Appendix D

Safe Staffing Talking Points
A921/S4553

Safe Nurse Staffing Saves Lives

- The number and mix of nurses in hospitals makes a difference in the quality of care (2001 Health and Human Services). Increasing RN staffing lowers mortality rates, and reduces risk of infection. Patients with post surgical complications are more likely to die (by up to 10%) in hospitals with low nurse staffing.

- The primary contributing factors to medication errors were distraction and workload increases (The US Pharmacopeia report). These factors are related to insufficient staffing.

- A 2002 study published in the Journal of the American Medical Association examined the impact of nurse-to-patient ratios related to surgical case outcomes. The results were indisputable: poor nurse staffing puts patients at risk. In comparing staffing ratios used in Pennsylvania (4:1 vs. 8:1), researchers found that implementing the lower ratio could save 1,000 lives.

Increasing RN to patient ratios is cost effective

- Higher numbers of RNs were associated with decrease in rate of negative patient outcomes. Reduction in patient complications lowers costs to healthcare facilities and society.

- Facilities with Magnet Status have a greater percentage of RNs in the staffing mix. The result is fewer negative patient outcomes and increased patient satisfaction. These facilities have lower incidence of nurse injuries, resulting in lower costs related to workers compensation and sick leave. They have better RN retention rates, resulting in lower costs related to recruitment and orientation. The average length of employment among RNs who work at a Magnet hospital is 8.35 years, roughly twice that of non-Magnet hospitals. Magnet hospitals also report an average nurse vacancy rate of 8.19%, well below the national average of 10.2%.

The state must hold healthcare employers accountable for the provision of effective nurse staffing.

- Facilities must be required to improve staffing when poor outcomes result from insufficient nursing care. Nursing indicators of inadequate staffing include: high rates of nosocomial infections (obtained during stay rather than a cause for admission), post surgical complications, mortality rates, pressure ulcers (bed sores), medication errors, patient falls and above average lengths of stay.

- Current state laws defining adequacy in staffing don’t work because complaints about quality of care only result in a finding when there is profound patient harm. State regulations require that facilities “have available at all times personnel sufficient to meet patient care needs” NYCRR 405.3(7). State regulations require hospitals to provide for “the immediate availability of a registered professional nurse for bedside care of any patient.” NYCRR 405.

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New York State NURSES ASSOCIATION MEMO OF SUPPORT
Advocating for Patients. Advancing the Profession.

A921 **S4553**

By Assemblymember Gottfried **By Senator Hannon**

AN ACT to amend the public health law, in relation to enacting the "safe staffing for quality care act"

The New York State Nurses Association (NYSNA), representing the interests of registered nurses (RNs) and the patients they serve, strongly supports the above-referenced bill which, if enacted, would authorize the Department of Health to require all acute care facilities and nursing homes to comply with standards for appropriate staffing of nursing and unlicensed staff and to submit an annual and publicly accessible staffing plan to the Department. The bill would also require acute care facilities to maintain staffing records for all shifts; would authorize nurses to refuse work assignments if the minimum staffing is not present; would impose civil penalties on facilities for violating the staffing provisions; and would provide protections for nurses who have been discriminated against for refusing illegal work assignments.

Nurse staffing is measured in two basic ways; nurse to patient ratios and nursing hours per patient day. Safe staffing in facilities must be established in order to decrease patient complications and adverse events, improve the quality of care provided, improve the healthcare work environment and ultimately save healthcare system costs through decreased lengths of patient stay, decreased costs of medical malpractice related to avoidable occurrences and decreased rates of nursing staff turnover. This legislation identifies minimum staffing requirements that include specific direct-care nurse-to-patient ratios in acute care units and identifies nursing home staffing standards that specify hours of care per resident to be provided by a specific skill mix, for example certified nurse aides, licensed practical nurses and registered nurses.

