



## MEMORANDUM OF SUPPORT

March 9, 2022

*S359/A3145 (Persaud/Epstein)*

*Requires the provision of care to persons requiring twenty-four hours of care take the form of non-sequential split shifts of twelve hours each*

### **Background**

Patients who require home health care are among our communities' most vulnerable, and they can require 24-hour care. New York home healthcare workers (HHCW) are poorly compensated and are coerced into taking 24-hour shifts to care for these patients. On a 24-hour shift, a HHCW may have care instructions that require frequent to constant attention to the patient. For example, some patients require re-positioning every couple of hours, diaper changes, and/or observation for changes in respiratory status. Diligent HHCWs do not get uninterrupted rest. This has detrimental health impacts for the HHCWs and places patients at risk for dangerous outcomes.

In 2012, New York regulations required that if an HHCW could not obtain 5 hours of uninterrupted sleep because of patient care, a 24-hour patient care shift should be split among multiple HHCWs (Kissinger M, 2012). The 2012 split-shift regulation needs to be updated to reflect more recent data that demonstrates that less than 6 hours of sleep has detrimental cardiovascular and cerebrovascular effects (Fernandez-Mendoza et al, 2019). Still, the larger problem is that home healthcare agencies that are noncompliant with this regulation—i.e., making HHCWs work 24-hour shifts *and* only paying them for 13 hours of work—continue to receive Medicaid funding (Lee, 2021). Consequently, HHCWs continue to be coerced and intimidated into working 24-hour patient care shifts, endangering patient and worker lives.

This wage theft and labor violation disproportionately impacts immigrant women of color, who make up the majority of New York's HHCW workforce (PHI, 2019). While some jurisdictions including New York City have declared racism a public health crisis, the state must be cognizant of how institutional racism manifests on the care-provision side of health care too. The HHCWs impacted by these violations experience mental illness, physical injuries, and are at increased risk for ischemic heart disease, stroke, and other complications consequent to their work (Pega et al, 2021; Sterling et al, 2021). That HHCWs are from structurally marginalized groups

exacerbates the extant negative health impacts of racism and sexism on this healthcare workforce; public dollars are being used to do harm to people of color and women in New York.

**NYSPPHA Recommends:** NYSPPHA strongly recommends passage of S359/A3145 (Persaud/Epstein) requiring the provision of care to persons requiring twenty-four hours of care take the form of fully paid non-sequential split shifts of twelve hours each.

Direct questions to [advocacy@nysppha.org](mailto:advocacy@nysppha.org)

March 23, 2022

## References

1. Kissinger M. "Availability of 24-Hour Split-Shift Personal Care Services." Office of Health Insurance Programs. Available at: [https://www.health.ny.gov/health\\_care/medicaid/publications/docs/gis/12ma026.pdf](https://www.health.ny.gov/health_care/medicaid/publications/docs/gis/12ma026.pdf)
2. Fernandez-Mendoza J, He F, Vgontzas AN, Liao D, Bixler EO. "Interplay of Objective Sleep Duration and Cardiovascular and Cerebrovascular Diseases on Cause-Specific Mortality." *Journal of the American Heart Association*. 2019; 8: 20. Available at: <https://www.ahajournals.org/doi/10.1161/JAHA.119.013043>
3. Lee DA. 2021. The nonprofit war on workers, Part I. Weapons of Labor Violence: An analysis of the Chinese-American Planning Council's legal tactics to exploit workers. <https://www.dropbox.com/s/hbb8tf96e61xfsv/The%20Nonprofit%20War%20on%20Workers%2C%20Part%20I.%20FINAL.pdf?dl=0>
4. PHI (Paraprofessional Healthcare Institute). Workforce Data Center. 2019. Available at: <https://phinational.org/policy-research/workforce-data-center/#var=Poverty&states=36>
5. Pega F, Náfrádi B, Momen NC, Ujita Y, Streicher KN, Prüss-Üstün AM, Technical Advisory Group, Descatha A, Driscoll T, Fischer FM, Godderis L, Kiiver HM, Li J, Magnússon Hanson LL, Rugulies R, Sørensen K, Woodruff TJ. "Global, regional, and national burdens of ischemic heart disease and stroke attributable to exposure to long working hours for 194 countries, 2000-2016: A systematic analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. *Environment International*. 2021; 154: 106595. Available at: <https://www.sciencedirect.com/science/article/pii/S0160412021002208?via%3Dihub>
6. Sterling MR, Li J, Cho J, Bryan Ringel J, Silver SR, "Prevalence and Predictors of Home Health Care Workers' General, Physical, and Mental Health: Findings From the 2014–2018 Behavioral Risk Factor Surveillance System", *American Journal of Public Health* 111, no. 12 (December 1, 2021): pp. 2239-2250. Available at: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2021.306512>