



**Senate Democratic Policy
Committee Hearing**

Improving Nursing Homes in Pennsylvania

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June 2, 2021

Good Morning Chairwoman Muth and co-hosts: Leader Costa, Senator Brewster, and Senator Williams, along with members of the Senate Democratic Policy Caucus. Thank you for your commitment to the health and safety of older adults and all Pennsylvanians in your constituencies and across our Commonwealth.

I am Georgia Goodman, Director of Government Affairs at LeadingAge PA. It is a pleasure to be with you today to discuss our members and the long-term care provider workforce, staffing, and opportunities to build upon successes to improve our aging services infrastructure. LeadingAge PA represents more than 380 providers who serve seniors where they live. This includes senior housing, continuing care retirement communities, home care and health agencies, nursing homes, personal care and assisted living residences and community care across the Commonwealth.

We hear time and again about the emotional toll the pandemic has taken on our humanity. Some of us see it when we look in the mirror, or read text messages from our parents still hesitant to leave their homes, as we have all been observing strict COVID precautions. This burden has been borne on none more directly and explicitly than the employees and team members in our long-term care communities taking care of our older generations.

The label of heroes has nearly lost its luster- that's not to say these folks aren't heroes- but rather to take a moment... step back... think about the work of nursing assistants, as they share a 'joke' with Mable, as they help her out of bed – starting her morning off with a smile and giving her a riddle to jostle her mind. Think about the creativity and attentiveness to detail these team members are required to exhibit, as they feed, bathe, and dress our commonwealth's seniors. These are really special members of our society who not only did their jobs during the pandemic but became proxy family to those they serve.

While we revere the individuals and the work they do, the prevalent public perceptions of their employers seems to be disdain. During the pandemic, headlines focused on poor providers and catastrophic consequences – or less horrific stories painting all facilities with the same brush of irresponsibility, profits over people and sad places of death and infirmity. While these providers grab headlines, the vast majority of nursing facilities are providing care and services in safe and effective ways and doing their utmost during the pandemic and every day to protect their residents and staff. They align their training, policies and procedures with ever changing guidance and regulation in their mission to help their residents make the best of their remaining years.

Stop for a moment and think about how these articles and headlines make the workers in these communities feel. Their heroic efforts are indirectly undermined with every story as public trust in the long-term care system is eroded. Every time we feed the false narrative that a single bad actor in any sector represents all, we make it harder for everyone in those groups to recruit, hire, or retain a quality workforce.

Workforce is the singular challenge quoted most often by our members' leadership. Prior to the pandemic, attracting sufficient numbers of compassionate staff was difficult. The stresses of COVID-19 have magnified those challenges, sending many leaders and front line staff into early retirement or towards other careers. These early departures from long-term positions are further stressing front line staffing numbers as tenured staff are promoted to fill higher positions within the organization. This is the normal progression of career advancement, but this process only works when eligible and qualified

applicants are willing to move into those front line, direct care positions. Facilities that have never needed to augment their staff with staffing agency contractors are now filling out shifts with agency staff. Nursing homes are paying up to \$60 per hour to a staffing agency for nursing assistants. This far exceeds the costs of wages and benefits for employees. Residents build personal bonds with staff in nursing facilities and employees know the nuanced preferences of the residents they help regularly. Therefore, you can see why agency staffing arrangements are not preferred.

There has been recent coverage about an ice cream shop offering \$15 an hour and receiving scores of applicants. Who doesn't want to work at an ice cream parlor? What job is happier than serving cold sweet treats to happy patrons enjoying a summer evening? Direct care in a nursing home comes with very different stressors than slighting a seven year old on the fudge syrup on his triple cookie chocolate chunk sundae. We have heard the pressures reduced to simply, "Pay staff more, you'll bring more applicants through the door." Where does the money come from? Nursing facilities can't simply raise their prices. Two out of three residents in nursing homes are paid for by the Medical Assistance Program- the government payor that is underfunding care by an average of \$80 per resident per day for our members. We are urging support for the direct allocation of \$396 million to nursing facilities using the same methodology the general assembly enacted in Act 24 of 2020 to help providers with a number of financial challenges brought on by the pandemic, but none more acute than staffing. We similarly urge the recognition of the needs for personal care homes and assisted living residences through the direct funding of \$50 million for similar mounting costs, inclusive of staffing.

