanessa Narden, RN, Executive Committee, Mount Sinai-Main
10. Chinyere Onwumelu, RN, Chair, Monte-Hutch
11. Despina Pakiakakis, RN, Executive Committee, NY Presbyterian
12. Mathew Allen RN Mount Sinai Executive Committee
13. Joanne Popotte, RN, Chair, BronxCare
14. Jillian Primiano, RN, Executive Committee, Wyckoff Hospital
15. Karine Raymond, RN, Chair, Monte-Weiler
16. Susan Robitaille, RN, Executive Committee, Monte-Weiler
17. Vanessa Weldon, RN, Chair, Monte-Home Care
18. Victoria Winogora, RN, Executive Committee, Mount Sinai-Morningside/West
19. Shernette Brown RN Weiler Executive Committee
20. Gina Placco RN Mount Sinai Main Executive Committee
21. Ted Levine RN Mount Sinai Hospital Executive Committee
22. Sharin Sayem RN Monte Executive Committee

# Resolution 6

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## Inequities in New York’s Healthcare System Constitute a Public Health Threat

*Submitted by the NYSNA Board of Directors*

**Whereas** inequities in access to care and the quality of services are recognized by the state DOH and federal government to constitute an ongoing emergency and a threat to the public health;

**Whereas** there are great disparities in reimbursement rates for services within a fractured healthcare system that includes private employer-provided health insurance coverage, individually purchased ACA-exchange plans, Medicare, Medicaid, VA and Tribal health systems, and large numbers of uninsured patients;

**Whereas** safety-net providers, including public and private hospital systems in rural and urban areas of the state, provide a disproportionate share of services to people of color, the working poor, the uninsured, and other medically underserved segments of the population;

**Whereas** safety-net hospitals face chronic structural deficits that threaten their economic viability and undermine their ability to provide needed services in the communities they serve, leading to outright closure of hospitals across the state, the reduction or elimination of costly or unprofitable but vital services such as psychiatric and maternity care, and the creation of a two-tiered healthcare system that exacerbates inequality and undermines the quality of life in our communities;

**Whereas** the financial precarity of safety-net providers is largely attributable to an irrational and unfair distribution of funding that rewards providers with greater market power and large numbers of privately insured and specialty care patients and penalizes safety-net providers with large numbers of Medicaid and uninsured patients;

**Whereas** private insurers pay large academic medical centers reimbursement rates that are as much as three times the cost of providing care;

**Whereas** safety-net providers rely on Medicaid payments that are significantly less than the cost of care (statewide average of 64%), creating structural deficits and impeding their ability to continue to provide vital services;

**Whereas** state policy relies on one-shot infusions of emergency assistance to keep safety-net hospitals open for care, perpetuating current payment structures that leave them in chronic financial distress and do not allow them to focus on addressing the health needs of their communities;

**Whereas** racial and class disparities in care and health outcomes cannot be effectively addressed so long as the safety-net hospitals and other providers who serve those communities lack the funding they need to operate and are forced to close or reduce the availability of vital services;

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**Therefore, be it resolved that:**

1. NYSNA will prioritize efforts to eliminate racial and class disparities in the healthcare system and demand that all patients and communities have equal access to high quality healthcare services;
2. NYSNA will advocate for substantial increases in reimbursement rates for safety-net hospitals and other providers under the state's Medicaid plan, with the goal of providing designated safety-net providers with reimbursement rates that match the commercial reimbursement rates paid to large academic medical centers and hospital systems;
3. NYSNA will further support legislation to require hospitals and the DOH to hold public hearings, prepare a health equity assessment, and impose restrictions to protect the public health prior to approving plans to close hospitals or to reduce or eliminate vital services.

# Resolution 7

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## Proper Preceptorship of Mayoral Agency Nurses

*Submitted by: Sjoyt Freeman, RN, Convention Delegate, New York City Police Department*

**Whereas** the Mayoral Agencies have poor nursing retention;

**Whereas** preceptorship programs contribute to the development of confident and committed nurses;

**Whereas** Mayoral Agencies do not have preceptorship training or mentor programs with competitive compensation compared to the private sector for new hires and staff;

**Whereas** having the support of a preceptor during a new hire's transition can increase job satisfaction, professional development, confidence, and socialization which can also increase retention rates;

**Therefore, be it resolved that NYSNA will:**

- Fully support the creation of preceptorship programs for Mayoral agencies, so that an experienced clinician is given an opportunity to precept and mentor new hires with monetary compensation.

