

TESTIMONY OF JEANINE SANTELLI, PhD, RN, AGPCNP-BC, FAAN, EXECUTIVE  
DIRECTOR OF THE AMERICAN NURSES ASSOCIATION - NEW YORK, BEFORE THE  
ASSEMBLY STANDING COMMITTEE ON HEALTH, MENTAL HEALTH, PEOPLE WITH  
DISABILITIES, HIGHER EDUCATION AND LABOR ON THE HEALTH CARE  
WORKFORCE

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Thank you for this opportunity to submit written testimony to the Assembly Health, Mental Health, People with Disabilities, Higher Education and Labor Committees on the health care workforce. My name is Jeanine Santelli, PhD, RN, AGPCNP-BC, FAAN, and I am the executive director for the American Nurses Association - New York (ANA-NY). The mission and purpose of ANA-NY is to foster high standards of nursing, promote the professional and educational advancement of nurses, and promote the welfare of nurses to the end that all people may have better health care.

When the COVID-19 pandemic hit, registered nurses were called upon and put years of education and training into action. When everyone else ran from the storm, nurses ran directly into the middle of it all. This frontline experience taught us many lessons and has reenforced the need for changes to the healthcare system in this country and in New York. We must look more closely at how healthcare is delivered and accessed.

Before the pandemic, there was already a staffing crisis facing the nursing profession, which was exacerbated and intensified by the pandemic. ANA-NY believes that long-term solutions include removing unnecessary practice barriers, enacting the Nurse Licensure Compact, bolstering the pipeline for new nurses and providing additional resources including recruitment and retention incentives that will attract students to the nursing profession and retain

skilled nurses already in the profession.

### **Removing Unnecessary Practice Barriers**

ANA-NY supported the executive orders that were issued during the pandemic and those executive orders that were issued in response to the declared state of emergency resulting from the staffing crisis. The waivers and directives implemented by these executive orders helped to remove unnecessary, and often artificial, practice barriers and allowed nurses in New York to practice to the full extent of our education and training. We believe that many of these waivers and directives must be made permanent. Often change in these areas is hard to achieve because there are questions about how to make the changes and what the potential impact of the changes may be. We have now seen firsthand in New York how these changes can be done, and we have proof that these changes have not negatively impacted patient care. In fact, many of these changes helped to address access to care issues. As some have not been permanently implemented, we have seen access to care once again be impacted and limited for key regions and demographics in this state. It is not lost on the profession that when things are at their absolute worst, and we are called on to step up, it is acceptable to remove the artificial practice barriers, but when there isn't a crisis, we must live under unnecessary constraints that limit our practice and hamstring our decision-making when it comes to the care of our patients.

This is an issue that was directly addressed by the National Academy of Medicine when in May 2021, they issued *The Future of Nursing 2020 - 2030: Charting a Path to Achieve Health Equity* report. Key Message 1 from the report was that “policymakers need to permanently lift artificial regulatory and practice barriers that keep nurses from practicing to the top of their education and training and that restrict people’s access to high quality care.” The report further found: “Eliminating restrictions on the scope of practice of advanced practice registered nurses

and registered nurses so they can practice to the full extent of their education and training will increase the types and amount of high-quality health care services that can be provided to those with complex health and social needs and improve both access to care and health equity.”

We believe that New York must look closely at the current scope of practice requirements across the nursing profession and make the appropriate modifications to allow registered nurses to practice to the full extent of their education and training. Specifically, we believe that New York must look closely at how we recognize, or fail to recognize, advanced practice registered nurses in this state and work immediately to implement a scope of practice for Certified Registered Nurse Anesthetists and to make permanent the expanded scope of practice for Nurse Practitioners. The artificial limitations on these advanced practice registered nurses are compromising patient care and ensuring that New York is losing qualified healthcare professionals because these highly trained, advanced practice registered nurses are leaving New York to go to states where they can practice to the full extent of their education and training. We must do everything we can to ensure that we are not losing these highly qualified providers, which is why we support Assemblymember Karines Reyes bill, A6958-A to finally recognize CRNAs in New York and legislative efforts to remove the sunset provisions on the Nurse Practitioner Practice Act.

