



Warren Petryk

State Representative • 93rd Assembly District

Date: March 26, 2019

To: Members of the Assembly Committee on Aging and Long-Term Care
From: Representative Petryk

Re: Testimony regarding Assembly Bill 76 – Hours of Instructional Program for Certified Nursing Aids.

Good morning Chairman Gundrum and members of the committee. I appreciate this opportunity to come before you today to speak in favor of Assembly Bill 76 which I authored with Senator Rob Cowles. I also want to thank Chairman Gundrum, Representative Snyder, Representative Magnafici, and Representative Meyers for their support of this important piece of legislation.

There is a rising shortage of skilled workers in our state's long-term care facilities. The lack of Certified Nursing Assistants or CNA's has been long felt in nursing homes and care facilities alike in my Western Wisconsin Assembly District and across the state. Certified Nursing Assistants or CNA's provide essential daily care to our veterans and the vulnerable aging population and is a serious issue than needs to be addressed immediately.

Assembly Bill 76 very simply brings Wisconsin's CNA instructional requirements in line with federal standards and those of our surrounding states of Michigan, Minnesota and Iowa. The bill does this without costing the state extra dollars in expensive incentive programs.

Federal law requires CNAs to have 75 hours of instructional training with 16 hours of clinical training to become certified. Currently, Wisconsin requires 120 hours of classroom instruction and 32 hours of clinical training. This has placed our state facilities at a significant disadvantage, especially with our border states which mirror the federal standard of 75 hours.

You may hear today how this bill would prohibit the Department of Health Services from requiring an instructional program to exceed the federal required minimum total training hours; this is quite untrue. Individual programs may choose to provide instruction in excess of the federal standards; however, that is up to the facility and facilitators.

This small change to state statute will get these students into our facilities earlier, and help to fill the ever-growing demand for excellent, high-quality, caring professional men and women in the field of healthcare.

Assembly Bill 76 is a positive and much needed step toward addressing our state's skilled nursing shortage. I humbly ask for your support on this very important piece of legislation. Thank you for your attention to this important matter.

STANDING COMMITTEES:

Natural Resources & Energy, Chair
Transportation, Veterans, & Military Affairs



ROBERT L. COWLES

Wisconsin State Senator
2nd Senate District

JOINT COMMITTEES:

Audit Committee, Co-Chair

Testimony for 2019 Assembly Bill 76

Senator Robert Cowles

March 26, 2019

Assembly Committee on Aging and Long-Term Care

Thank you, Chairman Gundrum and Committee Members, for holding a hearing today on 2019 Assembly Bill 76 (AB76) regarding the hours of instructional program for Nurse Aides. I appreciate the opportunity to share my testimony on the importance of this legislation.

Certified Nursing Assistants (CNAs), or Nurse Aides, provide indispensable services to our disabled and elderly residents living in Wisconsin communities. Despite their value in the medical community and elder care, employers are finding it more and more difficult to recruit these workers for long-term care facilities, like nursing homes, for a variety of reasons.

As a result, some nursing homes are forced to turn away residents due to the lack of staffing necessary to provide the care for this vulnerable population. AB 76 will help address the shortage crisis of CNAs here in Wisconsin. This bill aligns Wisconsin's CNA training requirements to the federal requirement of 75 hours of instructional training for nurse aides, a reduction in training for Wisconsin CNAs of about 60 hours.

We have many unfilled caregiver positions in long-term care facilities here in Wisconsin. By mirroring the federal training requirements, AB 76 will help to introduce new CNAs in recruitment, training, and retention of Nurse Aides in Wisconsin. While the state has an interest in ensuring qualified CNAs enter the workplace, employment experts at the federal level and throughout many other states feel this instructional training requirement is sufficient. This legislation will also keep Wisconsin at a competitive advantage with our neighboring states of Michigan, Iowa, and Minnesota which all align their training standards with the federal standards. Additionally, no licensing instruction is more valuable than the training provided in the workplace, and this legislation does nothing to impact that crucial training outside of licensing.

Assembly Bill 76 is supported by many long-term care facilities and home health care groups across Wisconsin. This bill is an important step forward to help the shortage crisis for CNAs in Wisconsin.



WI Director of Nursing Council

March 26, 2019

Dear Committee Members:

The Wisconsin Director of Nursing Council is a state organization representing nursing leaders in long-term care and post-acute care continuum. Our mission is to educate and support long-term care professionals as they enhance the quality of lives of the residents and staff. Part of our job during this testimony is to assure the committee understands what an important piece of legislation this bill is in the effort to remove one more barrier to increasing the number of individuals choosing to become a Certified Nursing Assistant (CNA) or work in Wisconsin as a CNA.

Our organization supports the passage of SB 103.