Nurse Staffing and Quality - Some facilities in NY are committed to safe RN staffing. A study of high-performing hospitals identifies the maintenance of nurse-to-patient ratios, even during times of workforce shortages, as a key ingredient for improving quality of care.[1] Enactment of the Safe Staffing for Quality Care Act would ensure that this critical element, i.e. maintenance of safe staffing levels, is in place in all facilities and would help New York's hospitals and nursing homes achieve high-performing status.

There is a direct relationship between patient morbidity and mortality, and staffing levels. Research funded by the Agency for Healthcare Research and Quality (AHRQ) has demonstrated that hospitals with lower nurse staffing levels have higher rates of pneumonia, shock, cardiac arrest, urinary tract infections and upper gastrointestinal bleeds; all leading to longer hospital stays, increased post-surgical 30-day mortality rates and increased rates of failure-to-rescue.[2] Magnet-designated hospitals, which employ safe staffing standards, experience significantly lower patient fall rates of for all unit types except critical care (where the risk for fall is lower), than non-Magnet-designated hospitals.[3]

The number of patients assigned to an RN has a direct impact on the quality of care that the RN can provide. A 2002 study published in the Journal of the American Medical Association estimates that acute care hospitals routinely employing an 1:8 nurse-to-patient ratio experience five additional deaths per 1,000 patients – and 18.2

[1] Meyer, J.A., Silow-Carroll, S., Kutyla, T., et al. (2004*). Hospital quality: ingredients for success - overview and lessons learned*. The Commonwealth Fund, July 2004.

[2] Stanton, M.A. & Rutherofrd, M.K. (2004). Hospital nurse staffing and quality of care. *Agency for Healthcare Research and Quality – Research in Action,* Issue 14. AHRQ Pub. No. 04-0029.

[3] Dunton, N., Gajewski, B. & Ammouti, A. (2004). *Nurse staffing and patient outcomes of Magnet & non-Magnet facilities*. Annual Magnet Conference
October 16, 2004 Sacramento, CA.

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additional deaths of patients as a result of complications - than those employing a 1:4 nurse-to-patient ratio.[4] These numbers translate into annual prevention of over 6,700 patient deaths and 4 million additional hospital days.[5]

Nursing Workforce Dissatisfaction - In addition to improving patient and resident outcomes, safe staffing and minimum nursing care hours enhance nursing workforce recruitment and retention efforts. Unsafe nursing workloads in New York are leading to high levels of job dissatisfaction, burnout and departures from the profession. Patient acuity levels have increased but there has not been a similar increase in the number of employed licensed nurses.[6] Nurses working in hospitals with lower levels of nurse staffing are more dissatisfied with their jobs than nurses in hospitals that maintain safe staffing levels.[7] Of those studied, 43% of RNs who are dissatisfied, reported a plan to leave their job within the next 12 months. In different study, 40% of the RNs surveyed reported dissatisfaction with their jobs; significantly greater than the general level of job dissatisfaction by US professional workers which is 10-15%.[8] The cost of workers who are dissatisfied and the replacement of nursing staff, represent significant and insidious costs for health care facilities.

In 2004, California became the first state to mandate nurse staffing ratios in hospitals. New analysis reveals that the California mandates are significantly associated with fewer negative outcomes for patients and staff. As Linda Aiken reports in her analysis of outcomes resulting from the California mandate, "[M]ost California nurses, bedside nurses as well as managers, believe the legislation achieved its goals of reducing nurse workloads, improving recruitment and retention of nurses, and having a favorable impact on quality of care."[9]

Economics of Safe Staffing - Employing safe staffing ratios and minimum nursing care hours makes economic sense. Adverse patient events are not only harmful to patients and families; they cost facilities and federal, state and local government's money. The cost to care for a hospitalized patient who develops pneumonia increases by $22,390 - $28,505, the length of stay in the hospital increases 5.1-5.4 days and the probability of death increases by 4.67-5.5 percent[10]. Studies demonstrate that increased nurse staffing levels do not affect the profitability of facilities because while nursing workforce costs may rise, the increase is more than mitigated by overall savings due to improved patient outcomes, reduced costs of medical malpractice that result from adverse events and the reduction in rates - and cost - of nursing staff turnover.

