Joint Legislative Hearing: FY2027 Health & Medicaid Executive Budget
February 10, 2026
Testimony of the New York State Nurses Association

Presented by Leon Bell, Director of Public Policy

The New York State Nurses Association (NYSNA) is a leading advocate for universal access to healthcare, safe patient care, healthcare equity, and protecting the professional practice and working conditions of Registered Nurses. NYSNA represents more than 42,000 members across New York and is an affiliate of National Nurses United, the largest union of RNs in the country, with more than 225,000 members nationwide.

NYSNA welcomes and supports proposals in the FY2027 Executive Budget that will increase capital and operating funding for safety-net hospitals and other providers, increase oversight of and place caps on the profits of temporary staffing agencies, monitor and regulate acquisitions and other healthcare business transactions by for-profit capital investors, curb the abusive practices of insurers, and respond to the assault on our healthcare system launched by the Trump administration and its Congressional allies that threaten coverage and access to care for millions of New Yorkers.

At the same time, NYSNA has serious concerns about many proposals in the Executive budget that will undermine patient safety and quality of care, further disrupt and burden an overstretched nursing and healthcare workforce, and weaken professional practice standards.

Finally, we note that the proposed budget fails to adequately respond to the breadth and scope of the Federal assault on New York's healthcare system, which enacted systematic cuts to Medicaid and other health programs to pay for tax cuts for the businesses and the ultra-wealthy individuals. The policy choices of the Trump administration and the provisions of H.R. 1 (OBBBA) will throw more than a million New Yorker's off of their current health coverage, increase costs for those who remain covered, force hospitals and other healthcare providers provide more uncompensated care, and threaten the financial viability and continued operations of vital safety net providers.

To address this looming, intentionally created healthcare crisis, NYSNA calls on the Governor and the Legislature to meet the moment and take necessary measures to preserve vital health services, protect the public health, support the healthcare workforce, and keep safety net providers open for care.

1. Provide Healthcare Coverage for All New Yorkers and Defend New Yorkers from the Federal Assault on Essential Services

The passage by Congress of H.R. 1 (the OBBBA) and the policy priorities of the Trump administration have directly targeted Medicaid, threaten to undermine Medicare, and seek to indirectly dismantle the ACA exchanges that cover more than 24 million people nationally and rescind ACA standards mandating minimum levels of coverage people receiving their coverage through employer-sponsored health plans.

The OBBBA cut almost $1 trillion from Medicaid in order to fund more than $4 trillion in tax breaks that largely benefit for-profit business interests, capital investors, and high-income individuals. The cuts to Medicaid and other reductions of support for healthcare programs were specifically aimed at New York and other states that made strides in improving health benefits and substantially reducing the number of uninsured. According to data presented in the Executive Budget, Federal funding for New York will be reduced in FY2027 by about $10 billion, including a reduction in Federal Medicaid funding of $7.8 billion (or about 10%). Changes in Medicaid eligibility rules will impose work requirements for Medicaid and SNAP benefits that are intended to create bureaucratic and practical compliance hurdles that will reduce enrollment and prevent lawfully present immigrants from receiving benefits.

The Executive has repeatedly stressed that the state does not have the resources to offset the Federal cuts to healthcare and other vital services, and this attitude is reflected in the proposed budget, which provides some counteracting increases in state funding, but otherwise makes no effective effort to generate alternative funding to preserve care and will allow up to a million people to lose their current coverage as the provisions of H.R. 1 take full effect over the next few years.

NYSNA supports universal healthcare coverage as a basic human right and opposes these Federal actions. We call upon the Executive and the Legislature to respond to this looming healthcare crisis by taking urgent action to counter these Federal actions and protect the public health and ensure that all New Yorkers have health coverage.

Increase taxes on profitable businesses, owners of capital, and ultra-rich individuals

The Executive Budget includes a proposal to extend the corporate tax surcharge that will expire this year, which NYSNA supports, but it contains no other significant tax increases to claw back or offset the estimated $12 billion tax windfall that H.R. 1 gave to New York businesses and the wealthy.

Proposals to increase taxes on business and the ultra-wealthy that should be considered by the

Legislature and included in the FY27 budget include:

- Taxing the appreciated value of capital assets;
- Increasing individual rates on ultra-wealthy individuals;
- Increasing taxes on high revenue corporations doing business in New York;
- Instituting a Pied-a-Terre tax on luxury homes;
- Restarting collection of all or part of the existing Stock Transfer Tax (the law remains in effect but collections have been suspended).

