

Good morning. My name is Stephen Hanse and I have the privilege of serving as the President and CEO of the New York State Health Facilities Association (NYSHFA) and the New York State Center for Assisted Living (NYSCAL). NYSHFA/NYSCAL members and their 60,000 employees provide essential long-term care services to over 70,000 elderly, frail, and physically challenged women, men, and children at over 425 skilled nursing and assisted living facilities throughout New York State.

Throughout New York, the availability of trained and competent healthcare workers impacts the access to care and the ability to provide quality health care services.

New York State continues to face local provider shortages in multiple health care settings. Fluctuations in population, including declining rural populations as well as a diversifying patient population, changes in local opportunities for health care education, and the current COVID-19 pandemic have potentially impacted the need for both the current and the future health care workforce.

Throughout the State, New York's nursing homes and assisted living providers face severe health care workforce shortages. On top of these shortages, the State continues to underfund Medicaid nursing home care. The average cost of providing 24-hour nursing home care in New York is \$266 per resident per day, but the State only pays an average of \$211 per resident per day – or \$8.79 per hour! New York's chronic underfunding of Medicaid directly inhibits a nursing home's ability to recruit and retain workers when hospitals can always pay nurses more.

New York State's nursing and residential care facilities have the most difficulties recruiting nurses and nursing assistants. The SUNY Center for Health Workforce Studies (CHWS) report shows the largest shortage at 44.9% is nursing assistant with nurse shortages at 38.9%. Regional fluctuations in health care employment may impact some communities', especially rural communities', ability to meet health care demands. The COVID-19 pandemic has created an atmosphere of uncertainty in terms of both supply and demand for existing health care workers, as well as the educational pipelines of many future health care workers.

The Center for Health Workforce Studies (CHWS) survey data indicated a shortage of qualified workers and non-competitive salaries among the reasons all health care settings have difficulty meeting demand. The vast majority of actively practicing RNs in New York are female and nearly two-thirds are age 50 or older. Nearly 70% of New York's RNs were age 45 or older, with 35% of them older than age 55. Active RNs in New York were, on average, eight years older than the state's civilian labor force (age 50 compared to age 42, respectively).

According to the National Association of Health Care Assistants (NAHCA) in order to “ensure vulnerable residents receive safe, quality care, there must be adequate numbers of exceptional CNAs in the nation's nursing homes. Poor image, recruitment issues, inadequate training, lack of support on the job, and a perceived lack of growth opportunities contribute to CNA shortages and CNA turnover, which currently is at about 120 percent.”

The American Association of Colleges of Nursing foresees a rise in the median age of working nurses between 2009 and 2020. If a quarter of all nurses are nearing retirement, the current shortage in those entering the nursing profession will result in negative growth in the profession.

The number of residents in New York aged 65 and older grew 26% in the past 10 years; compared to the State's overall population that grew just 3% over the same period. New York's senior citizen population grew 8 times faster than the State's total population while the State continues to cut Medicaid reimbursement to healthcare facilities caring for this growing population.

Obstacles During COVID 19 Affecting LTC Staff

New York State entered this pandemic with an inadequate workforce and a variety of other documented needs. Staffing shortages existed prior to the outbreak and with high restrictions posed on nursing homes on visitation and provision of support services to residents added to the burden to already stressed nursing home staff. Workforce shortages will continue to be a problem unless steps are taken to address both training and investment as well as scope of practice policies that can enhance health care careers.

Recommended Workforce Enhancement Actions

- **Alternative Training Programs:** Continue to recognize the value of creative program ideas to meet the needs of the residents with less than adequate number of available staff choosing long term care as their career choice.
 - Reinstatement of Nurse Aide Training Programs (CNA) – all SNF should be able to provide the full CNA training program, regardless of their survey outcomes (once they are back in compliance) to meet the workforce needs in each community. BOCES and Community Colleges have not been able to meet full need.
 - Allow the adoption of the Temporary Nurse Aide (TNA-Bridge Program)
 - ✓ Reduce the numbers of hours necessary to train certified nursing assistants.
 - ✓ Revise the current curriculum requirements.
 - ✓ Providing new skill development to give nursing assistants with skills necessary to engage them in a LTC careers for improved retention and reduced turnover.
 - Waive regulations affecting the limitation of scope of work for staff currently hired as new nursing home staff. – Allow home health aides to utilize skills they have demonstrated to be competent in at the SNF.
 - Continue to promote and allow the one hour on line Paid Feeding Assistant program for non-clinical staff feeding and socializing with residents
 - Develop new models of Health Care Team Members such as scribes, patient navigators, and expanded care coordinators as key roles in LTC to add to the traditional jobs already in place in the health care arena
- **Medication Tech Program**