High rates of turnover, particularly among first-year nurses, costs facilities from $62,000 to $88,000 per nurse; costs patient access to safe and quality care; and costs the nursing profession by exposing new nurse graduates to high-stress, unsupportive work environments. In 2007, the average nurse turnover rate in hospitals was 8.4 percent and 27.1 percent of *newly-hired* nurses left their jobs within one year of hire.[11] As much as 40 percent of *new nurse graduates* leave their hospital jobs within one year of hire.[12] A 2007 report from Pricewaterhouse Coopers' Health Research Institute estimated that annually, healthcare organizations spent $300,000 in nurse turnover costs for every 1 % increase in turnover; an average turnover rate of 8.4 % translates to an annual cost of turnover for healthcare organizations of $2.52 million.

Despite the evidence, staffing levels in New York's health care facilities are often inadequate and impede the nurses' ability to provide safe and effective care. Safe staffing will improve the health of New York's patients, will ensure positive working conditions that will attract and retain nurses, and will contribute to lower healthcare costs. In an ongoing commitment to public policy that improves the health of New York's residents, as well as promoting a safer environment for both nurses and patients, NYSNA strongly urges enactment of the "Safe Staffing for Quality Care Act."

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legislative talking points
NEW YORK STATE NURSES ASSOCIATION

Advancement of Nursing Education
A1977-C/S2553-B

NYSNA supports legislation that would require future professional nurses to earn bachelor's degrees in nursing within ten years of their initial licensure in order to re-register to practice in New York State. This measure is consistent with the state's overall commitment to encouraging professionals to advance their education.

While seeking to expand the education requirements for registered nurses (RNs) practicing in New York State, this legislation recognizes associate degree and nursing diploma programs as appropriate ways to enter the profession.

Under the provisions of this bill:

- RNs would continue to be able to enter the profession through associate degree and diploma in nursing programs, which prepare them to take the NCLEX licensing exam and to begin functioning as competent, novice nurses.
- RNs would have ten years following initial licensure to attain bachelor's degrees in nursing. If they did not complete this requirement within ten years, they could request a conditional registration, which permits two additional years to fulfill the requirements.
- This legislation would exempt nurses who are licensed and students who have applied to or are enrolled in nursing school at the time the legislation is enacted.

An increasingly complex healthcare environment emphasizes the need for advanced nursing education.

- In a report to the U.S. Department of Health and Human Services, the National Advisory Council on Nurse Education and Practice has recommended that two thirds of the nation's basic nurse workforce should hold bachelor's degrees in nursing (BSN) or higher by 2010. The report cited significant changes in the healthcare environment, including more complex drug therapies and treatment, rapid advances in technology and the growing population of older adults with multiple chronic conditions. The quantity of information related to health and nursing care is expected to increase more than 32 times within the next 10 years. For example, in the 1960s, RNs were expected to be familiar with 600 drugs – there are now more than 13,000 drugs on the market.
- Of the 31,000 New York state registered nurses who completed a 2002 State Education Department survey, 87% responded that they would recommend the Bachelor of Science in Nursing degree for RNs.
- A 2003 study published in the *Journal of the American Medical Association* found that a greater number of staff nurses with bachelor's degrees resulted in a decrease in patient mortality among surgical patients, improved patient outcomes and shorter lengths of stay.

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Bachelor of Science in Nursing programs offer students more knowledge in nursing theory and in the application of evidence-based data, contributing to improved patient outcomes.

