



Join BUILD To Create 1000 New Jobs

What is the 1000 Jobs Hospital Proposal?

Seven area hospitals including Johns Hopkins, University of Maryland Medical Systems, and Medstar (Union Memorial, Good Samaritan, etc.) have proposed creating 1000 health care worker jobs. The positions would be filled with people from the most distressed ZIP codes in the city. This proposal is in direct response to decades long needs to address the link between poverty and health, and driven by the sense of urgency generated by the unrest following the death of Freddie Gray.

What kinds of jobs would be created?

The jobs would depend upon the needs of the populations served. The proposal focuses mostly on “Community Health Worker” positions. Community Health Workers (sometimes called lay health educators or peer health promoters) connect people to health care providers. Their expertise as community residents helps to support healthy behaviors among their neighbors. Other jobs could be Medicaid/Medicare enrollment assistants, security personnel, and peer recovery specialists.

What experience is needed for these jobs?

The proposal recognizes the expertise unique to each community that can assist hospitals in promoting health. Training and career advancement strategies are also included in the proposal.

How will the jobs be funded?

The proposal bases its request for funding on similar programs from the past. Maryland has a unique model for funding hospitals that is aimed at controlling costs while keeping Medicaid and Medicare reimbursement rates high enough to appropriately pay for health services. The Health Services Cost Review Commission (HSCRC), made up of representatives from health care and health insurance companies, and sets the reimbursement rates and cost controls. The hospitals are asking for a modest reimbursement increase of $\frac{1}{4}$ of 1%, which translates into \$2.50 per every \$1,000 in billing. That means that a procedure that used to cost \$1,000.00 will now be billed to the insurance companies for \$1,002.50.

Why does BUILD support the 1000 jobs proposal created?

Baltimore’s unrest showed once again we live in two cities. Although there have been many well-intentioned responses to the unrest in Baltimore, most are short-lived. After listening to over 5,000 citizens last year and hundreds before and after the unrest, the number one priority we heard was the need for jobs.

BUILD is committed to *BUILD One Baltimore – A City with Jobs, a City for Youth and a City that is Safe*. We are committed to addressing the underlying causes of the unrest to achieve

long-term change. In late September, BUILD learned that in direct response to the unrest, Maryland hospitals had united and proposed a Health Jobs Opportunity Program to create 1000 new jobs.

This is historic and unique: anchor institutions like the University of Maryland Medical Systems and Johns Hopkins Hospital have never stepped up in this way to create employment with for those living in communities that have been systematically left out of economic gain and prosperity for generations.

What has to happen to create the 1000 jobs?

The rate change has to be approved by the Health Services Cost Review Commission (HSCRC), consisting of 7 board members. On October 14, twenty-six BUILD leaders from our jobs movement, Turnaround Tuesday, testified at the HSCRC. Right now, it appears the vote is split 3-3 with 1 abstaining. HSCRC's staff will make its recommendations Nov. 18th and the Board will decide in December.

Who is against the proposal, and what has BUILD done?

BUILD acted quickly. Although the League of Maryland Insurance opposes the initiative, BUILD learned that Mr. Chester Burrell, CEO of Care First Blue Cross Blue Shield, is leading the opposition. Beginning on October 8, BUILD has tried multiple times and ways to request a meeting with Mr. Burrell to discuss his opposition: Called him; emailed him; sent a delegation to personally hand deliver a letter requesting to meet with him; sent him a letter via certified mail. BUILD leaders wanted to meet with the CEO who had the power to determine the fate of 1000 new employees, which would uplift thousands through their families and communities. We received no response. Fifteen days later we were asked to meet with his representative, to which we agreed on the condition that this would not substitute as a meeting with Mr. Burrell. Mr. Burrell's representative made it clear: CareFirst opposes the Health Jobs Opportunity Program, would not change their position, and the CEO would not meet with BUILD to discuss it.

Mr. Burrell opposes the Health Jobs Opportunity Program.

Why do CareFirst and the League of Maryland Insurance oppose the proposal?

To BUILD One Baltimore, the two cities must meet. During this generational moment, Mr. Burrell refuses to even meet with BUILD leaders, further dividing our city.

CareFirst Says: It would cost them too much. The rate increase would cost Care First only \$4 million per year. **BUILD Says:** CareFirst has nearly a \$1 billion surplus. Find a way.

CareFirst Says: As a not for profit organization, it would have to pay for any rate increase by increasing premiums thereby increasing employers and individual's health insurance costs. **BUILD Says:** Not True. CareFirst could choose to NOT pass on the increase to employers and individuals by paying for it with their long term surplus fund. A Circuit Court of Appeals Judge has already ruled this is an excessive surplus for a not-for profit. CareFirst can afford it. Reinvest a portion of your surplus in transforming lives and improving health.

CareFirst Says: They have to keep a large surplus in case of a catastrophic loss. **BUILD Says:** Our neighborhoods have been suffering from catastrophic loss daily, magnified by the unrest.

CareFirst Says: The jobs program is not a health program. **BUILD Says:** National study after national study shows that income is a key indicator of health. Higher income leads to better health. 1000 currently unemployed and underemployed persons and their families would achieve better health through economic gain in their communities. Moreover, many will work as community health workers - peer to peer specialists – workers that are proven to improve a community's overall health.

CareFirst Says: that the hospitals should pay for the jobs. **BUILD Says:** The hospitals are stepping up. They are recruiting, hiring, training and supervising new employees. They are meeting with potential hiring candidates in our congregations. They are meeting us where we are at to BUILD One Baltimore. **Hospitals Say:** Because of Maryland's unique reimbursement rate setting system and cost controls, their spending is limited. The only way for hospitals to pay for 1000 new positions is to increase their rates.

CareFirst Says: It is the HSCRC's role to approve hospital rates for efficient & effective delivery of services, and not its role to approve funding for a broad range of social purposes. **BUILD Says:** The proposed jobs are known to improve health outcomes and lower costs, with relatively minimal training, and are not funded under the current hospital rate setting system. Additionally, the successful Nursing Support Program received rate increase approval by the HSCRC.

What's next?

BUILD is not for or against CareFirst or the Hospitals. BUILD is for jobs and for better health. BUILD is for making two cities one. The hospitals, insurance companies, and BUILD can all sit down together and work to agree on the contributions of each at this critical time.

Mr. Burrell let's meet to BUILD One Baltimore.