The federal government minimum requirement for nursing assistant training is 75 hours covering these basic areas: basic nursing skills, personal care skills, mental health and social service skills, caring for cognitively-impaired residents, basic restorative skills, and Residents' rights. The requirements prepare the nursing assistant to pass the competency test and begin performing duties as a novice CNA.

The Council would like to dispel three myths about passage of this bill:

Myth #1 All nursing assistant training courses will be required to be 75 hours.

That is incorrect. This legislation will set a minimum hour not a maximum. Prior to the passage of the legislation increasing the minimum hours to 120 hours there were classes of varying hours across the state. The minimum 75 hours would allow CNAs that have completed training in other states where 75 hours is acceptable to work in the state of Wisconsin without extraordinary requirements and barriers. This opens opportunities for CNAs trained in our neighboring states of Minnesota and Michigan. Attachment shows the decreasing numbers of CNAs in the state of Wisconsin from 2016- 2017.

Myth #2 Decreasing nursing assistant training hours will decrease quality of care.

The second myth is that lowering the CNA training hours to the federal standards will somehow decrease the quality of care to our residents. There is no evidence that increasing CNA training actually increased the quality. There is a perception that more education somehow equates to quality but it is leadership of those novice CNAs by qualified nurse leaders improves quality. The table attached shows states rated using the 5 Star rating system from the Centers for Medicaid & Medicare Services (CMS). The second table shows those states training requirements. It is pretty evident that training hours does not impact quality. What we know will improve quality is consistent nursing leadership. Directors of Nursing Service number one reason for leaving their job is staffing according to the American Association of Director of Nursing Service accounting for 73% of turnover. This affects quality.

Myth #3 Facilities will put inadequately trained nursing assistant into positions.

The third myth is that nursing homes will simply put ill prepared CNAs into care giving positions. The nursing assistants will all still need to pass the very same certification process which involves both a written and skills competency testing. This would not change. This testing is provided by a third party. Nurse leaders right now are obligated to federal regulations that require the facility to provide competent and qualified staff. The new mega rule phase 3 puts in place additional regulation requiring competency based education and training.

Respectfully,

Mindy Meehan, President

Joey Pettis, Executive Director

Nurse Aide Training and Registry: Statistics

<https://www.dhs.wisconsin.gov/caregiver/nurse-aide/statistics.htm>

Nurse Aide Registry Statistics

Listed below are the number of active nurse aides on the Wisconsin Nurse Aide Registry by month for 2016 and 2017.

Month	2016	2017
January	63,342	61,057
February	63,179	60,892
March	62,992	60,865
April	62,880	60,592
May	62,624	60,374
June	62,356	59,935
July	62,376	59,897
August	62,227	59,784
September	62,106	59,754
October	61,716	59,709
November	61,640	59,582
December	61,644	59,550

- A total of 7,508 individuals in 2016 and 7,066 in 2017, successfully completed the Wisconsin-approved standardized competency test and were added to the Wisconsin Nurse Aide Registry.
- A total of 22,946 individuals in 2016 and 19,364 in 2017, renewed their nurse aide status making them eligible to work in federally certified long-term care facilities, home health agencies, hospices, and hospitals.

Note: A nurse aide candidate has up to one year to take the nurse aide competency test after successfully completing their training. For example, a candidate who completed their training in 2017 may wait until 2018 to take the test.

Nurse Aide Training Program Statistics

Listed below are the number of nurse aides who have graduated from each type of training program in 2016 and 2017.

Training Program Type	2016	2017
High School	201	136
Home Health Agency	69	70
Hospital	264	201
Nursing Home	694	525
Private	1,233	1,294
State Center	221	317
University	144	71
Wisconsin Technical College	6,206	6,067
Total	9,032	8,681

Top States for Nursing Homes

BY AVERAGE OVERALL QUALITY RATING

On a scale of 1 to 5, with 5 being best

1.00

5.00



TOP 10

1. Hawaii	3.93
2. Washington, D.C.	3.89
3. Florida	3.75
4. New Jersey	3.75
5. Colorado	3.74
6. Delaware	3.73
7. Connecticut	3.73
8. Minnesota	3.72
9. North Dakota	3.71
10. Idaho	3.71

BOTTOM 10

1. Texas	2.66
2. Oklahoma	2.76
3. Louisiana	2.80
4. Kentucky	2.98
5. Georgia	3.01
6. New Mexico	3.07
7. North Carolina	3.07
8. Missouri	3.12
9. West Virginia	3.15
10. Illinois	3.18

Nurse Aide Training Hours Required in the Top 10 and Bottom 10 Performing States

Top 10 States	Training Hrs.	Bottom 10	Training Hours
Hawaii	100	Texas	100
Washington DC	85	Oklahoma	75
Florida	120	Louisiana	80
New Jersey	90	Kentucky	75
Colorado	75	Georgia	85
Delaware	150	New Mexico	75
Connecticut	100	North Carolina	75
Minnesota	75	Missouri	175
North Dakota	75	West Virginia	120
Idaho	120	Illinois	120



