



*Representing the advocacy interests of hospitals and health systems  
on Long Island and in the Hudson Valley*

April 4, 2016

TO: Senate Majority Leader John Flanagan  
Independent Democratic Conference Leader Jeffrey Klein  
Assembly Speaker Carl Heastie  
Senator Kemp Hannon, Chairman, Senate Health Committee  
Assemblyman Richard Gottfried, Chairman, Assembly Health Committee  
Members, Long Island Delegation of the New York State Legislature  
Members, Hudson Valley Delegation of the New York State Legislature  
Members, Independent Democratic Conference

FROM: Kevin W. Dahill, President and CEO

RE: A.8580 (Gunther) —on Assembly Codes Committee agenda 4/5/16  
S.782 (Hannon) — in Senate Health Committee

A.8580/S.782 would amend the Public Health Law to create specific staffing ratios for nurses and other direct-care staff in hospitals and nursing homes. This legislation would prevent hospitals from determining optimal staff levels given the individual care needs of their patients, experience and training of staff and other factors, instead requiring a “one size fits all” approach. The bill also would create an unprecedented unfunded mandate on hospitals and nursing homes, of as much as \$3 billion per year.

***The Suburban Hospital Alliance of New York State strongly opposes this legislation.***

A.8580/S.782 substitutes legislated ratios for the judgment of clinical professionals. The implementation of rigid staffing ratios would prevent hospitals from assembling the right cohort of clinicians and assisters based on the severity of the patient’s illness and particular skill mix of staff on duty. Delivering effective and reliable patient-centered care requires a multi-disciplinary team of nurses, physicians, therapists, medical assistants, care coordinators, and other allied health professionals, as well as active family and patient participation. Mandated staffing ratios would force hospitals to abandon this team-based approach. Hospitals would be severely restricted in their ability to create

dynamic care teams that flex to the needs of patients, without any corresponding improvement in patient outcomes.

Research backs up this argument. Peer-reviewed studies in California – the only state with mandated ratios – found no direct link between clinical outcomes and statewide staffing ratios. Rather, the research shows that the factors that do make a difference in patient outcomes are the use of evidence-based protocols, teamwork and communication.

There are numerous safeguards already in place to ensure that hospitals are safely staffed, without resorting to a rigid mandate. In recent years, the Legislature has enacted laws requiring the disclosure of staffing plans, nurse-to-patient ratios by hospital unit, and nursing-sensitive clinical quality metrics, establishing a safe patient handling program to reduce the risk of workplace injuries, and prohibiting compulsory overtime. In addition, all hospitals must comply with numerous Department of Health, Centers for Medicare and Medicaid (CMS) and accrediting agency requirements regarding the adequacy of staffing, processes of care, patient satisfaction and clinical quality metrics.

**For these reasons, the Suburban Hospital Alliance of New York State  
urges you to reject A.8580/S.782.**

The Legislature could more effectively support nurses and elevate the quality of care for patients by enacting laws that require nurses to obtain bachelor's degrees within 10 years of beginning practice, provide scholarships and loan forgiveness for nursing education, and expand the scope of practice for nurses so that they can work to the full extent of their education. We would welcome the opportunity to work with you on these alternatives.