

Testimony

**Public Hearing:
The Impact of COVID-19 on the
Delivery of Healthcare and the
Healthcare Workforce**

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**Assembly Standing Committees on Health,
Higher Education and Labor**

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Good morning, Chairs Gottfried, Glick and Joyner, members of the Assembly standing committees on health, higher education and labor, and distinguished members of the Legislature. I am Bea Grause, president of the Healthcare Association of New York State, representing not-for-profit and public hospitals, health systems and post-acute care providers across New York.

Thank you for convening this incredibly important and timely hearing. We appreciate the opportunity to provide input today on the healthcare system's critical workforce and staffing challenges and our recommendations for meeting them.

The COVID-19 pandemic has exacerbated and shined a light on workforce and other challenges facing our healthcare system. Whether health disparities or the fragility of life itself, we now look at the world through different lenses than we did only two years ago.

According to recently released data from the US Department of Labor, over 500,000 healthcare and social assistance workers left their jobs in September – the highest one-month total in 20 years.¹ This trend is now known as the 'Great Resignation.' We must find immediate relief for current workforce shortages, but more importantly, we must also focus significant attention on long-range solutions. This hearing is the first step in that effort – thank you again.

Pandemic response

In March 2020, the rapid spread of COVID-19 in New York state tested the capabilities of our healthcare system. In response, then Gov. Andrew Cuomo declared a state of emergency and issued a series of executive orders to grant the healthcare system and providers with the flexibility needed to provide care to their communities. Through subsequent executive orders issued and renewed over the ensuing 16 months, numerous provisions of law and regulations were temporarily suspended or modified to maintain that flexibility.

I am not exaggerating when I say that these EOs – which increased the availability of healthcare workers authorized to provide care in the state and offered much-needed practice and oversight flexibility – were a cornerstone for ensuring the healthcare system was able to respond to the pandemic.

Those EOs and the flexibilities in place now (see [EO 4](#) and [EO 4.1](#)) have shined a bright spotlight on what has been known for a long time: ***New York's healthcare workforce is in desperate need of greater flexibility, modernized oversight and significant investment.***

Ensuring a robust and sustainable healthcare workforce for today and for years to come will require everyone to lean in, including the provider community, labor, elected officials, state agencies and many other policy leaders. At the same time, we firmly believe this effort requires a multi-pronged approach that advances regulatory and statutory changes and is supported by a significant state investment.

¹ "Job Openings and Labor Turnover – September 2021," US Department of Labor Bureau of Labor Statistics, November 12, 2021

The scope of the challenge before us is vast, as is the number of possible policies and actions to take. To help simplify the many interrelated workforce issues we face, HANYS views the healthcare workforce pipeline as having four major categories, each of which must be considered individually and as part of the full continuum. Our recommendations are categorized in these four groupings: education, gateways to practice, recruitment and retention.

Our recommendations

Education

Most healthcare professions require some level of education or training. This process can range from days or weeks to months and years. The training process therefore limits how quickly new workers can be prepared to enter the healthcare workforce. Among other challenges, a top issue is the bottleneck caused by too few nurse faculty in higher education settings and nurse preceptors in clinical settings. HANYS recommends taking immediate steps to begin the process of supporting and expanding educational opportunities across the continuum of health professions.

Measures should include targeted funding to support scholarships in communities whose residents may lack the financial means to pay for their health education. Scholarship programs aimed at drawing workers from non-traditional populations will serve multiple purposes, including diversifying the worker population, bolstering communities with higher-paying jobs and meeting the needs of our healthcare system.

At the same time, we must re-evaluate the process of educating healthcare professionals. Modern teaching has advanced significantly since the state developed the regulations regarding medical education. We should consider:

- expediting training through simulation and the use of technology;
- adopting competency-based education or other innovative approaches to move workers more quickly through the training process without sacrificing quality; and
- funding new career pathways, such as apprenticeship programs, which can provide a viable career path. A state-funded nurse residency program could help ensure a successful transition from graduation to long-term permanent employment and support a needed expansion of clinical training slots at hospitals across the state.

Gateway to practice

Upon completion of training, individuals choosing to practice in New York must then be licensed, certified or registered by the state. This process has historically created a logjam, preventing newly trained and out-of-state workers from entering the workforce due to New York state-specific requirements. This obstacle puts New York state providers at a distinct recruiting disadvantage when competing with other states.