- Allow the ability to train med techs and test their competencies in SNF to assist with lower-level medication administration. Med tech are presently authorized only in assisted living settings. All CNAs should be trained to apply creams, ointments and minor treatments under the supervision of a nurse.
- Authorize nurse aides to be certified as medication aides and administer medications in residential health care facilities. Supervision by a registered nurse and completion of training program and clinical practice in dispensing medications is required. This is currently permitted for home health aides and would authorize similar care in nursing homes.
- **Promote specialized training for LTC workers including nursing, physicians and physician extenders:**
 - The relatively small number of existing healthcare professionals specialized in geriatrics and the unique challenges of caring for older adults with complex health issues mandates the need for a more robust and broader training on geriatrics skills across the health workforce.
 - The curriculum should address knowledge domain areas essential to providing quality and effective care to cover the unique needs and challenges related to older adults.
 - Geriatric interprofessional team training is also an important model of care that is collaborative and team based.
 - Increasing specialized geriatrics training available to all healthcare students, professionals, and direct care workers throughout their careers.
- Promote greater use of telemedicine to improve access to specialty care, including psychiatry and a variety of consultative disciplines.
- Changes with NYSED Licensing Requirements
 - Expand the Executive Order currently in place to allow nurses from any other state in the US, or from Canada, whose license is in good standing, to practice in NYS.
 - Enter the NCSBN Compact which would require a legislative change.
 - Nurse Licensure Compact (NLC) allows nurses to have one multistate license, with the ability to practice in their home state and other compact states. The NLC increases access to care while maintaining public protection at the state level.
- The Public Health Emergency created by COVID-19 required CMS to adapt and issue waivers to address a growing health emergency. Removing unnecessary regulatory hurdles for APRNs and expanding opportunities for patients and providers to leverage telehealth are both stated goals of the Administration.

Additional Strategies to Increase Healthcare Workforce

Focus dedicated funding for increasing Healthcare Workforce Initiative

- Dedicate funding for a statewide campaign for recruitment and retention of healthcare workers in long term care.
- Engage and fund Colleges, Business leaders, Financial Institutions, Healthcare Providers including Nursing Homes and Assisted Living that focus on building gerontology programs in their nursing programs and provide a certification for care of the elderly in LTC.
- Focus workforce improvement on efforts for advancing long term care.
- Provide incentives to people entering healthcare: tuition reimbursement for nursing programs, additional incentives such as full scholarships, housing incentives and other rebates. People must provide a written commitment to LTC for scholarship and other funding.
- Provide a financial incentive to LTC facilities to develop and implement nursing internships with colleges.
- Establish regional/localized hotlines to specifically recruit for SNF and AL employment and enable community individuals and displaced workers to submit an online application to work at local nursing homes and assisted living facilities.
- Support the continued /enhanced Workforce Investment Organizations (WIO) initiatives of community outreach and offer incentives for training of new employees.
- Establish Regional Training Centers (could be shuttered colleges with large classrooms and clinical equipment) to teach displaced workers to take on healthcare jobs: use online programs or classroom learning with exposure and risk minimized. Training for health care workforce should be considered essential and not grouped in with other higher education closures and cancelations.

**NYSHFA Strategies Proposed to Meet Workforce Shortages
July 27, 2021**

Proposed Strategy	Job Titles	Federal Regulation	State Regulation	Comments
Short Term Strategies				
Utilize ancillary staff to assume non direct care responsibilities:				
1) Hire new staff as Temporary Nurse Aides (defined in NYS Bill as "Aide Trainees")	TNA, CNA	42 CFR §483.35(d)	Title 10, Section 415.26(d)(3)(i)	1) & 2) Need Laws/Regs Amended
2) Request all non-clinical staff complete the 1 hour online Paid Feeding Assistant (PFA) class to potentially free the CNA to complete resident care.	PFA		Title 10, Section 415.26(k)	Online Paid Feeding Assistants can be used for non-clinical staff feeding and socializing with residents.
3) Hire noncertified staff as Resident Assistants to pass meal trays, act as transporter of resident to activities, and OT/PT sessions etc.	RA			3) Can Do Right Now
Improve Nursing and CNA job satisfaction.				
1) Focus efforts on reducing nurse and CNA turnover to reduce vacancies.				1) & 2) Can Do Right Now
2) Maintain scope of work to clinical, high touch job functions (see #3 above)				
Shift Nurses out of fulltime "Office Manager" positions: (replacement plan)				
1) Utilize business manager trained staff for traditional Nurse Manager functions: personnel/HR functions: staffing, paperwork (Nurse Manager would be clinical supervisor)				1) & 2) Can Do Right Now