WI Director of Nursing Council

Nursing Assistant Shortage Complicated by Wisconsin Regulation

The Wisconsin Director of Nurse Council, (WDONC) represents nursing leaders in Skilled Nursing, Assisted Living, Hospice and other Long-Term Care Facilities. Our members are Directors of Nursing, Assisted Directors of Nursing, Staff Development, Nurse Managers, Administrators, Suppliers and Consultants, among others who are looking to advance nursing in the continuum of care.

Our purpose in sharing a position paper on the healthcare worker crisis facing the long-term care industry is to heighten awareness specifically on the Certified Nurse Aide (CNA) shortage. Our organization believes that this shortage has been directly impacted by the rules and regulation imposed by the State of Wisconsin through its regulation of nurse aide training requirements. Although according to studies this staffing crisis is multifaceted the WDONC has chosen to focus on revised legislation to positively impact this issue. Indirectly this will also decrease the cost to the Wisconsin Medicaid program. Impacting the availability of nursing assistants will in turn assist us in resolving the turnover of nursing leadership in long term care which can directly be tied to the quality of care that is delivered to the states most vulnerable citizens.

The WDONC is proposing **the elimination of the 120 hours nursing assistant training requirement and a return to the federally mandated 75 hour requirement.** This change will increase the financial ability of individuals interested in healthcare careers to enter the field in a time frame that is comparable to other entry level positions, will decrease the financial burden on the individual and still adequately prepare them for entry as a health care worker providing basic cares to Wisconsin citizens in need of care in long term care continuum due to illness and/or disability.

Training programs should still be allowed to determine the hours that they wish to train nursing assistants as they were prior to the implementation of the legislation requiring the 120 course. But the legislation should only mandate the federal requirement of 75 hours.

History:

In 1987 the federal government enacted the Omnibus Reconciliation Act or OBRA. In that regulation 75 hours of training were mandated for nursing assistants before they could work in federally certified nursing homes. This mandate was to assure basic training for entry level healthcare workers.

Wisconsin's statutory regulation related to nursing aide training is DHS Chapter 129. In 2008 the Wisconsin Rule was changed to require 120 hours of training as opposed to the federally mandated 75 hours. In 2013 Act 357 was passed in an effort to bridge the ability of CNAs from other states to obtain certification in Wisconsin if they were already certified in other states. It provided direction to accept certification from other states if the individual had been trained; competency tested and worked 2088 hours. It also provided for the ability to create a shortened training course consisting of an additional 45 hours allowing CNAs from other states that did not have the work experience to gain the additional hours without having to take an entire 120 hour course.

Facts:

The healthcare worker shortage that encompasses both licensed nurses and CNAs has well documented with studies dating back to 2008. The study completed in 2008 projected a continue need for additional workers secondary to the increased demand for long term assistance by the aging of America. The Wisconsin Hospital Association in 2014 reported vacancies in hospitals at 7.1 percent for CNA positions. Today, 2016 a study conducted by Leading Age, Wisconsin Healthcare Association, Wisconsin Assisted living Association and Residential Services Association of Wisconsin reported vacancies of 14.5 percent in the caregiver category. This report also notes that the CNAs entering the healthcare career is continuing to decline with statistic showing 24% less individuals applying for certification and a decline of 5.431 in individuals renewing their CNA certification.

There is no doubt the staffing problem exists. Finding solutions for these shortages in the long term care environment is complicated by poor wages, underfunding of the Medicaid program and workforce numbers in total but it is further crippled by self imposed regulatory requirements above the minimum standards set forth by the federal government.

DHS 129 requires 120 hours of training to become a certified nursing assistant in the state of Wisconsin. Our neighboring states of Minnesota, Michigan and Iowa require only the 75 hour course for certification. Individuals from these neighboring states are not recognized as being adequately prepared to work in Wisconsin unless certain other criteria are met. This criteria is so burdensome that many trained individuals work in fields other than healthcare due to wage disparity, difficult entry into the healthcare workforce due to regulatory issues surrounding certification and the need to earn a living immediately.

To enter the healthcare industry as a Certified Nursing Assistant the individual must apply and be accepted into an approved nursing assistant course. These courses are approved and

monitored by state of Wisconsin to assure compliance with the standard set forth in DHS 129. The applicant is paying on average \$700 for this course. If the course is offered through the technical college environment there is often additional student fees incurred. The applicant then must successfully complete the course by attending and then passing both a written and skills test. The courses are offered in an accelerated fashion with completion within a month attending classes full time, may be conducted by semester or other offering to meet the individual needs. After the course is completed a state approved competency test is conducted costing \$110.00 plus approximately \$8.00 in additional fees. This evaluation consists of both a written and skills test. Wait time for testing times varies throughout the state but is reported by the State of Wisconsin to be in an acceptable range of on average 2 weeks. This leaves the individual seeking an entry level position out of the healthcare industry for a minimum of 6 weeks.