HANYS recommends greater flexibility in the licensing process to move these workers into positions in a timely, safe and efficient way. These approaches should include streamlining the application process and expediting the review of applications from individuals who are licensed or certified by other states with substantially similar requirements as New York. This process of licensure reciprocity is well established nationally, with 38 states participating in the Nurse Licensure Compact. New York's participation in the compact would open the door to qualified nurses from across the country and reduce barriers to entry for qualified professionals.

This problem is not confined to nurse licensure. These licensing hurdles also impact the availability of other healthcare professionals in the state. Recognizing national certification as meeting New York's standards for other healthcare professions would simplify the process of licensure, certification or registration and help streamline the process of moving from education through the gateway to practice.

For example, there is longstanding need to increase the availability of qualified clinical laboratory technologists and technicians, who perform a critical role in our healthcare system. The shortage of available clinical laboratory personnel in New York has, like many other healthcare professions, been exacerbated by the pandemic, where the skills of these professionals are in incredibly high demand. Recognizing national certification of these professionals would provide a significant advancement in addressing this shortage.

Recruitment

Recruitment of qualified people into healthcare must begin earlier. Encouraging people to seek careers in healthcare needs to start in high school, not college. HANYS supports programs that promote early exploration of healthcare as a profession, including programs operated by Area Health Education Centers or the development of healthcare-focused charter schools.

Making the transition to work can be difficult. There are ways to ease these transitions, such as student loan forgiveness programs. HANYS supports the Doctors Across New York model as a successful recruitment tool for physicians. This model should be simplified and expanded to include other shortage professions across the state. Health systems would use funds granted through this support to eliminate the financial barriers for workers to enter programs required to work in these fields.

Shortages also impact the "pre-hospital" system, especially in rural areas of the state, where emergency medical services agencies depend on volunteers who are aging into retirement, or where wages are too low to compete with other, less complex jobs. These agencies are underpaid by Medicaid and — outside of special considerations during the COVID-19 pandemic — they do not get paid for calls in which they do not transport the patient to a hospital.

Retention

Retaining a healthy and effective frontline provider workforce requires a coordinated effort to engage people in meaningful and satisfying work. Evolving care models depend upon providers practicing at the top of their license and training. Preventing workers from doing

what they have trained to do leads to burnout. Additionally, working at the top of their license allows the care team to operate more efficiently and care for more patients safely.

- **CVT flexibility:** Education Law does not currently permit a cardiovascular technologist to inject contrast media during a percutaneous coronary intervention, even if the physician is in the immediate area. New York should recognize the practice of CVTs and authorize them to administer contrast materials under the direct supervision of a physician.
- **Nurse aide flexibility:** Like many other healthcare settings, nursing homes have experienced historical and increased staffing shortages. New York should explore allowing specially trained certified nurse aides to provide routine medication passes under the supervision of a registered nurse in nursing homes. Nearly 20 years ago, the State Education Department and the Office of People with Developmental Disabilities entered into a [memorandum of understanding](#) to allow unlicensed direct care aides in certified residential facilities to administer medication under the supervision of a nurse. A similar approach should be authorized in nursing homes.
- **Nurse anesthetists:** HANYS supports codifying the practice of nurse anesthesia and authorizing certified registered nurse anesthetists to practice to the full extent of their education and training, consistent with other states.

Job satisfaction is driven by many factors. Ensuring healthcare professionals have training and advancement opportunities, a voice in care models and competitive salaries are just a few of the ways hospital and nursing home administrators are focused on and supporting job satisfaction. However, we need the support of our government partners to maximize these and other opportunities.

The pandemic has exacted an enormous toll on everyone, but especially those on the front lines. In addition to issues we all face during our regular work day, New York must support our frontline healthcare workers by effectively addressing suicide, burnout and behavioral health disorders among healthcare professionals. Together, we must ensure the necessary resources are in place to proactively identify and address the signs and symptoms of burnout, mental health issues and suicidality. Caring for these professionals, as they care for us, is our responsibility.