The legislature should include provisions in the budget to implement all or some of these measures with the added revenues to be applied to maintain healthcare coverage, move forward with universal childcare, address the housing shortage, and expand funding for other vital services such as education, food assistance and similar vital services.

Use State Reserve Funds and the MCO tax extension to offset the Federal Cuts

New York has prudently used unexpected surplus tax collections to set aside large statutory and discretionary reserve funds for use in emergencies, to respond to economic contractions, and to prepare for unexpected fiscal shortfalls in state revenue. Depending on how one counts these various reserve funds, the state has at its disposal more than $30 billion in reserves through FY27, including $12.8 billion in undesignated funds, $2.5 billion for future operational needs, $3.8 billion for economic uncertainties and $9.1 billion in the statutory Rainy Day Reserve Fund.

The federal cuts to Medicaid funding are precisely the type of emergency situation that the reserves are intended to address. The state should use a portion of these reserves in FY27 to support current healthcare services and to keep people from losing coverage.

It should also be noted that the deployment of state reserves will have a multiplier effect throughout the healthcare economic structure, as reducing the number of people who lose health coverage will support hospitals and financially precarious safety net providers, the incomes of the healthcare workers they employ, and local economies. The circulation of these funds in the economy will also have the effect of further strengthening the tax base and increasing state revenues.

Finally, we note that CMS has approved an extension of New York's MCO tax to allow an orderly wind-down through the end of calendar year 2026, and will generate an additional $1 billion in healthcare funding that was not anticipated. That $1 billion should be spent on healthcare services in FY27.

Now is the time to begin the transition to single payer in New York

The Trump administration and the current Republican majority in Congress has long expressed their hostility to the ACA's expansion of Medicaid coverage and regulation of private insurers and

insurance markets. This antipathy has taken the form of direct efforts to abolish the ACA outright and indirect attack intended to undermine the structure of the law and cause its collapse.

Neither Trump nor his allies in the effort to dismantle the ACA have been able to present a comprehensive alternative to the ACA, despite promising for years that a "beautiful" new comprehensive plan is being worked on and will be released imminently.

The irony is that the ACA *is* the Republican health plan. It was developed by a Republican governor with a background, is structurally complicated and opaque, relies on private insurers and for-profit providers, has led to exorbitant and ever-increasing subsidies and costs of care, and generates high revenues and profits for the private interests and investors who dominate the healthcare industry.

This market-oriented system, however, has failed to meet the healthcare needs of New Yorkers, with more than 1 million people remaining uninsured, increasingly unaffordable costs of coverage for employers and their workforces, strained budgets at all levels of government, and poor health outcomes for patients and local communities. It is not coincidental that, even with the passage of the ACA, the U.S. spends much more of its GDP on healthcare than any other peer developed country and yet has the worst health outcomes by every measure - infant and maternal mortality, racial and class inequities, life expectancy, access to needed care and almost any other population health metric.

The New York Health Plan (A1466/S3425) would replace the fractured and uncoordinated system that includes Medicaid coverage for lower-income New Yorkers, Medicare for seniors, and employer-sponsored private insurance or subsidized individual market plans for everyone else with a single payer system that improves coverage, covers every New Yorker, reduces costs to employers and their workers, and sets uniform provider reimbursement rates that will fairly redistribute funding to support struggling safety net hospitals.

Given the Trump administration's intractable hostility to the current healthcare structure created by the ACA, the current system's ongoing failure to guarantee equal access to needed care, the ever increasing costs of care, and the looming cuts stemming from the passage of H.R. 1, now is the time for New York to seriously consider the alternative of a single payer system and to pass the New York Health Plan.

Single payer healthcare is the only viable solution to the healthcare crisis and New York should begin the transition by formally passing the New York Health Act, setting an effective date for implementation, conducting a detailed analysis of the current system, preparing transition plans, and laying the political and regulatory foundations to get the system up and running.

Ensure that no New Yorkers lose their current health coverage

As noted above, the provisions of H.R. 1 will reduce Federal Medicaid spending by $1 trillion by imposing work requirements and onerous bureaucratic hurdles that are intentionally designed to remove as many people as possible from the program's rolls.