Points of Discussion:

The implementation of an increase in training was with the good intention of improving the quality of care to the elderly and disabled in Wisconsin. Through federally reported quality indicators there is no documentable impact on the quality provided that can be linked to increased staff training in the state of Wisconsin. There is no evidence that longer training has impacted the quality of care. What is documented is that nursing leadership retention directly impacts the quality of care.

Citations in nursing homes at the highest level called immediate jeopardy are at record levels with only 2008 being higher. Therefore, the intended purpose of the increased training hours for nursing assistants has failed.

Entry level positions in other fields are often associated with no time commitment for training and better wages. Therefore the employable seek jobs that provide income immediately, especially if their primary reason for being in Wisconsin seeking employment is to supplement them as they complete their education in one of Wisconsin Colleges.

Nursing homes in particular are already mandated through regulation to assure that care is being provided by properly trained and qualified individuals. The responsibility to meet this regulation is on the employer not the State of Wisconsin.

The long term care industry needs every individual interested in healthcare career to be able to enter that career with reasonable training and financial expectations.

The Directors of Nurses in long term care have an unacceptable turnover rate which directly impacts the residents they care for. The WDONC in a study of 79 leaders in long term care found that 63% of them identified staffing as their number one challenge.

Recommendations:

The WDONC supports the return to the 75 hour nursing assistant federal training requirement. This simple regulatory change from the required 120 hours to the 75 hour course:

- Will improve the ability of providers of Wisconsin's long term care to attract, hire and retain the much needed Certified Nursing Assistant.
- Will allow long term care facilities to provide the training that is necessary to meet the needs of their particular resident/client population.
- Will allow regulators to hold nursing homes accountable to well trained and qualified staff through existing federal regulations.
- Will decrease both the financial and time investment by the potential healthcare worker interested in entry level career opportunities.
- Will allow individuals certified in neighboring states to become certified and work in Wisconsin long term care without additional cost and time to the worker. It allows properly trained and willing workers to provide services to our elderly and disabled instead of seeking employment in other industries.

This move will not resolve the entire healthcare worker shortage we are facing. Since 2008 we have done little to significantly impact the ability to attract healthcare workers we have only watched the crisis develop. Now that crisis is upon us, we must take action. Returning to the federally mandated training requirement of 75 hours can be that one thing that has an impact on both increasing the numbers of available trained and certified nursing assistants with the indirect effect of nursing leadership retention.

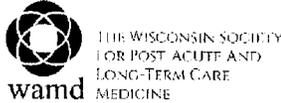
This proposal does not ask for additional Medicaid dollars but make as reasonable request for less regulation.



WI Director of
Nursing Council

WHCA / WiCAL
Wisconsin Health Care Association Wisconsin Center for Assisted Living

LeadingAge™
Wisconsin
Better Services for Better Aging



SUPPORT AB-76 / SB-103 – THE CNA TRAINING BILL

Wisconsin's long-term care providers request your support for legislation aligning the state's Certified Nursing Assistant (CNA) hourly training requirements with the federal standard of 75 hours

WHAT:

Last session, a bipartisan coalition of legislators introduced a bill to align Wisconsin's CNA hourly training requirements with the federal standard of 75 hours. The bill passed the Assembly with bipartisan support but did not pass the Senate before session adjourned.

WHY:

Workforce Crisis: Long-term care providers continue to struggle with an ongoing long-term care workforce crisis in Wisconsin. A recent provider survey found that 1 in 5 caregiving positions remains unfilled – a number that has gotten worse since two years ago, when a study found 1 in 7 caregiving positions unfilled.

In Wisconsin, facilities need individuals to come into the CNA profession. This proposal to align Wisconsin's CNA training requirements with the federal standard would be a significant step to addressing the long-term care workforce crisis through eliminating a barrier in the path to becoming a CNA.

Regional Fairness: Federal law has a minimum requirement of 75 hours of instructional training to be certified as a CNA. However, Wisconsin requires 120 hours of training. Wisconsin facilities are at a significant disadvantage; Michigan, Minnesota, and Iowa all mirror the federally-authorized standard of 75 hours.

Long-term care providers urge you to support legislation which would help alleviate the long-term care workforce crisis with no cost to the state.

