

MEMORANDUM

A.5848-B (Paulin)/S.3344-B (Skoufis)

AN ACT to amend the public health law, in relation to requiring patient transporters to meet certain minimum requirements

LeadingAge New York opposes this legislation, which would require hospitals and nursing homes to provide Basic Life Support (BLS) training to “patient transporters” that are responsible for moving patients or residents to and from testing areas, treatment areas, or general movement throughout the facility. While the bill is well-intended to ensure optimal patient and resident safety, it does not appropriately consider the level of care provided in nursing homes, the needs of residents, or the ongoing health care workforce crisis that is limiting the availability of skilled nursing care in New York.

Nursing homes offer long-term and post-acute care to older adults and individuals in need of skilled nursing services. There are any number of individuals that might be involved in assisting a resident in participating in activities or going to the dining room. Unlike the hospital setting, this transportation of residents is routine and unlikely to involve complex medical equipment, IVs, tubes, etc.; nor would it typically involve residents who are not medically stable. Rather, the transportation of residents in a skilled nursing facility would typically involve assisting someone in a wheelchair down the hall to socialize with others, to participate in rehabilitation therapy, or to have a meal. As such, we question the need for this training.

It is important to note that many residents of skilled nursing facilities have advanced directives in place to withhold or attempt resuscitation. If trained in BLS, the transporter may be put in the difficult position of having to know the status of each resident and ensure that the proper lifesaving measures were taken—or not—consistent with the resident’s wishes. This may be beyond the transporter’s understanding and scope, and could result in outcomes that tragically deny end of life wishes.

We recognize that the bill is intended to apply only to those staff with the job title of “patient transporter.” However, it is unclear whether staff who lack that title, but are responsible for assisting with transportation of patients or residents, will also be expected to comply. The BLS training and certification required by this legislation may exceed the academic abilities of entry-level staff who may lack the literacy and English language skills required. Further, BLS is a two-year certification which would need to be repeated each time the certification expires. The costs and staff time associated with receiving, providing, and ensuring compliance with this frequency of training for a variety of entry level staff would represent another unfunded and burdensome mandate.

New York remains in a health care workforce crisis ([Executive Order 4.20](#)), and available staff time and resources are extremely limited. The workforce crisis is already impacting access to care; this would only make matters more challenging and further hinder recruitment and retention of staff and volunteers as well as day-to-day operations.

For the benefit of resident quality of life and quality of care, it is critical that nursing homes be explicitly excluded from this unfunded and burdensome training mandate. **For these reasons, LeadingAge New York opposes A.5848-B (Paulin)/S.3344-B (Skoufis) and urges that it be rejected, or modified to exclude nursing homes.**

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