- A strong foundation in the liberal arts and sciences strengthens students' analytical and critical thinking skills. These skills, which are further developed in BSN programs, better prepare RNs to seek process improvements that address medical errors and other challenges in the healthcare delivery system.
- Students in BSN programs are exposed to clinical settings, such as home care, public health and outpatient clinics, that are not generally available in other nursing education programs. BSN programs also teach leadership skills, which are needed by nurses to effectively monitor and evaluate unlicensed healthcare workers and to participate in problem-solving and activities devoted to quality improvement.
- This legislation is not expected to have a negative effect on the nursing workforce. It is similar to the requirement that public school teachers earn master's degrees within five years of initial certification. Statistics compiled by the New York State Education Department indicate that, despite this requirement, the number of students graduating annually from basic teaching education programs in the state has increased from 18,619 to 24,143 over the past five years.
- Healthcare facilities benefit from having more highly educated RNs on staff. The Magnet Recognition Program conducted by the American Nurses Credentialing Center (ANCC) recognizes hospitals and long term care facilities that demonstrate excellence in nursing services and patient outcomes. Hospitals that seek "Magnet" status must document their support for evidence-based practice initiatives, which generally are conducted by nurses with bachelor's or master's degrees. "Magnet" facilities have reported higher job satisfaction and higher retention rates among nursing staff.

There are many avenues available for RNs who want to earn bachelor's degrees in nursing.

- Currently, 44 of 47 schools of nursing in New York state offer BSN programs tailored for students who are already RNs. Most schools give RNs the opportunity for advanced placement in bachelor's programs, granting as much as 30 credits for previously taken courses in nursing, liberal arts, science, and humanities.
- RN-to-BSN programs do not require as many faculty members as do programs that provide clinical instruction for generic (non-RN) students. Given the current faculty shortage, this can be viewed as a viable approach to advancing nursing education.
- The issue of greater access to coursework is being addressed. Some employers have brought the classroom to the workplace, contracting with area colleges and universities to conduct many types of programs for their employees on site. In addition, the increased availability of distance learning has made it easier for nurses to take courses from their home computers.

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New York State NURSES ASSOCIATION MEMO OF SUPPORT
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A1977-C **S2553-B**

By Assemblymember Morelle **By Senator Alesi**

AN ACT to amend the Education Law, in relation to the educational preparation for the practice of professional nursing

The New York State Nurses Association (NYSNA) supports the above-referenced legislation which would require registered nurses (RNs) to attain a bachelor's degree in nursing within ten years of their initial licensure as a requirement for re-registration to practice in New York State. This legislation adds an amendment to subsection 6905, subdivision (2) of the Education Law and was modeled after the education requirement for public school teachers in New York State, which requires teachers to earn a master's degree within five years of their initial certification.

Since the introduction of associate degree programs in the 1950s, thousands of nurses have entered the profession through this level of education. Associate degree programs prepare graduate nurses to take the NCLEX-RN® (National Council Licensure Examination for Registered Nurses) and to practice as competent entry-level nurses. However, a position statement issued in 2000 by the American Association of Colleges of Nursing stresses the importance of nurses obtaining a baccalaureate noting that the "Veteran's Administration, the nation's largest employer of registered nurses, has established the baccalaureate degree as the minimum preparation its nurses must have for promotion beyond entry-level" ("The BSN Nurse is Preferred", para. 6).

Research-based evidence shows that in hospitals where there are higher proportions of nurses educated at the baccalaureate level, surgical patients experienced lower mortality and lower failure-to-rescue rates (Aiken, Clarke, Cheung, Sloane, & Silber, 2003). Specifically, the evidence shows that for every 10 percent increase in the proportion of staff nurses with baccalaureate degrees, there is a 5 percent decline in mortality and failure-to-rescue of patients that experience post-surgical complications (Aiken et al., 2003). This improvement in quality and patient safety represents compelling evidence that justifies the adoption of this legislation.

Bachelor's degree programs provide additional emphasis and exposure in areas of nursing theory, which include the incorporation of evidence-based nursing practice, and community and public health issues. The increasing complexity of technology, medications and treatments, and chronic health conditions across the age continuum underscores the need for nurses to continue their education. A strong foundation in the liberal arts and sciences strengthens the analytical and critical thinking skills needed for safe, culturally competent care, as well as providing additional intellectual resources to draw upon. The baccalaureate curriculum provides students with leadership skills that enable them to better supervise and monitor dependent practitioners such as licensed practical nurses (LPNs) and unlicensed assistive personnel (UAP).