BACKGROUND ON THE CNA TRAINING BILL

Federal law has a minimum requirement of 75 hours of instructional training to be certified as a CNA. However, Wisconsin requires 120 hours of instructional training. Wisconsin facilities are at a significant disadvantage with neighboring states; Michigan, Minnesota, and Iowa all mirror the federal standard of 75 hours.

Changing the CNA training requirement is an important step toward helping providers **address our state's long-term care workforce crisis**. The CNA Training Bill earned support from state border legislators on both sides of the aisle who have heard directly from providers that Wisconsin's current training requirements often serve as a barrier to employment, as employers across the border can offer a less burdensome training program for CNA prospects.

Aligning the Wisconsin CNA training standard with the federal requirement creates a clear standard for Wisconsin regulators and providers, as the bill's language aligns Wisconsin's standards with federal standards. If federal hourly requirement standards change, Wisconsin's hourly requirements must also change.

By helping address Wisconsin's long-term care workforce crisis, this proposal will help ensure quality advancement within provider facilities. Without an adequate workforce, it is very difficult for facilities to focus on advancing quality. This policy will help Wisconsin facilities have the staff to maintain quality care. Establishing a 75-hour training standard will address current personal time and resource barriers for prospective CNAs, resulting in more individuals becoming interested in pursuing a CNA opportunity. There clearly is a correlation between adequate staffing and the quality of care provided.

Consider neighboring Minnesota, which uses the 75-hour requirement: in certain quality measures, Minnesota long-term care providers outperform Wisconsin providers; in other measures, Wisconsin providers outpace their Minnesota counterparts.¹ The fact is, no single prevailing factor serves as a single solution for care quality, and each state has unique needs and demands that require different approaches.

Every CNA has to go through eight subject areas as a part of training and a certification test, and that will not change as a result of this proposal. Many facilities care for specific patient populations that require specialized care, and allowing CNAs to get on the floor sooner will help them receive the exact training they need while on the job and through continuing education training requirements.

Further, nothing about this proposal will force CNA training programs across the state to change their curricula. Programs that wish to provide additional training hours will still be allowed to do so; the bill simply prevents the Department of Health Services from *requiring* more than the federal standard.

Providers agree that aligning Wisconsin's CNA hourly training requirements with the federal standard will help address the workforce crisis, which will benefit residents by providing more CNAs to provide the care they need and deserve.

¹ WI Department of Health Services Division of Quality Assurance – Bureau of Nursing Home Resident Care 2017 Data. View at <https://www.whcawical.org/files/2019/02/2018-NH-Survey-Statistics.pdf>.



THE WISCONSIN SOCIETY
FOR POST-ACUTE AND
LONG-TERM CARE
MEDICINE

Wisconsin Medical Directors Support Assembly Bill 76 and Senate Bill 103

Good Morning, Chairman Gundrum and Members of the Assembly on Aging and Long-Term Care Committee, my name is Dr. Ronald Schreiber, MD, CMD. I am from Appleton, and serve as the President of the Wisconsin Society for Post-Acute and Long-Term Care Medicine, also known as the Wisconsin Association of Medical Directors (WAMD). I have been a practicing physician in Wisconsin for more than 25 years. I am Board Certified in Internal Medicine, and am a Certified Medical Director, through the American Medical Directors Association. I serve in the Appleton-Neenah-Menasha area at several skilled nursing facilities.

Thank you for the opportunity to testify before you this morning in support of Assembly Bill 76 and Senate Bill 103, which would ensure that the training standards for Certified Nursing Assistants (CNAs) in Wisconsin mirror the federal CNA training standards.

CNAs are a vital component of the post-acute (post-hospital) and long-term care continuum. We as a society must recognize this, and must encourage growth in this field, especially as our population ages at historic rates. Unfortunately, Wisconsin's shortage of CNAs is worsening over time. We must best prepare for the future to ensure quality care for our aging population.

WAMD recognizes that current state requirements put us at a competitive disadvantage in recruiting CNAs compared to our neighboring states of Minnesota, Iowa, and Michigan, which adhere to federal guidelines. WAMD requests that this be rectified through this important legislation.

The reality is that facilities are largely regulated on the basis of federal regulations. In fact, the Centers for Medicare and Medicaid Services (CMS) just a few years ago went through a significant overhaul of the Requirements of Participation governing facilities participating in the Medicaid program, and the federal CNA training standard of 75 hours was not adjusted in any way. Medical Directors who serve in Wisconsin's skilled nursing facilities across the state – professionals who ensure that quality care is being delivered to the residents that we serve – believe that putting CNA certification standards in line with the federal government establishes consistency of the standards by which long-term and post-acute care facilities are measured and evaluated.