In addition to the direct attack on the Medicaid program, H.R. 1 also targets New York's Essential Plan, which currently covers more than 1.6 million New Yorkers and provides generous benefits with little or no out-of-pocket costs. The Essential Plan was authorized by Section 1331 of the ACA that allowed states to create a "basic health plan" to cover people earning between 138% and 200% of the Federal poverty line using by ACA market exchange premium subsidies to fund a comprehensive benefits package is as good as or better than that provided by Medicaid or ACA exchange plans.

New York's Essential Plan has been a resounding success and has provided healthcare for enrollees that is cheaper to provide and better than the coverage they could have gotten through a subsidized ACA exchange plan. The efficiency of the program has saved both the state and the federal government money, so much so that New York's Essential Plan has amassed almost $10 billion in surplus funding that has been placed in a reserve account.

In 2024 New York won approval through a Section 1332 innovation waiver issued by CMS to expand coverage to include people making up to 250% of the FPL while also improving benefits to include vision and dental coverage, keeping children continuously enrolled through age 6 even if their family income fluctuated above the 250% threshold, and providing coverage for lawfully present immigrants who did not qualify for traditional Medicaid.

H.R.1 changed the law to make many categories of immigrants ineligible for ACA exchange premium supports and effectively eliminating CMS approval of New York's waiver to include people making between 200% and 250% of the FPL. To preserve coverage for as many people as possible following the passage of H.R. 1, New York filed an application to reactivate its suspended Section 1331 basic plan, which would allow New York to continue to cover immigrants, but would reimpose the 200% of FPL income cap. The net result of reversion to the Basic Plan is that roughly 500,000 lawfully present immigrants will keep their coverage, but about 400,000 higher income people earning 200% to 250% of the FPL will lose Essential Plan coverage and will have to seek more expensive and less generous health benefits through the ACA exchanges or will become uninsured.

New York's application to reactivate its Basic Plan is still pending before CMS and the FY27 Executive Budget assumes that CMS will not approve the request and that the Essential Plan will have to shut down.

NYSNA calls upon the state to use new state-only tax revenues and accumulated reserves to provide premium support on the state exchange or create a parallel state plan that mirrors the coverage of the current Essential Plan. New York must ensure that no current Essential Plan enrollees lose their health coverage.

Expand funding to fairly compensate safety net providers and public hospitals
NYSNA supports the proposal to add $1.5 billion in funding for FY27 to support hospitals, nursing homes and FQHCs through the Healthcare Stability Fund (HMH Article VII, Part O).

We believe, however, that this additional funding should be narrowly tailored and restricted to providing extra support to safety net providers and public hospital systems. The budget legislation should be amended to ensure that these funds are not used to support or increase reimbursements for highly profitable private hospital systems or for-profit nursing homes that either have no need for the funding or do not deserve it.

Create a new provider tax that complies with CMS's revised regulations by redistributing funding within the system from profitable hospital system to safety net providers
New York has traditionally used provider taxes and fees to generate funding to support its Medicaid program that distributes money broadly to all providers based on the number Medicaid patients they serve while maximizing federal Medicaid share funding.

CMS, under both the current and prior administrations, has consistently sought to limit the use of this funding model and to require that such taxes and fees be used primarily to shift funding away from providers with relatively high numbers of privately insured patients to providers with relatively high numbers of Medicaid and uninsured patients.

The MCO tax that was implemented by New York in 2024 ran afoul of this CMS policy and will be terminated at the end of 2026 because it does not meet the redistributive criteria set by the federal government and is viewed as a "gaming" of the system to artificially inflate federal Medicaid matching money.

Although CMS has rejected the state's current MCO tax, this does not preclude New York from proposing a new provider tax program so long as it meets CMS regulations and is truly redistributive in nature.

We urge the legislature to include budget legislation to create a new MCO or other provider tax that shifts Medicaid funding and reimbursements away from profitable providers to enhance funding for safety nets. Though this will not significantly increase federal share Medicaid funding, it will support vulnerable safety net hospitals by redistributing existing funding and

making profitable academic medical centers, which quite simply do not need the extra funding, pay their fair share m to support safety net providers.

Repeal or Suspend the Medicaid Cap (HMH Article VII, Part A)

Medicaid plays a critical role in providing care for low-income communities. It is also an important counter-cyclical economic stabilizer that provides health coverage to workers who are laid off or can't find new jobs during recessions or other economic disruptions. This counter-cyclical role also has broader economic impacts by maintaining spending, employment and business income in the broader economy.