COVID-19 ravaged nursing facilities in ways that haven't been publicized. For some communities, they lost a number of long-term residents to the depression and isolation that came with protecting them from the virus. This accelerated decline was very hard on team members that care for these residents as extensions of their own families.

In addition to single parents forced to leave their jobs when schools went entirely virtual, our facilities lost valuable staff. In communities across the commonwealth, nursing facility admissions are stalled or halted. Not because people don't continue to need the care and services, but because facilities can't find staff. They cannot take new admissions because they do not have enough staff on payroll to care for an additional resident without further stressing their teams. Adding more residents would increase workloads, and possibly jeopardize the levels of quality their team delivers and their residents have learned to expect.

Each facility is faced with their own challenges when scheduling staff. Facility administrators must consider the unique needs of residents, understanding that some individuals have more complex healthcare needs, while others require more intellectual care. Some architectural, design, or layout features may optimize team member efforts, and reduce time spent at remote nurse stations or walking from room to room. Additionally, experienced in-house staff have the ability to deliver more person-centered care with less support. These, among other reasons, highlight why staffing should follow the federal nursing home guidelines by determining staffing needs based on the required facility assessment rather than requiring an arbitrary staff ratio by regulation. The assessment accounts for resident needs and is based on the tenure, training, and capabilities of staff and the design of the physical building.

As we move towards solutions, we must consider ways to raise awareness of this field for young people. We need to expand their knowledge through course work, develop career ladders and other programs

for advancement and highlight the many rewards of this field to expand the pool of people willing to care for our elders. There is no single solution, we need a dynamic and evolving approach. We need partnerships with the Department of Education and more institutions that educate to provide exposure to aging service with curriculums that support the introductory needs and knowledge of nursing assistants. These programs should be available using modern technology and offered via flexible online methods. There are many opportunities to make changes that will have tremendous impacts on workforce availability. Last session we were grateful to collaborate on SB1268, which offered nurse aides hired temporarily during the pandemic a path to permanent registration on the Nurse Aide registry. This legislation requires demonstration of skills competency and allowed on-the-job training to be counted when assessing registry placement. Thank you all for your support, as this bill passed unanimously out of the Senate and is bringing new, caring people to this career.

We continue to work on other legislation that would allow alternative methods of training, like blending in-person learning with online education, virtual reality, and other cutting edge technologies to optimize efficiency and flexibility for course-takers, making the profession more accessible to more people. We are supportive of a number of current initiatives, like Senate Bill 115- which would allow Pennsylvania to participate in licensure reciprocity, allowing nurses from other states to assist with our healthcare workforce shortages.

While these steps are meaningful, we need ongoing consideration and respect for the senior services sector as we focus on skills training and educational opportunities to grow the pool of applicants for nursing homes, but also home health care, personal care, and the continuum of services. Quality caregivers improve the experience of the care recipient, having an outsized and tangible effect on the person's wellbeing and health outcomes. We need to value these workers and the senior services sector that employs them to better reflect the humanity and dignity both the staff and residents in long-term care communities deserve.

Mahatma Gandhi reminded the world that, "the true measure of any society can be found in how it treats its most vulnerable members." In the future, I challenge you to provide support, even when others criticize Pennsylvania's nursing homes. Consider that providers and their teams are caring for people; people are individuals and very complicated. Consider holistic solutions to raise the tides, offering all long-term care providers solutions and support - residents will be better served.

I would like to thank you for the opportunity to offer comments on our members' aging services infrastructure challenges with staffing. I look forward to working with you on opportunities and solutions. I am happy to answer any questions.