While some may attempt to make this issue about quality of care, in fact, there is actually very little in the medical literature regarding number of training hours as related to quality measures. What data we do have comes from the CMS website Medicare.gov

in terms of nursing home ratings. In Wisconsin, 36% of nursing homes rate as "much above average" (5 star), compared to a range of 36-39% for Minnesota, Iowa, and Michigan. Those ranked "much below average" (1-star) are 9% in Wisconsin, and 5-9% in our bordering states. There is no statistical difference between Wisconsin and our neighbors. Although the five-star rating system does not focus on CNA work exclusively, their level of care and competence certainly affects a facility's rating. Our neighboring states do not suffer in the CMS star rating as a result of their federally-aligned CNA training.

It is important to note several items about this legislation: the bill does not alter testing/competency requirements – all CNAs have to pass the same test regardless of how many hours are in their training program. All required core competencies for CNAs will be covered following passage of this legislation. This legislation does not limit the ability of programs to offer CNA training classes with higher hours, which some programs may elect to do; it only affects whether the Department of Health Services is able to require a program to offer training above the federal level.

Thank you for your attention to this matter. I am happy to answer any questions that you may have about WAMD's support for this important legislation that deserves your support.

Ronald Schreiber, MD, CMD
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TO: Members of the Assembly Committee on Aging and Long-Term Care

FROM: Debora B. Klatkiewicz, NHA and Park Manor Quality Consultant

RE: Assembly Bill 76 relating to: Hours of instructional program for nurse aides.

March 26, 2019

Thank you for the opportunity to speak with you today. My purpose here involves the provisions of this proposed legislation to match Wisconsin's Certified Nurse Aide (C.N.A.) hourly training requirements with the Centers for Medicare and Medicaid (CMS) federal stand of 75 hours.

Personal Background:

- Thirty-eight (38) years of experience in long term care at Park Manor Nursing Home. Until my retirement from day –to-day operations at the end of 2018, I served twenty-five (25) years as the Administrator of Personnel and Regulations. I currently serve as a quality consultant to Park Manor in areas similar to those I was responsible for during my active employment.
- Twenty-three (23) years on the Wisconsin Health Care Association Board including five (5) years as President. Extensive networking and contact with peers in the nursing home profession across the State of Wisconsin.
- An abiding and committed interest in the quality of care and quality of life provided to the residents of Park Manor and across the State of Wisconsin.
- I list my background not to be self-serving, but rather, credible.

C.N.A. Training Requirements:

In 1987 CMS enacted the first major revision of federal nursing home requirements of participation (ROP). Eventually that document provided requirements for instruction of C.N.A.'s of 75 hours. That requirement has not been changed since inception despite several revisions including a massive re-write initiated in 2016 with full implementation in 2020.

In 2008 the State of Wisconsin Department of Health Services chose to change that requirement for instruction to 120 hours. Many objections were raised at this time to no avail. To my recollection there was no empirical evidence that more hours of instruction would equate to a higher quality of care.

My professional objections at the time primarily were:

1. In my experience the 75 hours of instruction plus testing requirements were more than adequate to prepare C.N.A.'s for employment in long term care. The extensive – 10 days or more – one-on-one training the C.N.A.'s received in the employing facilities provided the hands on instruction with real life experience to solidify the class training. The one-on-one training occurs regardless of the length of instruction hours.

2. Workforce issues were already problematic in 2008. Attracting and retaining qualified C.N.A.'s was difficult. My overriding concern was that the increase in training hours would provide even more barriers to individuals who had an interest and an aptitude in being a C.N.A. attached to the increase in 35 hours of training requirements was a corresponding increase in costs and thus another barrier. In the past 11 years this has only become exponentially more difficult.
3. The outcome for existing nurse aide programs at the time was honestly in my opinion adding, "padding" if you will the existing and required areas of training to meet the 120 hour requirement.

Additional Information:

- Facilities strive and struggle to attract, train, and maintain qualified C.N.A.'s to provide the quality of care our residents both expect and deserve. The 120 hour instruction requirement does nothing to improve employment opportunities for facilities or individuals with potential to be incredible and dedicated caregiver. In fact a serious argument could be to the contrary.
- The training component of new employee C.N.A.s continue in skilled rehab and nursing facilities regardless of whether an employee is a newly certified C.N.A. or an experienced C.N.A. new to the facility, and regardless of the length of their instruction as a C.N.A. This training remains a critical and equally important part of employment as a C.N.A.

Conclusion:

I speak both for Park Manor and for my peers in the Wisconsin Health Care Association who have shared for years and at length their concerns regarding the instructional program for nurse aides and workforce issues as well. While we are all advocates and proponents of education and training for all of our employees, this particular development has proven to be onerous, costly, but more importantly unnecessary.

The dedication of the State of Wisconsin – caregivers, regulators, and legislators – is well known and respected. This legislation in its entirety promotes that dedication and reputation while bring fairness back to the table.

Thank you in advance for your support.