With severe federal funding cuts looming, up to 1 million New Yorkers facing the possible loss of coverage, increasing layoffs of workers, and sluggish new hiring data, New York should have the flexibility to temporarily increase state share spending and thus increase federal matching money to lessen the impact of the federal cuts. It makes no economic or policy sense to cut $1 dollar in state Medicaid spending and lose about $1.30 in matching money, thus reducing total economic activity and lowering the incomes of businesses and workers and further reducing state tax revenues.

We urge the legislature to consider repealing or suspending the Medicaid cap at this critical juncture.

2. Protect Nurses and the Broader Healthcare Workforce

The Executive Budget includes proposals that are intended to address the ongoing healthcare staffing crisis and to loosen professional practice standards or, as stated in the Executive Budget legislation, to "remove unnecessary restrictions on workers."

NYSNA has consistently noted that the healthcare staffing crisis in New York is not caused by a lack of nurses or other healthcare personnel. According to data from the NYS Education Department, which oversees professional licensure for RNs, the number of actively licensed RNs increased from 305,585 in April of 2018 to 480,789 in January of 2026 (+57%). We also note that the SED issued 151,299 new RN licenses in the last three years. At the same time, according to BLS data, the number of licensed RNs employed in New York has remained relatively flat at 204,120 in 2024. The labor pool of licensed RNs available to work in New York is growing rapidly.

The staffing crisis in New York's healthcare system is clearly not attributable to a lack of licensed nurses, but is rather the result of poor working conditions, understaffing, inadequate pay and benefits, ongoing threats of workplace violence, and other factors that are driving nurses out of the direct care workforce.

This dynamic was made abundantly clear during the New York City nurses strike in 2026. 15,000 NYSNA nurses walked off the job and went on strike because of understaffing, high rates of

workplace violence, threats by hospital management to reduce their healthcare benefits, and inadequate pay rates. It was further evidenced by the fact that hospitals were able to recruit substantial numbers of nurses to keep operating by paying scab replacement nurses as much as $10,000 per week to cross the picket lines. Their ability to recruit replacement nurses would not have been possible if there was an actual shortage of available nurses.

In this context the proposals in the executive budget to reduce practice standards and jeopardize the quality of patient care are misplaced. New York should not worsen the current staffing crisis by reducing nurse practice standards, allowing non-nurses to perform nursing functions, adding to the workload of nurses, or making working conditions worse. This will only drive more licensed nurses out of direct patient care and worsen the staffing crisis.

Reject the proposal to allow unlicensed medication aides to dispense medications in residential healthcare facilities (HMH Part N, Sub-Part B)

This proposal would create a new certified medication aide title that would be permitted to administer medications to residents in nursing homes and other residential care facilities.

This proposal, which is patterned on the Advanced Home Health Aide model, will add to the workloads and responsibilities of the existing nursing home RN workforce and will further undermine resident safety and quality of care.

Under the proposal, the DOH (in consultation with the DOE) would draft regulations listing the range of medication dispensing tasks that could be performed by medication aides, the types of medications that could be dispensed, and set minimum qualifications and training standards for certification.

This proposal is likely to further destabilize the nursing home RN workforce. RNs would be *entirely* responsible to assess the ability, capacity and competency of each medication aide to dispense each permitted medication, decide whether it is appropriate for each patient, supervise and be responsible for the proper administration of medications to patients by aides, determine their ability to communicate with the patient during the dispensing of medications, and require the RN to decide on an ongoing basis whether to revoke or refuse to approve medication tasks performed by each aide.

In addition, the statute would allow multiple RNs to supervise and oversee the work of each aide but require only one RN to determine their competency. Aides would be required to document the medications dispensed independently of the supervising RN who will be legally responsible for any errors in administering medications. The proposed legislation also sets no caps on how many medication aides can be assigned to each supervising RN.

NYSNA has the following concerns about the proposed legislation:

- It will add to the workload of the RN nursing home workforce and worsen recruitment

and retention of RNs;

- RNs will be legally and professionally responsible for any errors or patient harm since they are solely responsible for assigning and overseeing the aides medication tasks;
- RNs will not know whether medications have been administered properly or diverted by the aides, which will affect their assessments and care for residents/patients;
- RNs will be subject to pressure from employers to favorably assess aides capacities and use them widely to administer medications, with the RNs assuming the legal and professional liabilities while the operator of the nursing home gains financial benefits in the form of cheaper labor costs;
- Notwithstanding the "no retaliation" language in the legislation, RNs will be under increased employer pressure to allow widest possible use of aides; and
- There is a higher likelihood that residents will suffer harm or be subject to worse quality of care.

