



STATE UPDATE: Nurse Staffing Ratio Legislation Equates to Largest Unfunded Mandate in History

Hospital advocates are counting down the days until the end of the 2013 legislative session (June 20, 2013), while keeping a watchful eye on proposed legislation and regulatory issues that matter most to the region's 51 hospitals and the 5.1 million residents served by these institutions. Top on the list is the nurse staffing ratio legislation. If enacted, this measure would result in the largest unfunded health care mandate to date in New York. Hospitals estimate the cost to their facilities to be about \$1.5 billion; cost to the entire health care sector is estimated at \$3 billion.

- **Nurse Staffing Ratio Legislation** was the focus of a lobby day held April 15, 2013 in Albany by the Healthcare Association of New York State (HANYC) with participation from the Suburban Hospital Alliance. Hospital leaders from the Alliance's two regions met with key legislative staff members and their health policy aides, emphasizing that mandated hospital-wide nurse staffing ratios are not proven to enhance care, and in fact, could impede safe care in times of surge capacity. The constantly changing, varied mix of patient acuity is another reason hospitals must have a flexible workforce pool available at all times. A more effective staffing approach takes patient needs into account and is developed by nursing management on a unit-by-unit basis. Further, mandated ratios also ignore the migration of services to an outpatient setting, rapidly expanding advances in technology, and the influx of patients soon to arrive as a result of health care reform and insurance expansion. Mandated staffing ratio legislation has advanced in prior years, but has never made it into law. In the remaining days of this legislative session, Suburban Hospital Alliance leadership is committed to fighting the passage of unfunded nurse staffing ratios.
- **Safe Patient Handling Legislation** is also making its way through the legislature. This proposal affects a broader scope of health care workers and seeks protections for health care workers, such as the purchase of specific equipment and unprecedented options for health care workers to refuse to "handle" patients. The proposed equipment-to-patient ratios would be prescriptive and costly, and yet another unfunded mandate. With a shared priority for the safety of both health care workers and patients, hospital administrators are committed to working with front line health care workers to find more workable solutions than the current draft legislation.

FEDERAL UPDATE: Debt/Deficit Deadlines Lie Ahead

Stronger than expected economic growth and higher federal revenues mean the impending May 19 debt ceiling limit may be extended. These developments, along with The U.S. Treasury Department's ability to use extraordinary accounting measures, will more than likely extend the deadline until September. Regardless of the actual debt ceiling deadline, the issue holds bearing for hospitals because the industry continues to be a target for funding offsets for debt and deficit reduction plans that both chambers and the White House continue to entertain. Each plan seeks millions in Medicare cuts to providers. Other suggested Medicare reforms include means testing the Part A (hospital coverage) premium payments, turning the program into a premium support model, and raising the eligibility age to 67. A recent RAND Corporation study that looked at these three options found wide variation in savings but also found that many Medicare enrollees would suffer financially and experience diminished access to care.

Since April 2010, the 51 hospitals in the Suburban Hospital Alliance began absorbing Affordable Care Act-mandated cuts - \$3.3 billion (2010-2021). Sequestration adds another \$629 million in payment reductions through 2022. *Permission to reprint articles granted. Attribution to this publication required.