



Local **830**



THE REPORTER

Designed & Published by Local 830, International Brotherhood of Teamsters

www.team830.org

SPRING 2010

LOCAL 830 REMEMBERS SID MARRAMA



Secretary Treasurer's REPORT

...Dan Grace



Mayor Nutter's proposed 2 cents an ounce tax on sugar-sweetened beverages (SSB) is already leaving a bitter taste in the mouths of many angry Philadelphians, including the Teamsters Union drivers and soda bottling plant workers I represent.

The tax is impractical and will succeed only in cutting jobs, not in cutting obesity rates, despite the Nutter Administration's best attempts to spin the tax as a health initiative. In fact, a recent independent study conducted by the Rand Corporation of Santa Monica, CA found that taxes on sugar-sweetened beverages in other cities made no real difference on overall soda consumption or on obesity for kids overall.

Additionally, the SSB tax will hurt hard-working, middle class families and the working poor of the city. Mayor Nutter has exhibited an alarming lack of understanding of the economic consequences of this tax in challenging the Teamsters' position that the tax will cost our membership jobs in an already down economy.

With all due respect, what is so hard to understand? If this ill-considered tax is passed, the cost of sugared drinks will double in cost, people will stop buying the products or drive to the suburbs to purchase them, city stores will stop stocking them, soda companies will move fewer products, and Teamster drivers and industry support personnel will lose their jobs.

Beverage industry statistics show that when soda prices rise 10 percent, sales drop 8 - 9 percent. Reductions in soda sales mean job losses, from bottling plant workers to Teamster union delivery drivers. Our best estimate at this point in time is potentially as many as 2,000 lost regional jobs if this tax is passed.

These job losses will not be limited to Teamster members alone; supermarket employees, convenience store workers, and small business owners who sell soda in their stores or restaurants will also be adversely affected if this onerous tax is passed into law. There are thousands of family-sustaining, middle class Philadelphia jobs in beverage production, supply, distribution, sales and retailing which depend on a healthy beverage industry.

The loss of any of these jobs will only further erode the city's tax base. Teamsters Local Union 830 represents 2,200 Philadelphia members in the soft drink and brewery industry. These hard-working, tax-paying city residents do not deserve to have their jobs placed in jeopardy because of a misguided attempt to plug the city's budget gaps solely by taxing the product they produce and deliver.

Worse still, the soda tax is discriminatory. Taxing one product and one industry, to the exclusion of numerous items containing similar sugar-based ingredients, is simply unfair.

The tax would not be imposed on snack items such as ice cream, candy, popsicles, doughnuts or other high-sugar foods. Instead, this tax would unjustly target and burden the beverage industry alone.

Mayor Nutter proposes to use only \$20 million of the \$77 million raised annually through this tax for public health education and services, but let's be honest. This SSB tax push is not about health, it's about deficit reduction and raising taxes on Philadelphians who are already burdened with among the highest taxation rates in the country.

If Mayor Nutter is serious about improving citizens' overall health, then only a broad education program aimed at targeting eating behaviors and promoting fitness and a healthy diet can effectively combat the country's obesity epidemic. Any food or drink consumed without moderation will cause weight gain.

(see continuation on page 5)

On the Street

...Chuck White



The Unjust Reward

According to U.S. Labor Department statistics, workers productivity has risen 6.2 percent. Labor costs fell 4.4 percent which increased employers profitability, as the nations employers are managing to increase productivity without creating new jobs.

Unemployment in Pennsylvania hit 11.2 percent, its highest rate since 1983. Increased demand for workers productivity has not been equitably rewarded as workers wages only rose by 1.5 percent.

In regards to employer/employee relations, two local employers have sunk to an all time low by deferring employees' paychecks from weekly to a biweekly paycheck. If trying to survive the worst recession since the 1930's wasn't hard enough for workers. These two employers have decided to push their employees into the further stress and anxiety of trying to "make ends meet."

This unjustified decision seems highly hypocritical though, as these two zillionaires receive their checks daily from their customers. As Pennsylvania law mandates they get their money immediately upon delivery. This only proves cash flow certainly is not the catalyst for this mean-spirited greed. The profit is instantaneous, and our drivers are the "bag men" for the employers! We're good enough to fetch their loot, but not good enough to get the fruits of our labor weekly? It's not enough that they get rich off our backs, but now they want to profit off our paychecks too! This new ploy only adds to the debt and foreclosure problems our members already face in this economical nightmare.