The Institute of Medicine–Robert Wood Johnson Foundation report on *The Future of Nursing* (2010) states as one of its four key messages, that "nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression" (Key Messages section, para. 2). Nurses increasingly work in collaboration and coordination with other healthcare professionals and as their clinical and technical roles expand, they must attain competencies in areas such as community health, public health, geriatrics, research, leadership, and systems improvement if they are to delivery high-quality care. The Institute of Medicine report recommends that by 2020, 80% of RNs possess a bachelor's degree in nursing.

The majority of nursing graduates in NYS are associate degree-prepared. Data from the State Education Department indicates that if not required to do so through the above-referenced legislation, only 20% of these nurses will continue their education and earn a bachelor's degree. The Center for Health Workforce Studies at the University at Albany School of Public Health reports that the current economic environment has created a "competitive nursing job market" (2009). There is evidence that the economy has mitigated the nursing shortage and that acute care facilities, taking advantage of a large pool of nurse applicants, are preferentially hiring baccalaureate-prepared RNs. Significantly, the North Shore-LIJ hospital system now requires newly hired nurses to

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either hold a bachelor's degree in nursing, or to earn one within five years. We should not allow the marketplace to generate a two-tier healthcare system that places bachelors-prepared RNs in acute care facilities and associate and diploma-prepared RNs in sub-acute facilities, nursing homes, and other long-term care facilities. This development is not beneficial for patient care, nor is it acceptable for the profession of nursing. All patients and residents should have access to a well-educated, highly-prepared workforce.

There is a looming nursing shortage predicted from an increased need for health-related services resulting from an aging population, an expansion in access to health services resulting from healthcare reform efforts, an aging nursing workforce, fewer young nurses, and a challenging work environment that contributes to high rates of nurse turn-over. The average age of RNs in New York State in 2002 was 47 years old. The nurses that will be affected by this legislation, those not yet practicing and not yet enrolled in nursing programs will earn their bachelor's degree within ten years of their initial licensure. Nurses with a bachelor's degree are more likely to pursue a master's degree, which is a requirement to become a nurse educator. Policy makers must think strategically about confronting the impending crisis in the nursing workforce. New York State will need nurse educators to prepare the necessary nursing workforce and to accomplish this, we must require the educational advancement of RNs.

For nurses who are affected by this requirement in the future, the accessibility of distance learning programs and the availability of state and federal loan forgiveness and scholarship programs will afford them great flexibility in furthering their education. The majority of healthcare institutions provide tuition reimbursement for their employees and many offer academic classes on-site. Academic institutions with traditional bachelor's degree programs have made accommodations for associate degree and diploma-prepared RNs by establishing articulation agreements and by offering specially-designed RN-to-bachelor's bridge programs. Additionally, this legislation allows nurses to obtain a conditional one-year registration if they are not able to complete the bachelor's degree within the designated ten-year period.

New York State is recognized throughout the nation for its high standards in health care and education. NYSNA supports a progressive approach to advancing nursing education, requiring a bachelor's degree within ten years because it acknowledges the benefits of associate and diploma nursing education, while still requiring educational advancement essential to achieving higher quality patient outcomes and in preparing the next generation of nurses. With this in mind, NYSNA supports the enactment of legislation that would expand the education requirement for the profession of nursing.

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Safe Patient Handling Talking Points
A1370-A/S2470-A

NYSNA supports legislation that would create the New York State Safe Patient Handling Task Force and a statewide safe patient handling policy for all healthcare facilities in New York.

Safe patient handling policies and practices create a safe environment for patients and healthcare workers by eliminating the injuries that result from manual lifting.