# Resolution 8

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## **Tier 6 Improvement for the Retention and Equity of Public Service NYSNA members.**

*Submitted by Aja Sciortino, RN on behalf of the Westchester Medical Center LBU*

**Whereas**, NYSNA stands for equity for its membership and New York State pension system is inequitable amongst its tiers;

**Whereas**, there is a significant difference between Tier 6 and prior Tiers requirements for pension distribution;

**Whereas**, improving Tier 6 would provide an incentive to serve the New York State public and be a valuable source of retention for public hospitals;

**Whereas**, the contribution rate and benefit at age 55 years of age are disproportionate for Tier 6 versus those of benefit at the same age for prior Tiers;

**Whereas**, re-balancing the pension requirements for Tier 6 would help attract new NYSNA members and retain current NYSNA members;

**Whereas**, re-balancing the pension requirements for Tier 6 would create a membership with more aligned benefits;

### **Therefore be it resolved that NYSNA will:**

1. Continue lobbying for an improved Tier 6 pension benefit that would recruit and retain nurses in the NYS public healthcare system; and
2. Make it a priority to lower the pension retirement requirements and reduction at age 55 years of age of Tier 6 to benefit its members and to proportionately match prior Tiers;

# Resolution 9

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## **Expansion of Worker's Compensation to Cover COVID-19 as Presumptive Illness For New York State Nurses Who Served During COVID-19 Pandemic**

*Submitted by April Carby, RN on behalf of Westchester Medical Center LBU.*

**Whereas**, according to John Hopkins: "*Mild or moderate COVID-19 last about two weeks for most people. But others experience lingering health problems even after the fever and cough go away and they are no longer testing positive for the illness;*"

**Whereas**, like the LODI (line of duty injury) benefits negotiated by UFA (Uniformed Firefighters Association) for the FDNY workers that served for the WTC (World Trade Center) attacks in 2001;

**Whereas**, the COVID-19 Pandemic service of New York State nurses and its impact on their health is intertwined with the provision of worker's compensation that many employees and eventually retirees must rely upon when they are injured or retired from nursing;

**Whereas**, the COVID-19 Pandemic service of New York State nurses and its impact on their health is intertwined with the provision of worker's compensation that many employees and eventually retirees must rely upon when they are injured or retired from nursing;

### **Therefore, let it be resolved that NYSNA will:**

1. Commit to lobbying for a fund that will cover claims for illnesses defined by the WHO (World Health Organization) as a post-COVID condition diagnosed on or after March 1, 2020. Also, referred to in the medical community as the "long – haulers."
2. Develop model contract language that bargaining committees may use in their negotiations to develop such a fund.

# Resolution 10

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## **Dues for Retired Public Sector Nurses Working Per Diem**

*Submitted by Mary Pat Salsberry-Stoller on behalf of the Westchester Medical Center LBU*

**Whereas**, the public sector is part of the New York State Local Retirement System (NYSLR),

**Whereas**, NYSNA nurses who retire from a New York State public employer and receive full pension can be rehired to work Per Diem,

**Whereas**, the earnings limit for NYSLRS service retirees under age 65 who return to work for a public employer is \$35,000 for the calendar year,

**Whereas**, Per Diem dues rate is equivalent to the part-time rate of forty-two dollars and ninety-six cents (\$42.96) biweekly or annual cost of one thousand thirty one dollars and four cents (\$1,031.04),

**Whereas**, Per Diems employed in the public sector have the option to become a member of NYSNA,

**Whereas**, one of NYSNA's strategic goals is expansion of its membership,

**Whereas**, Per Diems employed by a public employer who's restricted income make the annual NYSNA dues financially burdensome or cost prohibitive chose not to join NYSNA after retirement,

**Whereas**, NYSNA offers retirees membership at a reduced annual rate,

**Therefore, be it resolved** that NYSNA will evaluate the benefit of allowing public sector retirees the option of maintaining retiree membership sufficient to meet their Per Diem dues.