Grievances and Labor Board charges filed in protest by your Union are pending. ■

Fighting Against Cystic Fibrosis



Seven thousand dollars was raised for Gabrielle Testa, whom was diagnosed with Cystic Fibrosis. Gabrielle is the granddaughter of **Local 830's Vince Improta**. Local 830 was happy to sponsor the event to help in little Gabrielle's fight.

Retiree News!



Pictured left to right: Tony Mastrome and Ed Focht. Ed retired from Thomas Jefferson University in March. Congratulations from all of us here at Local 830. Thank you for your 31 years of service. Enjoy your retirement!

TEAMSTERS LOCAL 830 OFFICERS, AGENTS & STAFF



Daniel H. Grace
Secretary Treasurer
dgrace@team830.org



Chuck White
President
cwhite@team830.org

Glenn Fulcher
Vice President
gfulcher@team830.org

Jack O'Rourke
Recording Secretary
jorourke@team830.org

Dan Santosusso
Trustee
dsantosusso@team830.org

Jim Brown
Trustee
jbrown@team830.org

Tony Mastrome
Trustee

Van Artis
Warden

Billy Peal
Sgt. of Arms

Susanne Deluisi
Office Manager
sdeluisi@team830.org

Rose Mary Crescitelli
Receptionist
rcrescitelli@team830.org

Kristina Crawford
Bookkeeper/Editor/Webmaster
kcrawford@team830.org

Nick Deieso
Janitorial/Maintenance

ORGANIZING NEWS!!!

Local 830 congratulates the newly organized members of First Transit. First Transit voted to join Teamsters Local 830 in January 2010.

NOTICE!

Thomas Jefferson University Hospital CONTRACT RATIFICATION



SHOP STEWARDS CORNER

NEW SHOP STEWARDS

Dennis McGinley.....Pepsi
James Gray.....Route Messengers
Christyn Jackson.....Toys R Us

Stewards Tip

Negotiating in the Grievance Process

The real skill involved in grievance meetings-apart from preparation is negotiating. Every steward should aim to become a shrewd negotiator -because every meeting with management about grievances is a kind of bargaining. You are trying to resolve the meaning of the contract in a particular situation as well as trying to demonstrate how management may have violated the contract. And you want the best possible settlement for the grievant and the union.

Adapted from *The Union's Stewards Complete Guide, 2nd Edition*, edited by David Prosten.

Fund Office News



Health Care Reform is Here!

On March 23, 2010, President Obama signed comprehensive health reform, the Patient Protection and Affordable Care Act, into law. Modifications to this new law were included in the Health Care and Educational Reconciliation Act of 2010 passed by the House and Senate and signed into law by President Obama one week later. As with any piece of legislation of this magnitude, it will take some time before the full details are understood, clarifications and interpretations are made and questions answered. We are working diligently with legal counsel and our benefits consultants to determine the effect of this legislation on coverage offered through the Fund and will keep you informed as pertinent information becomes known. In the meantime, the following highlights of the new law come from a publication of the Kaiser Family Foundation entitled *Focus on Health Reform*.

[NOTE: THE TIMELINE PROVIDED DOES NOT NECESSARILY REFLECT ACTUAL IMPLEMENTATION DEADLINES. CERTAIN DEADLINES MAY BE SENSITIVE TO AN ORGANIZATION'S PLAN (FISCAL) YEAR AND ALSO TO SPECIAL RULES RELATING TO MULTIEMPLOYER PLANS WHICH MAY DELAY IMPLEMENTATION BASED UPON THE LENGTH OF COLLECTIVE BARGAINING AGREEMENTS IN EFFECT AT THE TIME THE LEGISLATION WAS ENACTED. AS AN EXAMPLE, IT IS OUR PRESENT UNDERSTANDING THAT THE PROVISION EXTENDING HEALTH COVERAGE FOR DEPENDENT ADULT CHILDREN TO AGE 26 WILL LIKELY HAVE AN IMPLEMENTATION DEADLINE OF 9/1/2011, THE FUND'S FIRST PLAN YEAR FOLLOWING 180 DAYS AFTER ENACTMENT. WE WILL ADVISE YOU ON SUCH ISSUES AS SOON AS MORE DETAILS HAVE BEEN CONFIRMED.]

