



**IROQUOIS**  
*Healthcare Alliance*

# OPPOSITION

## Memorandum

**A.108-B (Gunther) / S.1168-A (Rivera)**

*In relation to enacting the “safe staffing for quality care act”*

*Iroquois Healthcare Alliance (IHA) represents 50 hospitals and health systems in 32 counties throughout Upstate New York. Our hospital members are urban, rural, suburban, teaching hospitals, academic medical centers, critical access and sole community hospitals.*

April 26, 2021

To: Members, New York State Assembly and New York State Senate

From: Gary J. Fitzgerald, President & CEO

**As the regional association representing 50 hospitals and health systems in 32 counties covering nearly 28,000 square miles throughout Upstate New York, the Iroquois Healthcare Alliance (IHA) writes in opposition to bill A.108/S.1168.** The legislation mandates that every hospital must form a mandated staffing committee by July 1, 2022, and produce a staffing plan annually thereafter. This new legislation creates a new committee, with membership beyond nurses, mandating the addition of “ancillary” staff members and staffing ratios. **Unfortunately, this bill over-legislates a committee process that would devastate the flexibility our upstate hospitals need. It is essential that staffing decisions remain with local hospitals.**

Upstate hospitals’ and health systems’ fundamental opposition to this legislation is the fact that this amended bill language creating mandated staffing committees was touted as a “compromise” to the original bill language, which mandated nurse staffing ratios. Not only does the bill require that all committee functions currently operating in a hospital as part of all collective bargaining agreements be incorporated into this new committee, this legislation requires that the New York State Department of Health promulgate regulations for staffing ratios. At its core this legislation creates a structure that allows for multi-union representation on mandated hospital staffing committees. Unfortunately, despite attempts to disguise it otherwise, this bill provides the template for the very concept its negotiators have opposed for many years: mandated staffing ratios in out-years, for multiple types of workers, in every hospital in New York State. Per the bill, initial staffing ratios include:

- Staffing plans shall include specific guidelines or ratios, matrices, or grids indicating how many patients are assigned to each registered nurse and the number of nurses and ancillary staff to be present on each unit and shift and shall be used as the primary component of the general hospital staffing budget.
- Staffing regulations to be promulgated by DOH relating to staffing in intensive care and critical care units no later than January 1, 2022.
- Such regulations must consider standards in place in neighboring states, and a minimum standard of 12 hours of registered nurse care per patient per day.

Additionally, the legislation ignores the uniqueness of upstate hospitals and health systems, specifically, critical access hospitals, sole community hospitals, hospitals without unions and hospitals with affiliated nursing homes. These hospitals will be particularly and negatively impacted by a mandated staffing committee structure.

**Hospitals throughout New York State are already required to have staffing plans tailored to individual patient care needs and information on safety/outcomes is available to the public.**

Over half of the hospitals in the IHA region (32 upstate counties) have staffing committees, comprised of a nurse director, nursing support staff, and inpatient nurse managers. These committees meet as needed, sometimes daily, weekly, or monthly. Hospitals that do not have committees are those that are small, sole community hospitals or critical access hospitals, consisting of 10–20 beds. Despite IHA’s repeated request that at the very least this legislation not apply to small hospitals serving rural areas (some of the most difficult areas to recruit/retain workers and nearly 30 miles from the next nearest hospital), the bill still requires that they participate in this unnecessary mandate.

**Additionally, Upstate New York hospitals and health systems are experiencing workforce shortages.** Upstate New York alone currently has over **2,100 vacancies** for registered nurses, licensed practical nurses and certified nursing assistants, which translates to a 14.7% vacancy rate. While upstate hospitals try to actively fill vacancies, nearly 75% of them are utilizing traveling nurses to fill the workforce gap, paying double or triple the cost for temporary help. The COVID-19 pandemic has exacerbated healthcare workforce shortages, creating not only bidding wars between states, but bidding wars between hospitals within NYS.

**If the mandated staffing committee cannot reach consensus on staffing for all levels of hospital workers because there are no workers to be found, the New York State Department of Health can punitively cite, fine, investigate and issue scathing assessments. Per the bill text:**

“Investigations of all unresolved complaints that have been submitted to the clinical staffing committee regarding compliance with the clinical staffing plan, personnel assignments in a patient care unit or staffing levels, or any other requirement of the adopted clinical staffing plan, excluding complaints determined by the clinical staffing committee to be resolved or dismissed by consensus of the committee.” **The Bureau of Labor Statistics has projected a nursing shortfall through 2030.**

Hospitals and health systems across upstate New York – more importantly, their staff – have experienced over a year of unprecedented fiscal and emotional pressures as they work day and night to provide quality healthcare services to their communities in the midst of a global pandemic. Simultaneously, hospitals were the first entities charged with leading the vaccination efforts for New York State. All with massive staffing shortages and negative operating margins. To add an onerous mandate to satisfy a political handshake agreement is not acceptable to our Upstate New York membership. **IHA encourages lawmakers to focus on increasing the healthcare workforce through education and training, not forcing hospitals to do more with less.** We urge you to reconsider adding the concept of mandated staffing ratios to our plates at this time.

**Therefore, IHA strongly requests the Legislature reject legislation that imposes mandated staffing committees in hospitals and health systems throughout Upstate New York.**