



STAT News

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STATE UPDATE: Staffing Ratios Not Panacea for Better Care

With the state budget behind them, hospital advocates now turn their attention to policy issues likely to surface in the remaining weeks of the legislative session. Top among these issues is the drive to impose nurse staffing ratio mandates. Citing a lack of regional and national evidence that mandated staffing ratios improve care, and more importantly, that the varied patient acuity mix present every day at the region's hospitals must respond to a flexible workforce pool, hospital leaders remain opposed to any level of mandated nurse staffing ratios.

Mandated ratios also ignore the influx of patients soon to arrive as a result of health care reform and insurance expansion. The State Department of Health predicts that about one million newly insured New Yorkers will gain access to coverage and care, beginning next year when the insurance mandate takes hold.

"You cannot apply a one-size-fits-all approach when it comes to nurse staffing," said Kevin Dahill, president/CEO of the Suburban Hospital Alliance of New York State, LLC. "Patients with a complexity of issues require complex nursing management that must adjust to patient needs throughout the day, on any given day. Nursing leadership, managers, and experienced RNs are best equipped to determine a hospital's staffing needs so that all patients receive safe, quality care continuously."

Advocates also maintain that nursing supply will not meet demand in the future, especially as the population ages and those nurses who postponed retirement during the recession, will very soon leave the profession, now that the economy is in recovery. Mandated ratios will only exacerbate this looming shortage.

On Monday, April 15, 2012, hospital leaders will voice their opposition to nurse staffing ratios during a special lobby day in Albany.

Ensuring Nurse Staffing Levels . . .

Recruitment and retention of experienced RNs and nurse managers remains difficult for hospitals in the Suburban Hospital Alliance regions.

67% of hospitals in the two counties that comprise Long Island report extreme difficulty in recruiting nurse managers, while 65% of the hospitals in the seven counties of the Hudson Valley report extreme difficulty recruiting experienced RNs.

Source: 2012 Nursing and Allied Health Care Professional Workforce Survey Report, Healthcare Association of New York State.

FEDERAL UPDATE: Sequester Cuts Hit Hospitals

The automatic two-percent cut in Medicare reimbursements to providers began April 1, 2013, along with a two-percent cut to incentive payments to hospitals for health information technology "meaningful use." The appetite for debt and deficit reduction in Washington grows more fierce with each passing day and lawmakers and the White House have signaled they are open to entitlement cuts and further reductions to health care providers. The House passed Ryan federal fiscal year 2014 budget seeks millions in cuts and suggests that Medicare become a premium support program, Medicaid be block-granted to the states, the ACA repealed, but the ACA cuts to providers maintained. The Senate passed federal fiscal year 2014 Murray budget seeks \$275 billion in unspecified health care reductions, aimed at further re-aligning incentives and cutting waste and fraud. It would also replace sequester cuts with \$1.85 trillion in savings over 10 years through tax increases and spending cuts. Some of these cuts would come from the health care sector. The President's proposed budget heads to Congress today. It proposes \$305 billion in cuts to Medicare over a decade as part of a deficit reduction deal.

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.

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