- Outdated methods of manual lifting can cause patients fear, anxiety, and discomfort and lead to the development of skin tears and bruising.
- The use of manual lifting also increases the chance of slips, falls, and drops which lead to patient injury.
- With the implementation of safe patient handling, patients will experience lower levels of depression, higher engagement in activities, greater satisfaction with their care, increased dignity, and improved ambulatory status and range of motion.

Safe patient handling is proven to create a work environment that supports nurse retention.

- Injuries related to lifting and positioning patients is a significant contributor to the nursing shortage.
- The top reason (36%) that nurses leave the profession aside from retirement is to seek jobs that are less physically demanding (American Nurses Association).
- It is predicted that unless this issue is resolved the demand for nursing services will exceed the supply by nearly 30% in 2020.

A statewide safe patient handling policy would mandate the training and education on safe patient handling that many of the state's nurses need to better protect themselves and their patients.

- Ongoing training is key in healthcare settings for nurses to achieve proficiency and comfort regarding equipment use (Nelson & Fragala, 2004; National Institute of Occupational Safety and Health, 2001).
- An evaluation of current practices reveals that 98% of nurses are using the manual patient lifting technique known as the "Hook and Toss," which has been deemed unsafe since 1981 (Owen, Keene, Olson, & Garg, 1995).
- Several studies support the significance of training on equipment related to patient handling for a successful program in injury prevention (Collins, Wolf, Bell, & Evanoff, 2004; Lynch & Freund, 2000; Nelson et al., 2004; Owen, Keene, & Olson, 2002; Retsas & Pinikahana, 2000).

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Examples of safe patient handling programs in New York State that have resulted in a dramatic decrease in injury rates include:

- Kaleida Health, two years post-implementation, has experienced a 77% decrease in lost workdays.
- NYS Veterans' Home at Batavia, three years post-implementation, has experienced a 93% reduction in lost workdays.
- Glens Falls Hospital, five years post-implementation, has experienced a 56% decrease in injuries related to patient handling. They have also experienced a 25% decrease in total workers' compensation costs and a 16% decrease in the amount per workers' compensation claim.
- As of November 2007, Geneva Living Center North had gone 387 days without an injury after implementing a safe patient handling program.

(2010)

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A1370-A **S2470-A**

By Assemblymember Lancman **By Senator Maziarz**

An ACT to amend the public health law and the education law, in relation to a safe patient handling policy for healthcare facilities

The New York State Nurses Association, representing the interests of registered nurses and the patients they serve, supports the above-referenced bill which would create a Statewide Safe Patient Handling Policy for all healthcare facilities in New York State.

This legislation creates an eleven member New York State Safe Patient Handling Task Force within the Department of Health - identifying the composition of the task force and its powers and duties. The bill requires that a report identifying Safe Patient Handling Program elements and recommendations be submitted to the Commissioner of Health by July 1, 2012. The Commissioner of Health in consultation with the task force shall then promulgate rules and regulations for a statewide safe patient handling policy to be made available to all healthcare facilities by January 1, 2013. Facilities covered by this act shall file a plan for compliance with the Department of Health by July 1, 2013 that must be accepted by the Department by July 1, 2014.

Safe patient handling is a comprehensive approach to reducing the use of the manual movement of patients when lifting, transferring and re-positioning. The rules and regulations of A1370-A/S2470-A will require that each healthcare facility's Safe Patient Handling Program include: a written policy statement, management commitment and employee involvement, committees, risks assessments, incident investigation, procurement of engineering controls, lifting and transfer aids or assistive devices, employee training and education on safe patient handling, and program evaluation and modification. Each facility will also establish a Safe Patient Handling Committee to assist with implementation and oversight of the Program.

The Nurses Association places great value in the many benefits that can be derived from safe patient handling programs. Patients benefit through improved quality of care and quality of life by reducing risks of falls, being dropped, friction burns, skin tears, and bruises. Healthcare workers benefit from the reduced risk of career-ending and debilitating injuries; decreased pain and muscle fatigue; and increases in morale, job satisfaction, and longevity in the profession. Healthcare facilities realize a quick return on their investment through reduced workers' compensation medical and indemnity costs, reduced lost workdays and improved recruitment and retention of healthcare workers – including RNs of which the state is experiencing an ever worsening short supply. Further, these benefits will lead to the fiscal improvement of New York's healthcare system.

