



# STAT News

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## STATE UPDATE: Staffing Ratios/Behavioral Health Top Issues

**Mandatory Staffing Ratio** – Hospital advocates recently returned from a joint lobbying day in Albany (May 1) where they protested mandatory nurse staffing ratio legislation (A.1532/S.3330). Suburban Hospital Alliance of New York State members were joined by the Healthcare Association of New York State, New York Organization of Nurse Executives and Leaders and other regional hospital associations. The proposed legislation would impose arbitrary staffing ratios. Such ratios have been shown to not improve care in the only other state – California – that has such ratios in place. More importantly, such restrictive laws would prevent experienced local clinicians from making the appropriate staffing decisions to meet the needs of each and every patient, taking into account patient mix and acuity and surge capacity concerns. It is estimated that mandated staffing ratios would cost New York’s hospitals and nursing homes close to \$3 billion annually. Research has shown that the combination of higher levels of nurse education, the use of evidence-based criteria, and an appropriate mix of staff of all levels are critical to quality care. Hospital administrators also note that staffing costs to fulfill such workforce mandates would have a detrimental effect on ancillary nursing staff, as hospitals would be forced to downsize. In Westchester, the county legislature is considering a resolution that would urge state government to enact the staffing ratio law, one of several such efforts around the state by the bill’s proponents. Hospital leaders testified before a county committee on May 15 to explain why forced ratios are bad for patients and nurses. The committee has not yet taken a vote on whether to advance the bill.

**Behavioral Health/Substance Abuse Crisis** – Hospital advocates are pressing for an increase in Medicaid reimbursement for behavioral health services, improved coordination between state agencies overseeing residential populations, establishment of hospital-based psychiatric observation units, and changes to the scope of practice for psychiatric nurse practitioners, among other solutions at the state level.

## FEDERAL UPDATE: Rescission Bill Heads to House, Opioid Bills Pass

**Rescission Threat** – The House is expected to vote this week on the White House’s proposed \$15.19 billion rescission package. The rescission measure includes nearly \$7 billion from the Children’s Health Insurance Program (CHIP) and \$800 million from the Center for Medicare and Medicaid Innovation. This effort stems from concern among fiscal conservatives about recent high spending levels approved by Congress. The White House is acting under a 1974 law that allows the president to propose to Congress rescinding certain budgetary authority (the Impoundment Control Act). Congress then has 45 days to pass the bill or the spending remains in effect. Rescissions are seen as a way to save taxpayer dollars. Under the Impoundment Control Act, rescission proposals apply only to cuts in discretionary programs, not mandatory benefit programs. The Government Accountability Office (GAO) is currently debating the legality of including cuts to CHIP in this rescission package under the Impoundment Control Act. If the proposed CHIP cuts are deemed outside of the act, then the Senate would need 60 votes, not just a simple majority. The GAO is expected to rule on the matter May 22. Regardless, the House is moving ahead with its vote this week.

**Opioid-Related Bills** – The House Energy and Commerce Committee voted May 9 to approve six bills to address the opioid crisis. The bills are mostly focused on patient education, but include money for grants to test alternative pain management protocols and to study and determine treatment access and capacity. Last month, the Senate Health, Education, Labor and Pensions Committee approved bipartisan legislation that would reauthorize funding to states to address opioid abuse and provide support to improve the interoperability of state prescription drug monitoring programs. The House Ways and Means and the Senate Finance Committees are also considering opioid-related legislation. House and Senate leaders are working to pass and reconcile their packages sometime this summer. Suburban counties in New York are experiencing some of the highest rates of opioid abuse and overdose deaths in the state. The situation is placing stress on all treatment venues – inpatient and outpatient – and legislative and regulatory changes are needed now to alleviate this crisis.

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