We also note that the proposed legislation will most benefit the for-profit nursing home providers that have the worst staffing levels and poorest quality of care, who will now have the ability to make even more profits by using lower cost aides to replace LPNs and RNs in their workforce.

For these reasons, NYSNA urges the legislature to reject this proposal or to remove it from the budget process and allow a more deliberative approach that includes input from the public, nursing home residents and the family councils, long term care ombudsmen, and worker representatives.

Reject the proposal to expand the Paramedicine demonstration projects (HMH Part K, Sections 1, 2 and 3)

The Executive Budget proposes to expand the number of previously approved paramedicine demonstration projects permitted pursuant to PHL Section 3018 from approximately 30 to 99. The proposal would also extend the authorization of paramedicine demonstration projects for an additional 4 years, requires approve projects to be renewed every 2 years, and creates a new expansion of EMT scope of practice to include "executing medical regimens prescribed or ordered by a licensed health care provider."

NYSNA is not opposed to allowing EMS providers to participate in public health programs so long as they are part of a coordinated care team that includes RNs and other appropriate personnel, nursing practice standards are maintained, that EMS resources are not diverted from their primary function of responding to emergency calls in a timely and effective manner, and that patient safety and quality of care are protected.

We are also concerned that paramedicine programs will open the door to greater penetration of the healthcare system by large corporate or for-profit EMS providers that will be used to provide acute and ambulatory care using lower cost labor and maximizing profit seeking by the EMS

companies and their provider partners.

We accordingly urge the legislature to remove these items from the budget process and allow them to be considered in a more deliberative manner, with input from the public, local communities, worker representatives, and other stakeholders.

Reject the codification in state law of Hospital-at-Home (HaH) programs (HMH Part K, Section 6)

This proposal would codify in state law the temporary CMS Hospital-at-Home authorization that was approved during the COVID crisis to alleviate hospital overcrowding and has since been extended through 2030.

The Executive Budget proposes to codify current CMS authorization of Medicare hospital at home (HaH) demonstration projects under state law and permit the state to reimburse New York hospitals for these programs under Medicaid.

NYSNA has serious concerns about the safety, quality and efficacy of HaH programs and believes that current CMS standards for operating these programs do not provide adequate staffing or standards of care to protect patient safety, including:

- Require only a limited number of in-person visits by nurses and other licensed practitioners, and allow most daily check-ins with care givers to be conducted remotely using telehealth;
- Allow providers 30 minutes to respond to a crashing patient or other emergency situation, as opposed to the immediate response available in an in-patient hospital setting;
- Do not require any minimum hours of direct nursing care for each patient;
- Shift responsibility and costs for patient care and support services from hospital staff to patients or their families;
- Are susceptible to upcoding or other billing abuses, particularly when for-profit providers are included in the HaH programs; and,
- The expansion of the program will increase pressure to close in-patient hospital units, reduce beds, cut RN and other personnel staffing levels, reducing hospital capacity and leaving hospitals less prepared to handle public health emergencies or sudden surges in demand.

We also note that the proposal does not set any minimum standards for HaH programs beyond those minimal CMS requirements and does not require DOH to formulate regulations to protect patient safety. As written, the proposal seems to grant unlimited authority for CMS approved HaH programs to self-regulate and determine their own criteria for selecting and admitting patients and determining safety standards.

For these reasons we urge the legislature to reject this proposal or in the alternative to remove it from the budget process and allow a more deliberative process that includes more extensive studies of their efficacy and input from relevant stakeholders.

Reject the proposal to authorize medical assistants to administer vaccines in physician out-patient office settings (HMH Part N, Sub-Part A)

This proposal would allow medical assistants working in out-patient physician offices to draw and administer vaccinations under the supervision of a physician.

The proposal further directs the DOH to formulate regulations regarding the types of vaccines, the degree of physician supervision, and the training standards for an assistant to be certified.

The state has greatly expanded the range of licensed professionals that are authorized to administer vaccinations, but NYSNA has concerns that allowing unlicensed office staff to engage in this role poses a threat to patient safety, particularly with respect to infants, children, and adults or other patients with chronic conditions or comorbidities. The statutory language does not set any minimum standards or criteria that must be included in or addressed by any DOH regulations.

