Leading Age PA

House Republican Policy Committee

Workforce Challenges in Long-Term Care

Chairman Causer, and honorable members of the House Republican Policy Committee. LeadingAge PA is grateful for the opportunity to highlight the ongoing workforce concerns for long-term care providers in the Commonwealth. The membership of LeadingAge PA is comprised of more than 380 providers of senior housing, health care, and community services across the Commonwealth. Our members include nursing facilities, personal care homes, assisted living residences, affordable housing developments, and Continuing Care Retirement Communities. Our members provide adult day services, LIFE programs, home health care, home care, hospice, and independent living options for older adults.

Hiring throughout the pandemic has been the single largest threat to our member's ability to continue to offer the best care at the capacity they are designed to serve. Prior to the pandemic long-term care was facing staffing challenges. Unfortunately, the pandemic has only amplified this problem. Caring for persons needing long-term care and services is demanding, intimate work that requires compassion and patience. Yet long term care as a career has been historically undervalued and underappreciated by our society. The statistics for the country and our commonwealth's are frightening. From 2020 to 2030, the percentage of our population over age 60 is anticipated to increase by 13%.¹ This is while our total population growth stagnates at less than one percentage point over a seven year period². The trends show that the number of caregivers we have in our commonwealth is becoming a smaller and smaller proportion of our population, meaning more seniors are going to need services, with less individuals available to provide them.

In addition to the reality of the statistics, the pandemic has pushed workers from the long-term care field more quickly than we have seen in the past. The increased stresses of caring for aging individuals during a crisis that disproportionately causes severe illness and death to older adults, has taken its toll on all of our staff and sent many long-term employees into early retirement. These vacancies have been near impossible to fill, as we now compete with entry level positions such as fast-food restaurants that are able to offer significant sign on bonuses and pay hourly salaries that sometimes exceed \$20 an hour.

In communities across the commonwealth, nursing facility admissions have slowed or in some cases have had to be 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 to

¹ Accessed August 26, 2021. Calculation from <u>https://acl.gov/sites/default/files/programs/2016-11/Pennsylvania%20Epi%20Profile%20Final.pdf</u>, table titled "Projected Pennsylvania Population"

² Accessed August 26, 2021. https://pasdc.hbg.psu.edu/Data/Research-Briefs/PA-Population-Estimates

care for an additional resident without further stressing their teams. Adding more residents would not only increase workloads, and could possibly jeopardize the levels of quality of care their teams deliver and their residents have learned to expect.

As competition and demand for the ever-shrinking workforce increases, starting wages also rise. The Bureau of Labor Statistics³ estimates demand for employees in healthcare services will grow much faster than the average 4% for non-healthcare workers. The estimates are training and position specific but range from 8% growth for nurse aides, to 9% growth for licensed practical nurses to 34% growth for home health aides. Without a significant effort by our commonwealth and our education system to drive individuals towards long-term care as a career choice, the availability of services for aging seniors will be directly correlated to the ability of providers to hire, compensate, compete, and retain trained and quality staff.

We hear these staffing pressures reduced to simply, "Pay staff more, you'll bring more applicants through the door." We have done this. Many members have implemented sign on bonuses and staff retention incentives, but nearly 65% of our nursing home residents have their stays paid for by the Medical Assistance Program. The government payer that is underfunding care by an average of \$80 per resident per day, totaling more than \$631 million in underfunding across the commonwealth in 2017 according to a study conducted by the accounting firm of RKL, LLP. Providers have been making this gap known for the past seven years but unfortunately, no rate increase has been enacted during the commonwealth's budget process since 2014.

Our members are paying the highest possible wages and offering the best benefits under the current stagnant funding levels for Medical Assistance. However, LeadingAge PA members refuse to compromise on the quality of care they are offering so when they can't find the necessary staff they are forced to limit admissions. This has and is continuing to back up discharges from hospitals creating further strain on the healthcare system.

In order to address staffing shortages, many providers for the first time in their history have had to turn to staffing agencies in order to even serve their current residents. According to some of our members, some agencies are demanding upwards to \$60 per hour for a nursing assistant and rates over \$100 per hour for nurses. Not only are these rates astronomical but agency staff are often not aware of residents

³ Accessed August 26, 2021: https://www.bls.gov/ooh/healthcare/home.htm

preferences or desires and sometimes do not provide the quality care that we all would want for our loved ones.

As we move towards solutions, we must consider ways to raise awareness of the long-term care field for young people. We need to expand their knowledge through course work, develop career ladders, and other programs for advancement as we highlight the many rewards of this field to expand the pool of people willing to care for our elders. Career ladders could include enhanced education and skills competency demonstrations for nurse aides to provide medication administration, or perhaps perform other additional clinical tasks within their scope.

There is no single solution, we need a dynamic and evolving approach that includes the industry as part of the solution. We need partnerships with the Department of Education and more educational institutions to provide exposure to aging services 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. SB 729 that would allow asynchronous learning of nurse assistants, to offer greater flexibility for those interested in a career in long-term care is one example and we urge the House to pass this important legislation expeditiously.

LeadingAge PA looks forward to working with the General Assembly and the Administration on opportunities to address the workforce challenges in long-term care settings. We believe it is critical not only for our providers but for individuals needing long-term care and services.