To this end we need to work together to support measures that make behavioral health services more widely accessible to our healthcare workforce and our communities as a whole. To achieve this goal, HANYS supports:

- Expanding the list of mental health professionals providing care in Article 28 settings who can bill for services (e.g., mental health counselors, licensed marriage and family therapists, creative arts therapists and psychoanalysts).
- Authorizing Medicaid reimbursement for individual psychotherapy services provided by a licensed clinical social worker or a licensed master social worker in an Article 28 licensed outpatient hospital clinic. Current law limits Medicaid reimbursement for individual psychotherapy services only to services provided to patients who are under the age of 21 and to pregnant women up to 60 days postpartum.

- Removing restrictions that limit applied behavior analysis to services to individuals diagnosed with autism and autism spectrum disorders. This restriction significantly interferes with the availability of these services to those who would otherwise benefit from them and limits the ability to recruit and retain the professionals who provide these services. Of the 30 states where behavioral analysts are licensed, New York state is the only state restricting this practice to an autism-related diagnosis.

State investment

In addition to the myriad policy changes that must be advanced to modernize the practice and oversight of healthcare professions in New York state, HANYS strongly supports a significant workforce investment this year to help healthcare providers address the challenges they are facing today.

We are requesting \$1 billion in support for each of the next two years to make a real and meaningful investment in our hospital system and the workers who support it. Our hospitals need flexible funding support that could be used to supplement wages, fund recruitment or signing bonuses based on the market's demands and develop facility-specific workforce recruitment and retention models that reflect the needs of each hospital. Reimbursement for healthcare services must consider and account for the hard work and training required to create a steady and solid pipeline of workers and reflect the employment market more broadly.

At the same time, our not-for-profit nursing home members are facing extraordinary workforce challenges, as well. In addition to the marketplace driving exorbitantly high wages for workers, soon-to-be-implemented state statute mandating additional staffing requirements will only add to the workforce challenges nursing home providers face. We support LeadingAge New York's recommendations to provide much-needed financial support to not-for-profit nursing homes.

Telehealth

Telehealth increases access to healthcare services for patients who face challenges in accessing in-person care, whether due to provider shortages, geographic limitations in underserved areas or restricted patient mobility. Telehealth can improve patient health outcomes and satisfaction, increase the convenience of accessing specialty care in a patient's community and generate cost savings for both patients and the healthcare system.

During the height of the COVID-19 pandemic, providers invested scarce resources into telehealth infrastructure, equipment and training to rapidly scale telehealth offerings and meet the growing demand for telehealth services. According to data collected by FAIR Health, from January to April 2020, New York experienced a near 130x increase in telehealth claims, from 0.13% to 16.8% of all commercial insurance medical claims.² According to a survey conducted

² Reimagine New York Commission. 2021. *Telehealth Working Group – Background Research*

by McKinsey and Company, 76% of consumers are now interested in using telehealth moving forward, despite only 11% of those respondents utilizing telehealth in 2019.³

Telehealth reimbursement adequacy

The key to leveraging telehealth investments made during the COVID-19 pandemic and safeguarding their sustainability post-pandemic is ensuring providers receive adequate reimbursement for telehealth services. Currently, health plans arbitrarily lower reimbursement for telehealth, despite providers incurring similar overhead costs when delivering the service.

The state must recognize the important role telehealth plays in our healthcare delivery system by enacting telehealth payment parity, a policy that requires commercial health plan reimbursement for telehealth services to be equal to rates paid for comparable in-person services. The downstream benefits of telehealth payment parity are already recognized by at least 14 other states that recently enacted the policy.

Conclusion

Our recommendations aim to provide the beginning of what must become a pathway toward lasting healthcare workforce improvements and expanded access to care. Taken together, we believe these recommendations, and likely others, constitute much-needed and long-overdue steps to confront this dire state issue. I urge you to take action today and keep healthcare workforce at the top of your priority list for years to come.

New York's healthcare workforce challenges are very big and very real. But there can be no greater goal to work on collectively — as individuals, as organizations and as a state — than one that will help preserve and ensure the healthcare of nearly 20 million residents of this state.

On behalf of our member hospitals, health systems and nursing homes across New York, HANYS is committed to this endeavor. Over the next few weeks, we will continue working with our members and other healthcare delivery system stakeholders to finalize our 2022 budget and legislative priorities. We look forward to additional conversations and partnership with you and your colleagues, legislative leadership and administration officials.

³ Ibid