



STATE UPDATE: Nurse Staffing Bills Counterproductive and Harmful

With the 2015-2016 state budget now in place, the legislature turns its attention in these remaining five weeks of the legislative session to a variety of proposed healthcare bills. Among the more onerous for the hospital industry are proposed bills (A.1548 Gottfried/S.782 Hannon) aimed at creating specific staffing ratios for nurses and other direct-care staff in hospitals and nursing homes. Nurse staffing ratio legislation of some sort surfaces perennially, but the hospital industry's opposition to such mandates remains steadfast. Hospitals are not alone in their opposition to such legislation. The Joint Commission, the national independent accrediting body for the healthcare industry, opposes such mandates and instead requires that staffing levels be set "based on competency and skill mix applicable to patient mix and acuity." The American Nurses Association also opposes such efforts, noting that staffing is a complex issue and must respond to the differing complexity of patients, as well as surges in patient volume, among other factors. Research confirms that the implementation of rigid staffing ratios is not in the best interests of patients. No single model (i.e. nurse-to-patient ratios, nursing hours per patient day, or nursing intensity weights) has proven to be the best approach in all settings and all situations, according to hospital leaders. This legislation would severely restrict hospitals' ability to provide a dynamic care team that responds to the changing needs of patients over the course of a day and even hours. The nurse staffing ratio bills equate to \$3 billion in unfunded mandates for hospitals.

FEDERAL UPDATE: Avoiding More Medicare Cuts and Securing More Physicians for the Future -Top Priorities

Medicare cuts to hospitals are once again back up for grabs as Congress debates a way to cover the cost of the Trade Adjustment Assistance (TAA) program. This program provides tax credits for the purchase of health insurance to individuals who lose their employer-based health coverage as a result of global trade agreements. Congress is looking to extend the Medicare sequestration cuts (automatic yearly two-percent cut) for another six months into 2016. The sequester cuts were legislated as part of the 2011 Budget Control Act and are meant to force fiscal restraint upon Congress and the White House. Hospitals have endured sequestration cuts since 2013.

Legislation aimed at increasing the number of Medicare-supported residency slots - the Resident Physician Shortage Reduction Act of 2015 - is also now before Congress. The bi-partisan legislation would augment the number of residency slots by 3,000 per year for each of five years from 2017 - 2021. The nation is in the midst of a physician shortage that is predicted to worsen, especially as primary care, the basis of population health medicine, takes greater hold.

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Hudson Valley Office
(845) 562-7520
www.normet.org

Long Island Office
(631) 435-3000
www.nshc.org