

**PA House Majority Policy Committee Hearing
“Health Care Issues in Rural Pennsylvania”**

Testimony Submitted by:

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Chairman Causer, Chairwoman Rapp, members of the Pennsylvania House Majority Policy Committee, thank you for the opportunity to testify.

My name is Charlotte Floravit, and I am the CEO of the Lutheran Home at Kane. We are an independent, stand-alone, non-profit Continuum of Care Retirement Community in the Kane Borough, McKean County.

We provide personal care, skilled nursing care for short and long-term stays in our nursing home, we have a specialized unit for residents with Alzheimer’s/Dementia, and cottages for independent living.

For simplicity sake, I will use the terms “nursing home” or “long-term care” in my comments on the crisis in rural PA nursing homes, and the interdependency of rural long-term care with rural hospital systems.

As we enter the third operating year of the pandemic, rural PA nursing homes are in crisis. Even in the decade prior to the pandemic, rural nursing home closures were already rapidly accelerating across the United States.

Nursing homes, especially rural facilities, face so many severe, compounding issues, from ever-changing and burdensome regulatory changes, to financial constraints from decreased reimbursements and increased costs, aging and ill-equipped facilities, and the most critical, severe workforce shortages and staff burnout.

The pandemic has accelerated these issues to a level that can only be captured by the common expression of “the elephant in the room.” Sometimes an elephant in the room is so big, you can no longer see it.

The crisis in rural long-term care, alongside rural healthcare, can no longer be ignored.

A September 2020 report commissioned by the US Centers for Medicare & Medicaid Services (CMS) in response to the COVID-19 crisis concluded that, “The time has come for a turning point in nursing home care.”

How will Pennsylvania rise to meet this challenge, that impacts the lives of so many hardworking men and women in rural Pennsylvania’s skilled nursing facilities, and the most vulnerable, elderly and disabled citizens they care for?

Long-term care providers need additional support. But, we also need a voice at the table in discussions on community-health and public policy, at the local, state and federal level.

Like local rural hospitals, the long-term care industry is a core driver for rural economic impact and jobs. For example, long-term care is the 5th largest employment sector in rural McKean County, whereas comparatively, at a state-level, the nursing care facilities ranked as the 17th largest employment sector. In the Kane Borough, where the Lutheran Home is located, we are the town's third largest employer.

Our employees and their families rely on rural healthcare systems for their own care. As an employer, we rely on rural health systems to care for our workforce.

Shortages of public COVID-19 testing, and scarcity of treatment options for COVID-19 for rural populations, from inpatient to outpatient care, is crippling our already strained workforce. Our workers have families, and are also caregivers at home.

As we all know, rural vaccine hesitancy also remains a huge issue for economic recovery and community health outcomes. The vaccine mandate for healthcare workers is a hardship for healthcare systems and nursing homes in rural PA alike. But, we have tools to improve vaccine adoption rates in rural health systems, and in our communities.

I know this, because we have overcome vaccine hesitancy at the Lutheran Home, with voluntary vaccination rates among staff and residents that exceed state and national averages, and are well above averages in rural-counties. Our voluntary staff vaccination rate is now above 88%. With the mandate looming, I will lose one full-time nurse aide and 2 casual LPN's. It is 3 employees I cannot afford to lose but I count my blessings when talking with other nursing home leaders across rural PA.

I get frequent phone calls from other administrators asking how we accomplished this.

It is simple. Our leadership team led by example. My Director of Nursing and I were among the first in McKean County to be vaccinated, along with our residents. We shared photos of our vaccinations publicly. We have had countless respectful, compassionate conversations with staff about their vaccine concerns, and encouraged them to speak with their healthcare providers.

Vaccine hesitancy in rural Pennsylvania is a problem for the entire Commonwealth. Rural-based systems and populations will pay the price now, but the entire state will pay the price in the long-term. We know that regions, and even countries, with low vaccination rates are breeding grounds for variants.

My leadership team has also led by example by working alongside our frontline staff throughout the pandemic. 13 members of the management team, including myself, obtained the emergency Temporary Nurse Aide Certification. We continue to work overtime (including evenings) as nurse aides to fill critical staffing shortages, on top of our regular full-time positions.

This is the only way we have been able to continue operating, to support our front-line staff, maintain morale, and care for residents at the level they deserve, but it is simply not sustainable. It is also psychologically damaging to feel that this work goes largely unnoticed.

The alternative would be increasing our usage of staffing agency nurses, but this is not financially sustainable.

Like others in healthcare, we have suffered severe financial impacts from price gouging of nurse staffing agencies. Our current agency contract charges \$120/hr for RN's and \$77/hr for LPN's. This is 4x the hourly rate for these positions in a hospital or nursing home. We are also sacrificing quality care as these temporary agency nurses do not know our facilities and have no commitment to our residents.

We are pleased to know PA House leaders are exploring regulations for these staffing agencies.

Lastly, in addition to the compounding issues I've covered, I am very concerned about the proposed regulation from the PA DOH to increase direct care minimum standard staffing hours from 2.7 to 4.1 hours within a 24-hour period, an increase of nearly 52%. The Lutheran Home already staffs well above the current minimum, at a 3.2. It will be impossible for us to meet a mandated 52% increase in required staffing hours, especially in the midst of the existing crisis conditions. This mandate will force many rural nursing homes to close or be acquired, especially small stand-alone, non-profit, faith and mission-based nursing homes like the Lutheran Home at Kane.

I have grave concerns for the next several months ahead. For the week ending January 9th, 2022, per the CDC, nationally, nursing home workers testing positive for COVID-19 increased tenfold from a month earlier.

We need help, more immediate action, and better stakeholder collaboration and partnerships, to stabilize rural PA nursing homes and our workforce, and plan for the future. Nationally, no other industry has lost more workers over the past two years than Nursing and Residential Care Facilities, according to the Bureau of Labor Statistics.

Who will take care of our parents and grandparents, so they can age in place in rural PA in their golden years? Who will take care of us?

Thank you for the opportunity to testify today. My special thanks and gratitude to Chairman Martin Causer for meeting with long-term care leaders from across his district recently to hear our concerns, and for inviting me to speak today.