2010

Insurance Reforms

- Establish a temporary national high-risk pool to provide health coverage to individuals with pre-existing medical conditions. (Effective 90 days following enactment until January 1, 2014)
- Provide dependent coverage for adult children up to age 26 for all individual and group policies.
- Prohibit individual and group health plans from placing lifetime limits on the dollar value of coverage and prior to 2014, plans may only impose annual limits on coverage as determined by the Secretary. Prohibit insurers from rescinding coverage except in cases of fraud and prohibit pre-existing condition exclusions for children.
- Require qualified health plans to provide at a minimum coverage without cost-sharing for preventive services rated A or B by the U.S. Preventive Services Task Force, recommended immunizations, preventive care for infants, children, and adolescents, and additional preventive care and screenings for women.
- Provide tax credits to small employers with no more than 25 employees and average annual wages of less than \$50,000 that provide health insurance for employees.
- Create a temporary reinsurance program for employers providing health insurance coverage to retirees over age 55 who are not eligible for Medicare. (Effective 90 days following enactment until January 1, 2014)
- Require health plans to report the proportion of premium dollars spent on clinical services, quality, and other costs and provide rebates to consumers

for the amount of the premium spent on clinical services and quality that is less than 85% for plans in the large group market and 80% for plans in the individual and small group markets. (Requirement to report medical loss ratio effective plan year 2010; requirement to provide rebates effective January 1, 2011.

- Establish a process for reviewing increases in health plan premiums and require plans to justify increases. Require states to report on trends in premium increases and recommend whether certain plans should be excluded from the Exchange based on unjustified premium increases.

Medicare

- Provide a \$250 rebate to Medicare beneficiaries who reach the Part D coverage gap in 2010 and gradually eliminate the Medicare Part D coverage gap by 2020.
- Expand Medicare coverage to individuals who have been exposed to environmental health hazards from living in an area subject to an emergency declaration made as of June 17, 2009 and have developed certain health conditions as a result.
- Improve care coordination for dual eligibles by creating a new office within the Centers for Medicare and Medicaid services, the Federal Coordinated Health Care Office.
- Reduce annual market basket updates for inpatient hospital, home health, skilled nursing facility, hospice and other Medicare providers, and adjust for productivity.
- Ban new physician-owned hospitals in Medicare, requiring hospitals to have a provider agreement in effect by December 31; limit the growth of certain grandfathered physician-owned hospitals.

Medicaid

- Creates a state option to cover childless adults through a Medicaid State Plan Amendment.
- Creates a state option to provide Medicaid coverage for family planning services to certain low-income individuals through a Medicaid State Plan Amendment up to the highest level of eligibility for pregnant women.
- Creates a new option for states to provide CHIP coverage to children of state employees eligible for health benefits if certain conditions are met.
- Increase the Medicaid drug rebate percentage for brand name drugs to 23.1% (except the rebate for clotting factors and drugs approved exclusively for pediatric use increases to 17.1%); increase the Medicaid rebate for non-innovator, multiple source drugs to 13% of average manufacturer price; and extend the drug rebate to Medicaid managed care plans.
- Provide funding for an expand the role of the Medicaid and CHIP Payment and Access Commission to include assessments of adult services (including those dually eligible for Medicare and Medicaid).
- Require the Secretary of HHS to issue regulations to establish a process for public notice and comment for section 1115 waivers in Medicaid and CHIP.

Prescription Drugs

- Authorize the Food and Drug Administration to approve generic versions of biologic drugs and grant biologics manufacturers 12 years of exclu-

sive use before generics can be developed.

Quality Improvement

- Support comparative effectiveness research by establishing a non-profit Patient-Centered Outcomes Research Institute.
- Establish a commissioned Regular Corps and a Ready Reserve Corps for service in time of a national emergency.
- Reauthorize and amend the Indian Health Care Improvement Act.

Workforce

- Establish the Workforce Advisory Committee to develop a national workforce strategy.
- Increase workforce supply and support training of health professionals through scholarships and loans.
- Establish Teaching Health Centers to provide Medicare payments for primary care residency programs in federally qualified health centers.

Tax Changes

- Impose additional requirements on non-profit hospitals. Impose a tax of \$50,000 per year for failure to meet these requirements.
- Limit the deductibility of executive and employee compensation to \$500,000 per applicable individual for health insurance providers.
- Impose a tax of 10% on the amount paid for indoor tanning services.
- Exclude unprocessed fuels from the definition of cellulosic biofuel for purposes of applying the cellulosic biofuel producer credit.
- Clarify application of the economic substance doctrine and increase penalties for underpayments attributable to a transaction lacking economic substance.

2011

Long-term Care

- Establish a national, voluntary insurance program for purchasing community living assistance services and supports (CLASS program).

Medical Malpractice

- Award five-year demonstration grants to states to develop, implement, and evaluate alternatives to current tort litigations.