**NYSHFA Strategies Proposed to Meet Workforce Shortages
July 27, 2021**

<p>2) Assign the nurse educator to units to provide at least 50% time to direct resident care: patient teaching, resident assessments.</p>				
<p>Long Term Strategies</p> <p>Redesign Unit Management by Shifting Nurses out of "Office" jobs:</p> <ol style="list-style-type: none"> 1) Change the Job Descriptions for unit management. 2) Utilize business manager for traditional Nurse Manager functions: personnel/HR functions: staffing, paperwork (Nurse Manager could be clinical supervisor) 3) Keep the nurse educator on units: 50% resident care: patient teaching, resident assessments. <p>Broaden Career Ladder Opportunities for CNA level positions:</p> <ol style="list-style-type: none"> 1) Introduce Resident Assistant job: makes beds, fill supplies. 2) Continue Temporary Nurse Aide (Could be Transitional Nurse Aide) to do higher level direct care tasks: feeding, walking residents. This would require federal and state legislative action to continue the program post pandemic (PHE) and including the 		<p>42 CFR §483.35(d)</p>	<p>Title 10, Section 415.26(d)(3)(i)</p>	<p>1) - 3) Can Redesign unit: Do Right Now Change Job Descriptions</p> <p>1) Can Do Right Now</p> <p>2) Need Laws/Regs Amend</p>

**NYSHFA Strategies Proposed to Meet Workforce Shortages
July 27, 2021**

<p>TNA position as a direct care giver.</p> <p>3) Create Med Tech position for NHs in NYS. This would require state legislative and NYSED action to allow in NHs. And would also require including as a direct care giver (to count number of hours)</p>		<p>Fed</p>	<p>NYS Bill # A6891 Med Aides Jenne Sections 6906, 6908, 6909 of Education Law Sections 206, 2801, 2803(j) of PHL</p>	<p>Use of Medication Aides would require amend of scope of work with state education and DOH</p>
<p>Increase CNA positions in NYS:</p> <p>1) Allow nursing homes with a 2-year ban on a previously approved NATP to restart their classes: reduce number of hours of required training to 75 hours to align with federal requirements.</p>		<p>Sections 1819(f)(2)(B)(iii)(I) and 1919(f)(2)(B)(iii)(I) of the Social Security Act</p>	<p>Title 10, Section 415.26(d)(2)(v) Title 10, Section 415.26(d)(3)(i)</p>	<p>1) Need Federal and State Laws/Regs Amended</p>
<p>2) Transition current TNAs to certified CNAs: NYSDOH would need to award a percentage of clinical experience served (TNAs would be allowed to challenge the hours of experience and knowledge obtained during their hours of service as a TNA during the PHE). The State would reduce the number of required hours of didactic and clinical experience as currently required in the NATP: NYS requires 100 hours to qualify for CNA certification.</p>		<p>42 CFR §483.35(d)</p>	<p>Title 10, Section 415.26(d)(3)(i)</p>	<p>1) Need Federal and State Laws/Regs Amended</p>

**NYSHFA Strategies Proposed to Meet Workforce Shortages
July 27, 2021**

Allow nurses from any other US states and/or from Canada, whose license is in good standing, to practice in NYS	RN, LPN		Sections 6512 through 6516, and 6905, 6906 and 6910 of the Education Law and Part 64 of Title 8 of the NYCRR	EO 202.28 (US) EO 202.105 (Canada) Need Laws/Regs Amended
Allow utilization of Universal Worker			State regulations	Need Laws/Regs Amended
Reinstate Nurse Aide Training Programs when they achieve compliance		Sections 1819(f)(2)(B)(iii)(I) and 1919(f)(2)(B)(iii)(I) of the Social Security Act	Title 10, Section 415.26(d)(2)(v)	Need Laws/Regs Amended