New York State's patients and healthcare workers deserve the positive outcomes that result from the adoption of Safe Patient Handling policies and practices. To promote quality patient care and a safer work environment for healthcare workers, the New York State Nurses Association strongly urges enactment of this legislation.

New York State NURSES ASSOCIATION℠
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legislative talking points
NEW YORK STATE NURSES ASSOCIATION

NYS Single Payer Health Plan
A7860/S5425

Our current healthcare delivery system is broken.

- Almost 2.9 million New Yorkers are uninsured. Of those that do have health insurance, many are under-insured.
- Studies have shown that the uninsured are more likely than those with health insurance to die prematurely, to have their cancer diagnoses later in the disease process, to die from heart failure, heart attack, stroke, or from a severe injury.
- In 2004, the Institute of Medicine estimated that nationally, 18,000 adult deaths a year could be attributed to a lack of health insurance.
- Uninsured New Yorkers rely heavily on the emergency department as their primary access into the healthcare system.
- Many New Yorkers without health insurance will delay treatment until they are so ill, they must lose work time and be hospitalized
- Our current health care delivery system fails to prevent disease. Many residents, uninsured and under-insured alike, have to forgo necessary health care, which increases their risk of illness and disease.

Single Payer is cost effective.

- Lack of health insurance can create significant financial burdens for families and is also a major contributor to personal bankruptcy.
- Large segments of the population lacking health insurance leads to the inefficient use of segments of healthcare services, e.g. emergency departments, and puts financial strain on the healthcare delivery system.
- Rising healthcare costs in New York have put increasing financial pressure on the privately insured and on the state-funded public health plans.
- New York's current spending level is among the five highest healthcare spending states in the country.

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- NY Health Plan will achieve savings through the consolidation of healthcare expenditures into a single, publicly-sponsored insurance program.

- This program would eliminate administrative waste, including excess insurance company administration and costs of billing and collecting for hospitals.

- This plan provides stability for New York's hospitals, freeing up resources for patient care. The savings would be used to finance the expansion of health insurance coverage for the nearly 3 million New Yorkers lacking health coverage.

The state must support the goal of a healthcare system that meets the needs of all New Yorkers.

- The NY Health Plan would replace our current system of multiple, inefficient and inadequate plans with a more equitable healthcare coverage and payment system that would save lives and would direct New Yorker's scare healthcare dollars towards providing universal access to high quality, cost-efficient care for all New Yorkers, regardless of their age, income, health or employment status.

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New York State NURSES ASSOCIATION MEMO OF SUPPORT

Advocating for Patients. Advancing the Profession.

A7860	**S5425**
Assemblymember Gottfried	**Senator Duane**

AN ACT to amend the public health law, the state finance law and the tax law in relation to the establishment of the New York Health Plan and making an appropriation to the temporary commission on implementation of the New York Health Plan and providing for the repeal of certain provisions upon expiration thereof

The New York State Nurses Association (NYSNA), representing the interests of registered nurses (RNs) and the patients they serve, supports the above-referenced bill which, if enacted, would establish a comprehensive program of universal healthcare coverage for all residents of New York State. This bill would provide all residents of New York with healthcare coverage without regard to age, income, health or employment status. Benefits would include medically necessary health services including preventive and primary care, hospital care, dental, vision care, prescription drugs, mental health, addiction treatment and rehabilitative care.

Almost 2.9 million New Yorkers are uninsured.[13] Of those that do have health insurance, many are under-insured. Employer-based health plans that provide coverage through private, for-profit insurance companies create a patchwork system that does not guarantee access to necessary health insurance because beneficiaries may be denied care due to restrictions on provider networks and services. Increasingly, uninsured and under-insured New Yorkers have to forgo necessary health care, which increases their risk of illness and disease. Studies have shown that the uninsured are more likely than those with health insurance to die prematurely, to have their cancer diagnoses later in the disease process, to die from heart failure, heart attack, stroke or from a severe injury. In 2004, the Institute of Medicine estimated that nationally, 18,000 adult deaths a year could be attributed to a lack of health insurance[14].