### **Nurse Licensure Compact**

In addition to removing unnecessary practice barriers, New York must make it easier to attract qualified nurses from other territories. During the pandemic, executive orders allowed health professionals with a license in good standing in any U.S. state or Canada to practice in New York. There is a new focus on the benefits of multistate practice privileges across states for several health care professions post-pandemic, including nursing. Under the Nurse Licensure

Compact, members can practice in any compact state without barriers. There are currently 41 compact states. New York is already losing ground to other states that have adopted the Compact and are actively recruiting nurses to come to their states.

The current “solution” to the severe nursing shortage facing New York has been to hire travel nurses. Travel or agency nurses often cost substantially more than hired nurses, with much of their fees going towards the staffing agency supplying the nurses. It would make more sense for New York to implement the Compact. The Compact would enable nurses to practice in New York without waiting months to obtain a New York specific nursing license. The current wait time to receive a nursing license is two-to-three months. Most people cannot afford to not work for that long while waiting for their license applications. The Compact would allow New York health facilities to quickly recruit and employ new nurses from Compact states without needing to rely on travel nurses.

Additionally, the Compact would increase patient access. The more nurses that are available, the more health care services can be offered to New Yorkers. Telehealth services would also expand, which would benefit all New Yorkers – especially those in rural and underserved communities. We hope that, given the staffing crisis facing New York, the Nurse Compact is considered as a genuine solution. 41 other states have enacted the Compact, and it is time for New York to do so, which is why we strongly support A6421, by Assemblymember Daniel O’Donnell to add New York to the Nurse Licensure Compact.

### **Public Health and Strengthening Public Health Infrastructure**

There must also be a recognition for the role that registered nurses play in the public health space and a focus on strengthening public health infrastructure. Registered nurses are the single most important influence in the delivery and management of care for patients. Across the

entire patient experience, and wherever there is someone in need of care, registered and advanced practice nurses work tirelessly to identify and meet the needs of the individual. Ensuring a robust patient experience means that registered and advanced practice nurses must play a pivotal role in public health.

The profession is working to not only treat those who are sick or injured but to work to prevent illness and promote health. The profession is dedicated to ensuring both population health and health equity. Public health must be focused on promoting and protecting the health of people and the communities where they live, learn, work and play. Public health means addressing determinants of health, which includes ensuring people receive needed vaccinations to prevent the spread of disease; understanding the health risks associated with smoking and other risky behaviors; developing and supporting programs to ensure that individuals can pursue and achieve a healthy lifestyle; and evaluating the social and environmental determinants of health. Far too often, zip codes determine the state of individuals' health and access to care. We must ensure that legislation is advanced to address general issues of public health and ensure adequate access to healthcare for all New Yorkers.

We must also work to recognize and address the gaps in our existing public health infrastructure that were highlighted by the pandemic. If we fail to do this, we will not be equipped to deal with the next public health emergency that will arise. We must invest in public health infrastructure. There are efforts to address this at the federal level, but New York must look at this at the state level as well. Access to healthcare is disparate in New York. Health emergencies such as COVID-19 are a stark reminder of the critical importance of the public health system. Over the past decade, the public health workforce has continued to shrink leaving New Yorkers at risk. A strong public health system supports the assessment of our communities'

health, the ability to respond quickly to public health emergencies, the ability to translate science into policy and regulations, the sharing of accurate and timely information, the ability to partner and align community resources and organizations to advance public health, and to correct health disparities and advance equity in all communities. Without an investment in the public health system in New York, the disparities will only continue to grow.

### **Nursing Pipeline**

New York must continue to review the current educational and clinical requirements for the nursing profession in New York. For years, nurse educators across New York State have been facing challenges in finding quality, hands-on clinical experiences for nursing students. Clinical experiences are critical in nursing education. These experiences provide opportunities for students to assess, diagnose, plan, implement, and evaluate nursing care in a variety of practice settings. However, access to these experiences has continued to shrink. In the past year, the Legislature passed, and the Governor signed, simulation education legislation. This new law will allow nursing students to complete a portion of their clinical educational experience through simulation. While this is a good first step, and we thank you for taking that step, there is more to be done to strengthen the nursing pipeline.

One of the biggest challenges in the nursing pipeline is the lack of faculty. Many nursing faculty members are at or beyond retirement age. Further, it is difficult to recruit faculty members, as many make less than new graduates. We would like to see additional allocations to higher education funding to help recruit new nursing faculty. We strongly support A2230, sponsored by Assemblymember Aileen Gunther, the Preceptor Tax Credit, which would grant a tax credit to nurses who agree to train student nurses through clinical experience.