Respectfully,


Debora B. Klatkiewicz, NHA

March 26, 2019

TO: Committee on Aging and Long Term Care

FROM: Heidi R. Prellwitz, RN, NHA, Director of Nursing, Park Manor, Ltd,
Park Falls, Wisconsin

RE: Support of Assembly Bill 76

Personal Background:

- Nurses Aide in long-term care March of 1988 – June of 1994, initially certification was not required, passed the challenge exam when the certification requirement was mandated.
- CNA April 2002 – May 2005, then as GN until nursing board exam.
- RN June 2005 to present
- CNA Instructor – August 2008, Involved in expansion of CareAide class from 75 -120 hours
- NHA December 2015
- Director of Nursing January 2016

Testimony:

The elderly have been a part of my life and close to my heart since a young age. During my formative years I spent a lot of time in the company of my grandparents and their friends. Part of this time was with my grandmother as she volunteered at Park Manor, and as a girl scout with my “adopted grandmother”

My first years as a nurses aide were in my mid teens, with seasoned nurses aides doing the training and the mentoring. From them I learned to be caring and compassionate, how to avoid the advances of the frisky elderly gentleman, how to sit at the bedside of the dying resident and hold their hand, reassuring them they were not alone, how to cry with the family over the loss of their loved one, how to laugh with the silly residents performing antics for us, and most importantly how to love the elderly. These nurses aides had no “formal” training, but a character conducive to this type of work, a true love and appreciation of the elderly population, which allowed them to be molded into exemplary nursing assistants.

As a DON and NHA, I can certainly attest to the fact that we are experiencing a severe shortage of CNA’s in our facilities. The current workforce is fortunate to be interspersed with dedicated

CNA's who work until they can't. The level of burnout in these employees is tremendous and continues to soar. We can only work these people so many hours a day. On average, I would estimate we have 2 – 3 shifts open per day. The CNA's have the most physically, mentally and emotionally taxing job in the facility. We are continuously asking them to pick up extra hours, stay for the next shift, or work their days off, which they do, because of their dedication to our residents. In addition, they also work holidays and weekends away from their families, all for meager wages. We have attempted to supplement our CNA workforce with CNA extenders and paid feeding assistants, allowing the CNA to continue with direct care tasks. Although the advantage is the ability to have the CNA doing more hands on tasks, the disadvantage is the CNA loses 1:1 time normally spent bonding and getting to know their residents. At times it appears this has created an assembly line effect. We are taking care of real people, who need our undivided attention.

As one of the primary instructors for the CareAide CNA class in Park Falls, WI, I was intricately involved in changing the curriculum to accommodate the escalation of required hours when the law changed the requirement to 120 hours. There were no new areas of study implemented or increase in subject material. We increased time in the classroom, labs time and clinical time and spread out the current curriculum over the newly required time frame.

When I look at my CNA's and the quality of their work, I can say with absolute confidence, that there is no appreciable difference in the quality of a CNA who took the 120 hour class versus the CNA who took the 75 hour class. The increased time in classroom, skills lab and clinical time does not truly provide the real-life necessary skills of caring, compassion, attentiveness and ability to bond with the residents the new CNA will actually be caring for. This is accomplished in the facility they are employed in as their orientation and on the job training. The average on the job training of the CNA is approximately 80 – 120 hours. This is time spent with the resident population they will be taking care of, with the equipment and resources of the facility they will be working in, learning the intricacies and demands of that facility. There is no comparison to be made of the value of training on real, live residents, in real-life situations, as compared to training in a lab with a dummy, or in a clinical setting where they may be assigned 1 – 2 residents at a time. The true CNA to resident ratio is much higher than 1 – 2/shift. This is variable by facility, and the population they are working with. It averages from 1:8 – 1:14 in most facilities that I have talked to. Although the increase in hours required to complete CNA certification included increased clinical time, it remains a pale comparison to the value of hands-on experiences.

Additionally, I would like to point out some barriers to obtaining CNA certification. At 120 hours, this population of prospective employees most likely cannot spare to be without a paycheck for 3 weeks. That, coupled with the costs of the class, books and testing, only further deters potential candidates. When considering our facility CNA class in particular, this poses a

hardship for the facility trying to replace a full-time RN (or 2) for 3 weeks to be the instructor for this class. A reduction of class time to 75 hours would alleviate all these stressors for the CNA candidate as well as facilities that have a CNA class.



March 26, 2019

Re: Support for Assembly Bill 76, the CNA Training Bill

Dear Members of the Assembly Committee on Aging and Long-Term Care,

Hello, we are honored to be here today and have our voices heard. We are from a company called Eden Senior Care. Dovie Mauer is a Licensed Nursing Home Administrator & Channie Lifisics is a Registered Nurse; we are the Regional Directors for ten Skilled Nursing Facilities in the State of Wisconsin, as well as assisted living facilities in this state. Channie also is directly involved in clinical services for four skilled nursing facilities in the State of Minnesota.