Lack of health insurance can create significant financial burdens for families and is also a major contributor to personal bankruptcy. In addition, large segments of the population lacking health insurance leads to the inefficient use of segments of healthcare services, e.g. emergency departments, and puts financial strain on the healthcare delivery system.

As is the case across the United States, rising healthcare costs in New York have put increasing financial pressure on the privately insured and on the state-funded public health plans. Personal healthcare spending in New York, across all payers, was $6,535 in 2004.[15] This spending level places New York among the five highest healthcare spending states in the country.

Under the NY Health Plan, the current system of healthcare coverage would be replaced by a comprehensive program financed through existing federal, state and local sources; from a uniform premium paid by employers, employees, the self-employed and by those with high investment incomes; and from savings that result from doing away with the current, burdensome system, with its vast administrative costs. Patients would have freedom of choice and healthcare decisions would be made by patients and their providers, not by insurance companies.

Other states have started on a path towards implementing single payer healthcare reform. In May 2011, Vermont's Governor signed a universal healthcare bill into law, with the goal of creating the first single payer healthcare system for America. Between 2004 and 2008, healthcare spending in Vermont grew at an annual rate of 8%, three

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[13] http://fiscalpolicy.org/FPI_StateOfWorkingNewYork2011_Part2_20111129.pdf.

[14] Institute of Medicine Report (2009). *America's Uninsured Crisis: Consquences for Health and Health Care.*

[15] US Department of Health and Human Services, Center for Medicare and Medicaid Services (CMS), published tables of estimated state personal health expenditures, http://www.cms.hhs.gov/NationalHealthExpendData/downloads/res-us.pdf, accessed November, 2011.

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percentage points higher than the national rate.[16] Other states working on creating similar single payer health plans include California, Maryland, Oregon, Montana, Minnesota, Pennsylvania, and Wisconsin.[17]

The New York Health Plan will save healthcare dollars. Cost control and quality assurance mechanisms incorporated into the plan will constrain healthcare cost increases. In addition, employers, state and local governments, and the self-employed will realize a reduction in their expenditures for employer provided health insurance coverage by paying the lower New York Health Plan premium payment.

The NYS Single Payer Health Plan will achieve savings through the consolidation of healthcare expenditures into a single, publicly-sponsored insurance program. Such a program would eliminate administrative waste, including excess insurance company administration and costs of billing and collecting for hospitals. It also provides stability to New York's hospitals, freeing up resources for patient care. The savings would be used to finance the expansion of health insurance coverage for the nearly 3 million New Yorkers lacking health coverage, and the many million more with inadequate coverage.

Every day, nurses in New York care for patients in the midst of a broken healthcare delivery system. We see uninsured New Yorkers who rely on the emergency department as their primary access into the healthcare system. We care for uninsured New Yorkers who delay treatment until they are so ill; they must lose work time and be hospitalized. Our current healthcare system has failed to prevent disease; to promote health; to protect our children, the disabled or the elderly.

NYSNA supports the goal of a healthcare system that meets the needs of all New Yorkers. The New York Health Plan would replace our current system of multiple, inefficient and inadequate plans with a more equitable healthcare coverage and payment system that would save lives and would direct New York's scarce healthcare dollars towards providing universal access to high quality, cost-efficient care for all New Yorkers, regardless of their age, income, health or employment status.

[16] The Vermont State Health Care Expenditure Analysis Report can be found: http://www.bishca.state.vt.us/sites/default/files/2008-EA-Report-FINAL.pdf
[17] A side-by-side comparison of state single payer bills can be found: http://www.pnhp.org/news/2010/september/side-by-side-comparison-of-state-single-payer-bills

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