

N395 Lobby Day with Legislator

Sara Levy

Long Island University

1. **Appointment:** July 26, 2013
2. **Topics Discussed:** Safe staffing for Quality Care Act (A6571 and S3691) and Nurse Practitioners Modernization Act A4846.

3. **Document the Following:**

☞ **Name of Legislator:** Kevin Parker, State Senator, 21<sup>st</sup> District

☞ **Issues discussed:**

i. **Safe Staffing for Quality Care Act (A6571/S3691):** In summary, A6571 requires set nurse to patient ratios to ensure safety and quality of care in acute care facilities and nursing homes. For this act I felt that there were a few main points that needed to be addressed. First and foremost, the fact that California passed a law (A.B. 394) that sets minimum staffing standards of RN to patient ratios back in 1999, and later amended that act in 2008, makes legislative efforts for A6571 in New York very much overdue. Furthermore, Act 6571 directly affects all Brooklyn residents considering factors such as the density of the Brooklyn population and the number of patients seeking care at local hospitals. What is more, smaller RN to patient ratios is linked to better patient outcomes and lower levels of nurse burnout, all of which are supported by many evidence based research articles, though the one I cited was Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). To my surprise Senator Parker was very supportive and knowledgeable regarding A6571, since he had helped write the first draft. He is fully supportive of setting laws regarding nurse to patient ratios and stated that this is a topic he has discussed many times with nurses in his district. He further stated in no unequivocal terms that he would vote yes for this bill.

ii. **Nurse Practitioners Modernization A4846:** In short, A4846 would allow for nurse practitioners to include diagnosis and performance in their professional scope of nursing practice without the collaboration of a licensed physician. Our initial discussion about RN to patient ratios led into a discussion about the physician and nursing shortage and ObamaCare. I therefore asked Senator Parker if he would support the Nurse Practitioners Modernization Act A4846 in order to provide more primary care providers to the community. Senator Parker was very taken aback by my suggestion and said that he had never heard of such a suggestion and that it was not a topic he had heard anyone discussing.

I proceeded to explain that with the full-fledged implementation of ObamaCare approximately 32 million more Americans will gain health insurance (DeParle, 2010). This incredible increase will overburden an already overtaxed health system which suffers from a physician shortage. In fact, by 2025 it is estimated that the primary care physician shortage will reach 30,000 physicians (and a total shortage of approximately 130,000 physicians) (Howard & Feyman, 2013). In simple terms there are not enough primary care providers available to meet the patient demand. However, nurse practitioners are well placed and educated to supplement the lack of primary care providers in the United States, and it is less expensive to train additional nurse practitioners than physicians. What is more, studies indicate that there were no significant differences in the patients' health status at six months when compared between nurse practitioners and physicians as primary care providers (Mundinger et al., 2000).

However, none of this will happen unless the restrictions of the current nursing practice act for nurse practitioners is amended as A4846 details. The fact that nurse practitioners in New York State currently require a collaborative relationship whereby a physician oversees their work greatly restricts their ability to practice as nurse practitioners and see patients. An excellent

illustration of this situation is the article “Nurse Practitioners, Doctors in Tug-of-War Over Patients” (Pettypiece, 2013).

Unfortunately, Senator Parker seemed displeased with the idea of nurse practitioners as primary care providers (PCP) and once again reiterated that this was not a topic he had heard discussed. I found his response disappointing, but despite my disappointment, I believe that the facts and research that I presented gave Senator Parker food for thought. A4846 embodies a national problem that will be a constant topic of discussion until the problem related to the lack of PCPs is resolved.

☞ **Conclusion of the visit:** In conclusion, Senator Parker seemed impressed by the breadth of our knowledge, had enjoyed our discussion, and appreciated our input. He wished us all well in our future careers and then concluded our discussion by mentioning (as well as giving us a copy of) a new bill he had drafted, S5916, which is an act intended to create a Brooklyn health care commission. In essence, with the mismanagement and possible closing of Brookdale (which was mismanaged twice), Interfaith, Brooklyn Hospital, and LICH, it is clear that Brooklyn is suffering from a hospital closure crisis and that additional hospital closures cannot be avoided. Instead, Senator Parker wishes to better utilize the unused, or underutilized, resources in Brooklyn hospitals and create a more community based form of nursing care, which he views as the future of nursing. (Please see attached bill and summary for further information.)

☞ **Attendance/proof of visit:** Picture with Senator Kevin Parker. (See below)



☞ **Follow up:** Before leaving Senator Parkers office we gave his secretary our contact information so that we could be contacted in the future, particularly for legal nursing related matters. Senator Parker and I then exchanged business cards. The next week, as a group, we sent Senator Parker a thank you card for meeting with us.

## References

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