For these reasons, we urge the legislature to reject this proposal or set it aside for deliberation as a stand-alone bill through the regular legislative process.

Increase funding for nursing loan forgiveness and tuition support programs to increase the capacity of the nursing education system

The proposed budget fails to adequately fund nursing education programs and school capacity that is necessary to expand the entry of new nurses into the workforce.

The Executive Budget either reduces or leaves unchanged various programs that are intended to bolster the educational pipeline for nursing, including the following:

- NYSNA opposes the elimination of the $1 million add-on to the Patricia McGee Nursing Faculty Scholarship Program that leaves baseline funding at $3.9 million;
- NYSNA supports the addition of $12.5 million in funding for SUNY and CUNY to expand the New York Opportunity Promise Scholarship Program (which pays tuition and related costs for students seeking associate's degrees in community colleges) and allows students pursuing nursing degrees to participate even if they already have received a post-secondary school degree in another field;
- NYSNA opposes the proposal to cut $1 million from the High-Need Nursing Program that provides grants to private nursing schools to increase capacity;

- NYSNA opposes the proposal to eliminate $1 million add-on for funding to support nursing education capacity at SUNY, leaving the baseline funding at $2 million;
- NYSNA opposes the decision to leave funding for the Nurses Across New York unchanged at $3 million.

We urge the Legislature to significantly increase funding for nursing education programs, loan forgiveness and tuition assistance to maintain an adequate supply of new nurses entering the profession.

Reject the proposed transfer for oversight of physicians and PAs from SED to DOH (HMH Article VII, Part N, Sub-Part D)

Prior Executive Budget proposals have sought to transfer oversight and regulation of licensed health professionals, including nurses, from the SED to the DOH. This year's budget proposal would apply only to physicians and PAs, but NYSNA continues to have reservations about the assumption of oversight of licensure by the DOH.

We are concerned that the DOH is more likely to succumb to healthcare industry pressure to loosen licensure requirements and scope of practice restrictions. We are also concerned that the DOH may also be motivated by internal pressures to reduce the costs of Medicaid and other health programs for purely budgetary reasons.

We urge the legislature to reject this proposal and to continue to provide the SED with primary responsibility for regulating healthcare professions.

Make the Nurse Practitioner Modernization Act permanent (HMH Article VII, Part B, Section 17)

Nurse Practitioners play a vital role in the delivery of healthcare services in New York, particularly in primary care, psychiatric, and other vital specialty areas. NPs also play an increasingly critical role in providing care in professional shortage areas and in FQHCs and other safety net settings.

The Nurse Practitioner Modernization Act was first passed in 2014 and allows NPs to practice under the supervision of a physician if they have less than 3,600 hours of experience and to practice under a collaborative agreement if they have more than 3,600 hours of practice experience.

Over the years, the law has been amended to provide more independent practice authority for experienced NPs, but its original sunset date has repeatedly been extended. The latest extension will expire in 2026.

NYSNA strongly supports the proposal to eliminate the sunset date and make the NPMA

permanent. We note that during the FY25 legislative session there were delays in reaching agreement on a budget and many experienced NPs who were practicing independently were concerned that they would have to quickly find a physician and enter into a collaborative agreement to keep working.

NYSNA urges the legislature to end this uncertainty and source of stress by making the NPMA permanent.

Protect nurses and patient care by passing the Sensitive Locations Protection Act (PPGG Article VII, Part L)

In 2025 the Trump Administration overturned long-standing precedent that prevented federal immigration authorities from conducting routine enforcement actions or conducting sweeps in hospitals, healthcare providers, schools, houses of worship and other "sensitive locations."

The reversal of this policy has led to repeated incidents in which ICE and other federal agents have conducted raids in or near healthcare facilities, schools and churches, often using intimidating and brutal tactics that have traumatized local communities, threatened or injured nurses and other healthcare personnel, disrupted normal activities in those settings and made immigrants and citizens who might be profiled based on their skin color, accents, workplaces or other inappropriate characteristics.

The resulting campaign to intimidate and terrorize immigrants has also led to a marked reluctance to visit hospitals and other sensitive locations for fear of being caught up in ICE sweeps or singled out for harassment, arrest, deportation or state sanctioned violence.