Prevention/Wellness

- Improve prevention by covering only proven preventive services and eliminating cost-sharing for preventive services in Medicare; increase Medicare payments for certain preventive services to 100% of actual charges or fee schedule rates. For states that provide Medicaid coverage for and remove cost-sharing for preventive services recommended by the US Preventive Services Task Force and recommended immunizations, provide a one percentage point increase in the FMAP for these services.
- Provide Medicare beneficiaries access to a comprehensive health risk assessment and creation of a personalized prevention plan and provide incentives to Medicare and Medicaid beneficiaries to complete behavior modification programs.
- Provide grants for up to five years to small employers that establish wellness programs.
- Establish the National Prevention, Health Promotion and Public Health Council to develop a national strategy to improve the nation's health.
- Require chain restaurants and food sold from vending machines to disclose the nutritional content of each item.

Medicare

- Require pharmaceutical manufacturers to provide a 50% discount on brand-name prescriptions filled in the Medicare Part D coverage gap beginning in 2011 and begin phasing-in federal subsidies for generic prescriptions filled in the Medicare Part D coverage gap.
- Provide a 10% Medicare bonus payment to primary care physicians and to general surgeons practicing in health professional shortage areas. (Effective 2011 through 2015)
- Restructure payments to Medicare Advantage (MA) plans by setting payments to different percentages of Medicare fee-for-service (FFS) rates.
- Prohibit Medicare Advantage plans from imposing higher cost-sharing requirements for some Medicare covered benefits than is required under the traditional fee-for-service program.
- Reduce annual market basket updates for Medicare providers beginning in 2011.
- Provide Medicare payments to qualifying hospitals in counties with the lowest quartile Medicare spending for 2011 and 2012.
- Freeze the income threshold for income-related Medicare Part B premiums for 2011 through 2019 at 2010 levels, and reduce the Medicare Part D premium subsidy for those with incomes above \$85,000/individual and \$170,000/couple.
- Create an Innovation Center within the Centers for Medicare and Medicaid Services.

Medicaid

- Prohibit federal payments to states for Medicaid services related to health care acquired conditions.
- Create a new Medicaid state plan option to permit Medicaid enrollees with at least two chronic conditions, one condition and risk of developing another, or at least one serious and persistent mental health condition to designate a provider as a health home. Provide states taking up the option with 90% FMAP for two years for health home related services including care management, care coordination and health promotion.
- Create the State Balancing Incentive Program in Medicaid to provide enhanced federal matching payments to increase non-institutionally based longterm care services
- Establish the Community First Choice Option in Medicaid to provide community-based attendant support services to certain people with disabilities.

Quality Improvement

- Develop a national quality improvement strategy that includes priorities to improve the delivery of health care services, patient health outcomes, and population health.
- Establish the Community-based Collaborative Care Network Program to support consortiums of health care providers to coordinate and integrate health care services, for low-income uninsured and underinsured populations.
- Establish a new trauma center program to strengthen emergency department and trauma center capacity.
- Improve access to care by increasing funding by \$11 billion for community health centers and the National Health Service Corps over five years; establish new programs to support school-based health centers and nurse-managed health clinics.

Tax Changes

- Exclude the costs for over-the-counter drugs not prescribed by a doctor from being reimbursed through an HRA or health FSA and from being reimbursed on a tax-free basis through an HSA or Archer Medical Savings Account.
- Increase the tax on distributions from a health savings account or an Archer MSA that are not

used for qualified medical expenses to 20% of the disbursed amount.

- Impose new annual fees on the pharmaceutical manufacturing sector.

2012

Medicare

- Medicare Part D cost-sharing for full-benefit dual eligible beneficiaries receiving home and community-based care services equal to the cost-sharing for those who receive institutional care.
- Allow providers organized as accountable care organizations (ACOs) that voluntarily meet quality thresholds to share in the cost savings they achieve for the Medicare program.
- Reduce Medicare payments that would otherwise be made to hospitals by specified percentages to account for excess (preventable) hospital readmissions.
- Create the Medicare Independence at Home demonstration program.
- Establish a hospital value-based purchasing program in Medicare and develop plans to implement value-based purchasing programs for skilled nursing facilities, home health agencies, and ambulatory surgical centers.
- Provide bonus payments to high-quality Medicare Advantage plans.
- Reduce rebates for Medicare Advantage plans.

