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Senators,

I am writing you today on behalf of the New York Providers Alliance (NYPA), an association of over 40 residential health care facilities across the Upstate Region. First, I am writing to thank you for holding this hearing to ask for information from stakeholders regarding the dire straits that nursing homes find themselves in today in regard to workforce challenges. We are adding our unique Upstate perspective to the conversation to highlight some of our challenges and to point to possible solutions to help meet our mutual goal of providing the best possible care for our residents.

At this point most industry professionals, news outlets and the general public are aware of the difficulties that nursing facilities have had finding qualified nursing staff in all areas, from registered nurses to certified nursing assistants (CNA). Even before the pandemic, nursing homes were desperate to hire and retain qualified staff. Moreover, stagnant Medicaid reimbursement rates have proven a challenge. Even as direct labor costs and overhead costs have continued to rise for over a decade, these increases have not been recognized in Medicaid reimbursement rates. Faced with stagnated reimbursement rates, facilities had been accepting higher acuity admissions that increased reimbursement per diems. However, higher acuity residents demand a higher level of skilled staff, leaving cash-strapped facilities in increasingly vulnerable financial positions.

As the pandemic came in full force in February of 2020, facilities were beginning to feel the effects of the 1% Medicaid rate reductions the state imposed on January 1, 2020. Even before these rate cuts, Medicaid reimbursement had been inadequate to compensate facilities - particularly those Upstate - to pay all staff a minimum of \$15 per hour. Many facilities were already using temporary agency staff to supplement their staff shortages. Facilities that had been using temporary agency staff to buttress their workforce found that more and more temps were needed as their own regular staff fell ill for a time and others left the field completely out of fear of the virus. At the same time the rates of temporary staff increased, the demand for workers rose. Even facilities that had staffing contracts that fixed the hourly rate of temps found themselves in a predicament, either pay higher rates to compete for the scarce staff available or stick to their contract rates and have agency personnel pass them up for assignments that offered more. Even today, 18 months since the start of the lockdowns and restrictive nursing home regulations, staff are

particularly scarce in many of the rural areas between the larger Upstate cities. This is especially true of nursing staff.

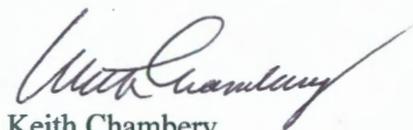
To combat staffing shortages in the short term, NYPA urges the state to provide facilities with adequate funding to allow them to compete in the general labor pool. Specifically, targeted funding for recruitment, training and retention of staff tied to the new staffing mandated levels would give facilities a fighting chance to compete and comply with the heightened COVID-19 related regulations today and into the future.

NYPA also recommends that New York State expand CNA training programs. Prohibiting facilities from conducting on-site training for the reason of a one-off, substandard survey is counterproductive. Facilities that offer training should be rewarded, not penalized. Instead, the state must make allowance in the Medicaid rate to recognize and specifically reimburse for personnel in training. Moreover, NYS requirements for health care workers (HCW) must be updated to reflect current federal standards. Specifically, requirements for training should be reduced from the current 100 hours to the CMS required 75 hours.

Longer term, NYS must make systematic changes that reward individuals entering the skilled nursing field and make positive changes in the makeup of the workforce. NYPA has long advocated for reform of NYS law and regulations to allow specially trained medication technicians to assist with medication administration. There are currently many states that have this class of caregiver and are seeing better results with fewer medication administration errors due to the focused duty. In addition, freeing the licensed or registered nurse from the duty of passing medications three times a day or more would allow RNs to focus on more urgent resident needs.

The short-term funding solutions are fixes that can be implemented as easily as the reduction to rates have been. Admittedly and unfortunately, some of the longer-term recommendations would take time to implement. However, the problems confronting the industry were not created overnight so it should come as no surprise that there are no quick fixes. It is imperative that we begin work on some of these initiatives immediately to ensure that the care we provide the sickest, oldest and most needy in our community are of the highest quality we can offer.

Sincerely,



Keith Chambery
Executive Director