Additionally, we urge the State to do more to incentivize facilities to become clinical education sites. As you can imagine, in the wake of the COVID-19 pandemic, what was already a critical issue in finding clinical placements has now become a catastrophic situation. Health care systems are either putting tight restrictions on clinical placements or eliminating these experiences for both undergraduate and graduate nursing students. These restrictions threaten the progression and graduation of nursing students, and, therefore, public health, as the nursing shortage is further exacerbated. Without high quality clinical learning experiences students may graduate with inadequate skills and clinical reasoning.

### **Ensuring a Safe Workplace**

Everyone deserves a workplace free of violence to preserve the safety and security of the health care staff, patients and our local communities. Violence in the health care workforce should never be tolerated, and we must work collectively to towards minimizing all safety hazards in the health care workplace whether it be violence against nurses and other health care providers, bullying within the workplace or other inappropriate behaviors that create an unsafe workplace. ANA-NY has long held that registered nurses and employers must work together to create and sustain a culture of respect, free of incivility, bullying and workplace violence. Registered nurses and employers across the healthcare continuum, including academia, have an ethical, moral, and legal responsibility to create a healthy and safe work environment for registered nurses and all members of the health care team, health care consumers, families, and communities.

We have seen a marked increase in violence against health care workers, especially nurses. According to the latest analysis by the federal Bureau of Labor Statistics, from 2011 to 2018, the rate of non-fatal violence against health care workers increased more than 60%. Again,

according to the Bureau, the number of non-fatal injuries from workplace violence involving health care workers has been higher than that of other industries for years. While this is the most recent data available, these numbers don't capture the situation during the pandemic. There is some data available that suggests these numbers are only going to get worse. In a survey released in late 2022 by the National Nurses United, 41% of hospital nurses reported an increase in recent workplace violence incidents, up from 30% in September 2021.

While New York has some of the strongest laws in the nation related to penalties for assaulting a nurse, these laws mean nothing if a nurse does not feel safe reporting their assault, if the employer does not take reports of assaults seriously, or if local law enforcement does not pursue cases against those who assault nurses. We must explore new resources and funding mechanisms to provide health care facilities with adequate security personnel, training, technology, and other resources to prevent violence in the health care workplace. We need to ensure that all staff are supported when raising or reporting safety concerns, even when it may involve fellow colleagues. We need to develop secure, confidential reporting mechanisms for employees, and patients, involved with workplace incivility, inappropriate behavior, or other violent events, and we need to ensure that safety and incident reporting data is consistently collected, analyzed and reviewed so that interventions can be developed and help to avert future events.

We would also like to see policies and procedures implemented to support all victims of violence, training for all health care workers on harm prevention and de-escalation, and the establishment of community partnerships between health care workplaces, law enforcement, and other local community organizations to compile resources and develop new strategies for preventing violence. We would also like to see the rights of employees expanded when they are



subject to an abusive work environment, which is why ANA-NY supports A3330, sponsored by Assemblymember Latoya Joyner, which would establish a civil cause of action for employees who are subject to an abusive work environment and any other legislation that will ensure a safe workplace for all nurses.

### **Mental Health**

New York must also look carefully at the mental health of all healthcare workers in the aftermath of the pandemic but particularly the mental health of nurses. Nurses remained steadfast on the front lines during the pandemic and continue to work in a post-pandemic world that is short of resources and staff. Nurses have to overcome overwhelming challenges to treat their patients all while putting their personal health and safety on the line. During the pandemic, we faced challenges in securing the personal protective equipment essential to performing our jobs and had to make tough decisions on taking care of patients while trying to protect the health and safety of our families. This was all on top of the added mental burden that nurses faced from seeing thousands of our patients lose their battles with COVID-19 and the fact that these circumstances exacerbated underlying, chronic nursing workforce challenges that have been around for years and were already creating mental health challenges. The emotional and mental toll that nurses went through, and are still dealing with, cannot be overstated. We must work to ensure that all nurses have access to mental health resources and that we are actively focused on ensuring positive mental health outcomes for nurses and all healthcare workers.

Thank you for your time and attention today.