Medicaid

- Create new documentation projects in Medicaid to pay bundled payments for episodes of care that include hospitalizations (effective January 1, 2012 through December 31, 2016); to make global capitated payments to safety net hospital systems (effective fiscal years 2010 through 2012); to allow pediatric medical providers organized as accountable care organizations to share in cost-savings (effective January 1, 2012 through December 31, 2016); and to provide Medicaid payments to institutions of mental disease for adult enrollees who require stabilization of an emergency condition (effective October 1, 2011 through December 31, 2015)

Quality Improvement

- Require enhanced collection and reporting of data on race, ethnicity, sex, primary language, disability status, and for underserved rural and frontier populations.

2013

Insurance Reforms

- Create the Consumer Operated and Oriented Plan (CO-OP) program to foster the creation of non-profit, member-run health insurance companies in all 50 states and the District of Columbia to offer qualified health plans. (Appropriate \$6 billion to finance the program and award loans and grants to establish CO-OPs by July 1, 2013)
- Simplify health insurance administration by adopting a single set of operating rules for eligibility verification and claims status (rules adopted July 1, 2011; effective January 1, 2013), electronic funds transfers and health care payment and

remittance (rules adopted July 1, 2012; effective January 1, 2014), and health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, and referral certification and authorization (rules adopted July 1, 2014; effective January 1, 2016). Health plans must document compliance with these standards or face a penalty of no more than \$1 per covered life. (Effective April 1, 2014)

Medicare

- Begin phasing-in federal subsidies for brand-name prescriptions filled in the Medicare Part D coverage gap (to 25% in 2020, in addition to the 50% manufacturer brand-name discount).
- Establish a national Medicare pilot program to develop and evaluate paying a bundled payment for acute, inpatient hospital services, physician services, outpatient hospital services, and post-acute care services for an episode of care.

Medicaid

- Increase Medicaid payments for primary care services provided by primary care doctors for 2013 and 2014 with 100% federal funding.

Quality Improvement

- Require disclosure of financial relationships between health entities, including physicians, hospitals, pharmacists, other providers, and manufacturers and distributors of covered drugs, devices, biologicals, and medical supplies.

Tax Changes

- Increase the threshold for the itemized deductions for unreimbursed medical expenses from 7.5% of adjusted gross income to 10% of adjusted gross income for regular tax purposes; waive the increase for individuals age 65 and older for tax years 2013 through 2016.
- Increase the Medicare Part A (hospital insurance) tax rate on wages by 0.9% (from 1.45% to 2.35%) on earnings over \$200,000 for individual taxpayers and \$250,000 for married couples filing jointly and impose a 3.8% assessment on unearned income for higher-income taxpayers.
- Limit the amount of contributions to a flexible spending account for medical expenses to \$2,500 per year increased annually by the cost of living adjustment.
- Impose an excise tax of 2.3% on the sale of any taxable medical device.
- Eliminate the tax-deduction for employers who receive Medicare Part D retiree drug subsidy payments.

2014

Individual and Employer Requirements

- Require U.S. citizens and legal residents to have qualifying health coverage (phase-in tax penalty for those without coverage).
- Assess employers with more than 50 employees that do not offer coverage and have at least one full-time employee who receives a premium tax credit a fee of \$2,000 per full-time employee, excluding the first 30 employees from the assessment. Employers with more than 50 employ-

ees that offer coverage but have at least one full-time employee receiving a premium tax credit, will pay the lesser of \$3,000 for each employee receiving a premium credit or \$2,000 for each full-time employee. Require employers with more than 200 employees to automatically enroll employees into health insurance plans offered by the employer. Employees may opt out of coverage.

Insurance Reforms

- Create state-based American Health Benefit Exchanges and Small Business Health Options Program (SHOP) Exchanges, administered by a governmental agency or non-profit organization, through which individuals and small businesses with up to 100 employees can purchase qualified coverage.
- Require guarantee issue and renewability and allow rating variation based only on age (limited to 3 to 1 ratio), premium rating area, family composition, and tobacco use (limited to 1.5 to 1 ratio) in the individual and the small group market and the Exchanges.
- Reduce the out-of-pocket limits for those with incomes up to 400% FPL to the following levels:
 - 100-200% FPL: one-third of the HSA limits (\$1983/individual and \$3,967/family);
 - 200-300% FPL: one-half of the HSA limits (\$2975/individual and \$5,950/family);
 - 300-400% FPL: two-thirds of the HSA limits (\$3,967/individual and \$7,973/family).
- Limit deductibles for health plans in the small group market to \$2,000 for individuals and \$4,000 for families unless contributions are offered that offset deductible amounts above these limits.
- Limit any waiting periods for coverage to 90 days.
- Create an essential health benefits package that provides a comprehensive set of services, covers at least 60% of the actuarial value of the covered benefits, limits annual cost-sharing to the current law HSA limits (\$950/individual and \$1,900/family in 2010), and is not more extensive than the typical employer plan.
- Require the Office of Personnel Management to contract with insurers to offer at least two multi-state plans in each Exchange. At least one plan must be offered by a non-profit entity and at least one plan must not provide coverage for abortions beyond those permitted by federal law.
- Permit states the option to create a Basic Health Plan for uninsured individuals with incomes between 133-200% FPL who would otherwise be eligible to receive premium subsidies in the Exchange.
- Allow states the option of merging the individual and small group markets. (Effective January 1, 2014)
- Create a temporary reinsurance program to collect payments from health insurers in the individual and group markets to provide payments to plans in the individual market that cover high-risk individuals.
- Require qualified health plans to meet new operating standards and reporting requirements.

