

April 27, 2026

To: The Honorable Kathy Hochul
Governor, State of New York

Cc: The Honorable Andrea Stewart-Cousins
Majority Leader, New York State Senate

The Honorable Carl E. Heastie
Speaker, New York State Assembly

Re: Opposition to Codification of Hospital-at-Home Programs (HMH Part K, Section 6)

Dear Governor Hochul:

On behalf of the 42,000 members of the New York State Nurses Association, I urge you to strike the codification of Hospital-at-Home (HaH) programs from the state budget proposal and to oppose further expansion of these programs in New York.

NYSNA nurses and healthcare professionals have seen firsthand what happens when hospitals cut staffing, when patients are discharged before they are stable, and when complex medical care is transferred to family members without training. The HaH model institutionalizes each of those practices and should not be enacted in New York state.

A pandemic-era waiver, not a permanent standard of care.

The HaH framework referenced in the budget began as a temporary CMS waiver issued during COVID to relieve overwhelmed hospitals and was later extended through 2030 as a federal demonstration. It is not settled policy. Codifying it in statute and authorizing Medicaid reimbursement would commit New York to a care model that has not been independently evaluated at the scale this proposal contemplates. New York should not pass HaH into law before its safety and effectiveness has been established.

Substantive patient safety concerns.

The CMS standards this legislation adopts by reference:

- Require only a limited number of in-person nursing visits and permit most daily check-ins by telehealth.
- Allow providers up to 30 minutes to respond to a patient in crisis, as compared to the immediate response available in a hospital.
- Set no minimum number of direct nursing care hours per patient, per day.
- Shift responsibility and cost for care, monitoring, and support from trained hospital staff to patients and their families.

- Are susceptible to upcoding and other billing practices, particularly where for-profit vendors participate.
- Will pressure hospitals to close inpatient units, reduce licensed beds, and cut nursing staff, diminishing New Yorkers' access to care and our health system's readiness for future public health emergencies.

The proposal sets no standards beyond these baseline CMS requirements and does not direct DOH to promulgate regulations. It effectively permits HaH programs to self-regulate, including determining on their own which patients are clinically appropriate. New York's home care agencies must meet rigorous safety standards that include extensive assessments of who qualifies for home health services, but the proposed HaH program would not be subject to the same standards.

NYSNA is especially concerned about the expansion of HaH to Medicaid patients because:

- We have seen no data on HaH programs that include Medicaid patients.
- Medicaid patients often face significant challenges that in-hospital care helps address. People of low-income or living with disabilities often have more co-morbidities, remain in the hospital for longer than privately insured patients, and access food, social services and other resources through their hospital stays. Leaving these patients home alone would reduce access to these resources.
- New York's health disparities are particularly high, and people of low-income and people of color experience disproportionately poor health outcomes. A new and untested HaH program targeting this population could drive even more health disparities, not solve them.

The wrong policy for this moment.

Federal Medicaid reductions already place rural and safety-net hospitals across New York under significant strain. Codifying HaH will compound that pressure. HaH would give hospital systems a state-sanctioned rationale to reduce inpatient capacity and nursing staff and open a new Medicaid revenue stream to for-profit vendors to do so. The communities that will bear the cost are those that have already lost the most: rural New York, working-class neighborhoods, and communities of color.

Requested action.

We respectfully request that you:

- Remove HMM Part K, Section 6 from the proposed state budget.
- Reject any parallel one-house or budget language codifying HaH or authorizing Medicaid reimbursement for such programs.
- Commit to a deliberative process outside the budget, with independent study of patient outcomes, enforceable staffing and safety standards, DOH rulemaking authority, and formal input from nurses, patients, and families.

NYSNA stands ready to work with your offices and DOH on a thoughtful, evidence-based framework for any future consideration of this care model. In the interim, we urge you to keep Hospital-at-Home out of the final budget.

Thank you for your consideration.

Respectfully,

Pat Kane, RN, CNOR(e)
Executive Director
New York State Nurses Association