The proposed legislation would prohibit federal immigration enforcement agents from entering publicly owned or operated healthcare facilities, schools or places of worship without a judicial warrant. The legislation would also allow privately owned or operated facilities to refuse entry and create a cause of action to enforce violations of the law.

NYSNA strongly supports this legislation – people should be free to seek healthcare services based on need and without fear of intimidation or violence at the hands of ICE agents

3. Curb the abusive business practices of hospitals and for-profit health care providers

NYSNA strongly supports legislation to regulate healthcare providers and to protect the health and safety of patients and the healthcare workforce.

We also support increased regulation to restrict the increasing tendency of large hospital networks, for-profit providers, private equity funds and other capital investors, AI companies,

insurers, PBMs and other bad actors to engage in profit-maximizing and abusive behavior of large hospital networks, for-profit providers, insurers, PBMs, and other players in the healthcare industry at the expense of patients, workers, and local communities.

Many large hospital systems and other private actors, for example, charge exorbitant prices and drive up the costs of care to generate higher revenues and profits, close unprofitable service lines and shift services to more profitable services, without regard for community or patient needs, and engage in other abusive or predatory business practices.

During the recent nurses' strike in New York City, we have seen hospitals claim that nurses' demands for higher pay were "greedy" while paying scab replacements up to $10,000 a week and give their CEOs and executives multi-million dollar pay packages. They sought to reduce nurses' healthcare coverage because it was too expensive, while their pricing practices have been the major drivers of exploding healthcare costs. They claimed that they could not return nurses to work immediately when the strike ends because they had to honor their temporary agency contracts for the scabs, while they routinely and regularly failed violated the contractual staffing ratios that they agreed to in their NYSNA contracts.

NYSNA urges the Legislature to take action to tighten regulations and reign in the increasingly brazen and widespread abuses of these bad actors.

Strengthen the oversight and regulation of healthcare acquisitions and transactions (HMH Article VII, Part H)
This legislation would increase the reporting requirements and ability of the DOH to intervene in healthcare transactions that might impact access to care, equity, patient safety, market concentration, and other aspects of the healthcare delivery system.

NYSNA urges the legislature to pass this legislation and to consider making the law stronger by adding more robust public reporting requirements and allowing for public hearings and input before problematic transactions are allowed to proceed.

Strengthen the oversight and regulation of temporary staffing agencies and impose caps on their charges and profits (HMH Article VII, Part J)
This proposal would close loopholes in the current reporting requirements imposed on temporary staffing agencies and also authorize the DOH to impose price controls and caps on profits.

Temporary staffing agencies have proliferated and expanded their role, particularly in the aftermath of the COVID crisis. These agencies charge exorbitant fees and extract high profits from the hospital industry, and are particularly harmful to the finances of safety net providers

that can least afford their predatory pricing.

We also note that the prevalence of temporary staffing agencies has undermined the stability of the regular workforce by diverting resources that could be used to improve working conditions, pay, and benefits and by weakening the cohesiveness and morale of the regular workforce.

NYSNA urges the legislature to include this bill in the final budget agreement.

Strengthen regulations to restrict insurer pre-authorization abuses and claim denials (TED Article VII, Part HH)

This proposal would require health insurers to provide the DOH with data on pre-authorization claim requests and denials, expand continuity of care periods in which they must continue to cover out of network services, and public posting of drug formulary lists on their public websites.

Large insurance networks routinely churn patient claims by using pre-authorization requirements to deny claims and increase their own profits.

NYSNA supports this proposal and urges the Legislature to consider tougher restrictions on this abusive business practice.

Crack down on excessive executive pay and restrict energy provider increases based on an affordability index (TED Article VII, Parts N and O)

This proposal would require energy providers to report their executive pay rate and provide a ratio of CEO pay to median employee pay. The legislation would further allow the PSC to consider excessive pay packages when considering rate hike requests. The legislation would also require the creation of a customer affordability index and allow the appointment of internal monitors with full access to the company's internal records and governance in order to make recommendations for corrective actions and state intervention where companies are found to charge rates that are unaffordable in the local community.

NYSNA supports this legislation as it applies to energy suppliers to protect the public. We also recommend that the legislature consider adapting this statutory model to crack down on bad actors in the hospital and wider healthcare industry, where excessive executive pay and unaffordable services are increasingly becoming the norm.

We urge the Legislature to consider adding language to the budget to expand this concept to the healthcare industry.

For questions or further information, please contact Leon Bell, Director of Public Policy at leon.bell@nysna.org