Premium Subsidies

- Provide refundable and advanceable premium

credits and cost sharing subsidies to eligible individuals and families with incomes between 133-400% FPL to purchase insurance through the Exchanges.

Medicare

- Reduce the out-of-pocket amount that qualifies an enrollee for catastrophic coverage in Medicare Part D (effective through 2019);
- Establish an Independent Payment Advisory Board comprised of 15 members to submit legislative proposals containing recommendations to reduce the per capita rate of growth in Medicare spending if spending exceeds a target growth rate. (Issue recommendations beginning January, 2014)
- Reduce Medicare Disproportionate Share Hospital (DSH) payments initially by 75% and subsequently increase payments based on the percent of the population uninsured and the amount of uncompensated care provided.
- Require Medicare Advantage plans to have medical loss ratios no lower than 85%.

Medicaid

- Expand Medicaid to all non-Medicare eligible individuals under age 65 (children, pregnant women, parents, and adults without dependent children) with incomes up to 133% FPL based on modified adjusted gross income (MAGI) and provides enhanced federal matching for new eligibles.
- Reduce states' Medicaid Disproportionate Share Hospital (DSH) allotments.
- Increase spending caps for the territories.

Prevention/Wellness

- Permit employers to offer employees rewards of up to 30%, increasing to 50% if appropriate, of the cost of coverage for participating in a wellness program and meeting certain health-related standards. Establish 10-state pilot programs to permit participating states to apply similar rewards for participating in wellness programs in the individual market.

Tax Changes

- Impose fees on the health insurance sector.

2015 and later

Insurance Reforms

- Permit states to form health care choice compacts and allow insurers to sell policies in any state participating in the compact. (Compacts may not take effect before January 1, 2016)

Medicare

- Reduce Medicare payments to certain hospitals for hospital-acquired conditions by 1%. (Effective fiscal year 2015)

Tax Changes

- Impose an excise tax on insurers of employer-sponsored health plans with aggregate values that exceed \$10,200 for individual coverage and \$27,500 for family coverage. (Effective January 1, 2018)

Teamsters Local 830 Employee Benefit Funds
 12298 Townsend Road—2nd Floor
 Philadelphia, PA 19154

Telephone
 Local: 215-969-1012
 Toll Free: 800-782-5379

Office Hours
 Monday through Friday
 8:30 AM to 4:30 PM

Sam Kenish
Lee Togneri

Aggie Breen
 Joanne Creedon
 Donna DiFrancesco
 Claire Dodd
 Shirley Dustman
 Diana Foschini
 Priscilla Gray
 Mary Joniec
 Cathy Knasiak
 Eleanor Riley
 Jennifer Schmeltzer
 Lynn Valenti


Fund Administrator
Asst. Fund Administrator

Health & Welfare Claims Manager
 Dental Senior Claims Manager
 Vision/Life/AD&D/STD Senior Claims Rep
 Receptionist/Life/AD&D/STD Rep
 In-House Accountant
 Rx Claims Rep/COBRA Rep
 Medical Claims Rep/Enrollment Specialist
 Legal/Scholarship Fund Rep/Accounts Payable
 Operations Manager
 Clerical Specialist
 Contribution Accounting Manager
 Pension Claims Manager/Administrative Asst.

x3302 skenish@team830.org
x3306 ltogneri@team830.org

x3304 abreen@team830.org
 x3319 jcreedon@team830.org
 x3318 ddifrancesco@team830.org
 x3301 cdodd@team830.org
 x3310 sdustman@team830.org
 x3317 dfoschini@team830.org
 x3305 pgray@team830.org
 x3311 mjjoniec@team830.org
 x3309 cknasiak@team830.org
 x3316 eriley@team830.org
 x3314 jschmeltzer@team830.org
 x3308 lvalenti@team830.org

...Glenn Fulcher



Cell Phone Laws Legislation

WR Corner

The PA House has approved a ban on hand held cell phone use and text messaging for all drivers. The Plan is now in the Senate, which passed a text messaging Bill last summer. The Governor, Ed Rendell indicated he would sign the House Legislation if it passes the Senate.

