

NYSNA Memorandum in Opposition Hospital-At-Home Budget Proposal

NYSNA is in strong opposition to the Hospital-at-Home (HaH) proposal in the 2026-2027 New York State Budget Proposal (Art. VII, HMM Part K, Section 6).

This proposal would codify in state law the temporary CMS Hospital-at-Home authorization that was approved during the COVID-19 crisis to alleviate hospital overcrowding and has since been extended through 2030. This proposal threatens our patients and our communities. We are especially concerned about the impact on patient safety, the erosion of safe staffing standards, and the replacement of licensed nurses in acute care settings.

The Executive Budget proposal would 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.

We have serious concerns about the safety and efficacy of HaH programs and believe that current CMS standards for operating these programs do not provide adequate standards of care, including that they:

- Require only a limited number of in-person visits by nurses and other licensed practitioners, and allow most daily check-ins with caregivers to be conducted remotely using telehealth technology;
- Allow providers 30 minutes to respond to a crashing patient or other emergency situations, 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 and thus allow hospitals to evade state staffing regulations and union contracts;
- 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 contracted by hospitals to provide services 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 caregiver 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 budget proposal does not set any minimum standards for HaH programs beyond those minimal CMS requirements and does not require DOH to formulate detailed 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.