Philadelphia, Harrisburg, Erie and Allentown have banned cell phone use by drivers unless a hands-free attachment is used. Fines vary from \$50.00 to \$1000.00 and can be doubled in school, work, highway safety or emergency zones.

CDL drivers include fines of \$2750.00 and disqualification of license. Drivers that drive these big rigs are twenty-five times more likely to get into a crash.

On to another note, the Soda Tax. This Local Union led by Secretary Treasurer, Danny Grace has been to City Hall several times for hearings and rallies to let our voices be heard. We want to educate City Council, retail customers, consumers and the Mayor of Philadelphia, Michael Nutter.

In closing, Local 830 will do everything we can to defeat this tax and protect our members jobs and livelihood.

Good News-Bad News

By: Marilyn T. Jamain, Esquire

Let's start with some **good news**. The fatal work injuries recorded in the United States were down from 5,657 in 2007 to 5,071 in 2008. The **bad news**, too many workers died. Pennsylvania accounted for 240 of those deaths in 2008. Ninety percent of those deaths were in private industry.

What do these statistics tell us? Employment in some of the most dangerous professions declined which most likely accounts in part for the reduced number of fatalities. Also, poor reporting practices and budget constraints of government agencies may have delayed the processing of records used to compile data.

I have some more **bad news**. While many of us work tirelessly at trying to improve workplace safety and protect injured workers, many powerful forces are constantly at work against us. The insurance industry has a powerful lobby and a masterful media campaign. This campaign has been waged against workers for many years. Pennsylvania has been a targeted state, with the industry relentlessly trying to limit an injured worker's choice of medical care. The Pennsylvania Workers' Compensation Act, 77 P.S. Section 1, et seq. has been amended numerous times over the past 15 years, always chipping away at the rights of our brothers and sisters. Our political leaders have fallen prey to the cry of industry leaders who are committed to taking away an injured person's right to sue.

The rallying cry for tort reform is in reality a way of throwing injured workers away and not holding industry accountable for its negligence and recklessness. It is an attempt to save money literally on the backs of struggling and dying workers.

Now for some **good news!** You do have rights, but you must assert them. There are people to help, but you must ask. If you are injured by defective equipment, we are prepared to investigate and bring action against the person or company at fault. If you are being denied the right to fair reporting or to payment of medical bills, we are available to help. You do not have to go through difficult times alone. The employers have attorneys, the insurance companies have attorneys, and so do you.

At **Schwarz, Cleary, Josem, Schwarz**, we are dedicated to serving the needs of working men and women. We have successful, experienced attorneys, ready to help. We have been instrumental in protecting injured workers and have been the leading attorneys in pivotal law suits. We have successfully recovered awards for the injured, and by doing so, have helped them regain their deserved quality of life. So if you need us or just have a question please call:

Marilyn T. Jamain, Esquire
Daniel F. Ashton, Esquire

Schwartz, Cleary, Josem & Schwarz, LLC

(continued from Dan Grace's Article, page2)

On behalf of 2,200 Teamsters, many of whom live and work in Philadelphia and are dependent on the beverage industry for their livelihoods, I respectfully ask the members of City Council to vote against the 55B tax. It will be an additional financial burden on families already struggling to make ends meet. Daily News readers who wish to join us in this fight can do so by signing our petition at www.savephillyjobs.com.

Thank you to Angela Quintola; for having the courage to stand up to Mayor Nutter voicing her concerns against the Soda Tax. This Soda Tax would cause her husband who is employed at Philadelphia Coca Cola to be laid off.

On a sad note, we have lost a pillar of our Union with the passing of Sid Marrama. He was the driving force on many of the benefits and the building that you currently enjoy today. He was one of my many mentor's and my friend. May you rest in peace, Sid. ■

DECEASED

LOCAL 830 NOTES WITH SORROW THE PASSING OF THE FOLLOWING MEMBERS:

- | | |
|----------------------|-------------------|
| John Paolantonio* | St. Mary's Ldry |
| Thomas Murphy | Coke Philly |
| Charles Bedics* | Ross Common Bev. |
| Wm. Odenwelder Sr.* | Allentown Bev. |
| George Sharp* | Univest |
| John Lucas* | Sunshine Brwy |
| Irving Parker* | Pepsi Phila |
| Louis Favretto* | Garden State Bev. |
| Sid Marrama* | Local 830 |
| Ronald Dade | Hertz Corp. |
| Wm. Loffelhardt Jr.* | Wm. H.P. |
| Lester Hewitt* | Unitog |
| Michael Hagner | Coke Phila. |
| James Demetris | Coke Phila. |
| Alma Leatherman* | Aramark Vndng. |
| Michael DiCamillo* | Mirabile Beverage |
| Joseph Niezgodas* | Bunzl |

* denotes Retiree

RETIRED

THE FOLLOWING MEMBERS HAVE ANNOUNCED THEIR RETIREMENT:

- | | |
|--------------------|------------------|
| John Adams | Cott Bev. |
| Francis Svetecz | Banko Distr. |
| Marshall Guenthoer | Pepsi Pennsauken |
| John Strunk | Pepsi Pennsauken |
| Edward Focht | TJU |

EMAIL

We are in process of forming an email database so we can better contact our members. By joining our email database you'll receive important up to date news and information, alerts and events, and any announcements that pertain to Local 830.

Call the hall, or send an email to kcrawford@team830.org to provide us with your email address.

ANNOUNCEMENTS

We'd like to hear from you. If you'd like us to report on what's happening in your life, drop a line to 830 Reporter, 12298 Townsend Road, Philadelphia, PA 19154 or call 215-671-9850 or email kcrawford@team830.org.

RETIREE MEETINGS

Retiree Meetings are held the first Tuesday of the month in the Local 830 hall.

June 1, 2010 is the last meeting before the summer break. Meetings will resume in September 2010. Check our website in late summer for the 2010/2011 meeting schedule.

MEMBER WRITE IN'S

Dear Dan Grace:
I would first like to say thank you for your service to your members. Anytime I had an issue, question or concern you always returned my call the same day.


I would also like to acknowledge our Teamsters Local Union No. 830 Legal Service Plan, Freedman & Lorry. The attorney assigned to my case did an outstanding job representing my family.

We are thankful for the Legal Service Benefit that we have in our contract.
-Dennis Baranauskas, Coke

Mastrome's Commentary

By: Tony Mastrome

"These are the times that try Mens Souls."
Solemn words of common sense spoken by Thomas Paine, American Patriot 1776.



How apropos in today's Out of Work America.

The American workforce has been overwhelmed by a massive wave of suffering brought about by unemployment and foreclosures. Jobs where are they!

Many factors contributed to our current unemployment crisis such as a decline in manufacturing jobs due to outsourcing, shrinking sectors in construction jobs and increasing pension cuts.

Aptly dubbed the great recession, this is the first time since the Great Depression that Americans had to rely on the federal government for financial aid in the form of welfare, unemployment checks, Social Security or food stamps.

There is an old saying "No man knows the weight of another man's burden." There is a great loss of pride for the person out of work unable to provide for their families.

Where is the Labor Law reform? Unions worked tirelessly in 2008 when more than a quarter billion dollars was plunged into efforts to help elect Barack Obama, backed by a largely Democratic Congress. Unions were asked to wait for Labor reform until health care was enacted. Health reform is now the law of the land. It is time to resolve our labor issues.

We must change the negative labor practices wreaking havoc on the American workforce. Unions need a supportive government to help organize and create a thriving working class.

- Some suggestions for recovery:
- We know free trade does not work, bring back jobs from overseas and slap tariffs on all imports.
 - Use stimulus money to stimulate small business lending and extend unemployment benefits.

This wont be the next coming of the Messiah, but maybe it's a light at the end of the tunnel.

TEAMSTERS LOCAL 830
12298 Townsend Road
Philadelphia, PA 19154
(215) 671-9850

team830.org
team830.org

PRSR STD
US POSTAGE
PAID
PHILADELPHIA, PA
PERMIT NO. 2325

Are you moving?

If so, let us know so that you don't miss an issue of the 830 REPORTER. Fill out this form with your new (or corrected) address, and give it to your Business Agent or mail it to:

**Teamsters Local 830
12298 Townsend Road
Philadelphia, PA 19154**

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

2010 UNION MEETINGS...

The membership of Local 830 voted at the May 2nd meeting to suspend the General Membership Meetings in the summer months of June, July and August 2010. The meetings will resume after summer on Sunday, September 12, 2010 at 10:00AM in the Local 830 union hall. Keep an eye out on our website, in our newspaper and also in the newsletters for details regarding the Sept. 12th meeting.

SODA TAX RALLY