We are here today to ask for your consideration of our support for Assembly Bill 76, as an Administrator and Registered Nurse. We see firsthand every day the reality of our healthcare worker crisis, and the impact your support for this bill will have.

The healthcare workforce is severely understaffed - not by choice. We have been discussing the arrival of this day for many years. The day that the population of caregivers will be insufficient to care for our generation of aging and retiring baby boomers. The day has come. We are in desperate need of healthcare workers. One in every five posted positions for health care aides remains unfilled.

Nursing facilities are making do with the absolute minimum staffing allowable. Not because they choose to, but because they HAVE to. There is no one to fill the vacancies. We often hear when visiting a facility, "We need more staff". It is the most common challenge we face as Regional Directors of Operations & Clinical Services in Long Term Care. It is not Infection Control, nor Restorative Nursing, nor management of complex disease processes that Channie is working on day after day. It is staffing.

We walk in to a facility – such as our skilled nursing facility in Milwaukee, Edenbrook Lakeside – and are told, "we need more staff." AND WE AGREE. Where do we get them? How? Every day that goes by, with openings unfilled, we are putting further stress on those staff that we DO currently employ. We rely on them to work extra, to cover a little more – maybe a double? Maybe a weekend? But that can go on for only so long. We are burning our current healthcare workers out. They are exhausted. They are overworked. We value their work but recognize the current structure is not sustainable. There is no one to come relieve them.

Our staff have said, "bring in agency workers." And we do, because we have no choice. But agency workers mean that we must bring in higher paid, less familiar, less consistently reliable staff. Agencies face the same problems we do. In Wisconsin, 85% of agencies report that they do not have enough staff to cover all shifts. We often turn to agencies to supplement our staffing, only to hear that they have no one for us, or the confirmed aide cancels on short notice. Agencies – that are paying often upwards of \$5 more per hour- cannot keep pace with the demand. They cannot fill their vacancies- consider the picture for nursing facilities.

The shortages in front line staffing has a "trickle up" effect. Registered Nurses do not want to continue to work with shortages in nursing aides. Just because the aides are not there- does not mean the work goes away. The result is that the Registered Nurses are struggling to assist their aides- and complete their own



tasks as well. They feel the squeeze. They feel the guilt. Every time a Resident is sent out to the hospital, they wonder to themselves- "Would I have caught this? Would I have seen something earlier, if I was not busy helping to feed, or helping to shower?" They are burning out.

It reaches all the way up to our Directors of Nursing. Turnover at the management level is associated with poorer outcomes. 47% of Directors of Nursing leave their positions within one year. The most commonly cited reason for leaving is staffing challenges.

The crisis is here. There are not enough workers to provide care. Many facilities must turn residents in need of care away. Our facilities have had to limit admissions due to insufficient staff. Others have shut their doors, leaving entire communities with no care options for many miles.

We must look for solutions. If we as a society truly want to show that we value the care of our elderly, we must be creative, we must look to make a change. This bill is a way to help.

The federal requirement for CNA training is a minimum of 75 hours. Minnesota's requirement is 75 hours. Many of our surrounding states such as Michigan & Iowa also use 75 hours. Wisconsin requires 120 hours. That is an additional 45 hours more than the federal requirement, and 45 hours more than many of our surrounding states. We are not performing better than our neighboring states in Quality Measures, clinical outcomes, or survey citations. We must consider that this is creating a barrier to entry for those wishing to enter this field. Forty-five additional hours without a paycheck is the deciding factor for many in choosing a career in healthcare or in other fields.

Regardless of minimum training hours per state, ALL must sit for the same competency exam. All must take part in facility orientation and competencies, as well as continuing education. Education does not end with formal schooling. It continues in the field, on the job, with continuing education provided by skilled nursing facilities. As a new graduate nurse, Channie's best education was on the job, not in the classroom.

Instead of raising the bar with additional training requirements, we have created a BARRIER. A barrier to entry into the healthcare field. This extra training amounts to 45 additional hours that must be paid for, and more than an additional week without a paycheck. This is unfortunately enough to be the deciding factor in choosing a career path for many.

What we ask of you today is simple. It does not cost money. It helps to get more workers into the workforce. More workers in the workforce will allow for residents to receive the care they need and deserve. It will allow for skilled nursing facilities to keep their doors open. To accept those that need care. Please vote to align our nurse aide requirements with the federal standard. We ask you, do not build barriers when we can pave the way.

Thank you for your time,

Dovie Mauer, LNHA
Regional Director of Operations
Eden Senior Care
Cell: 773-301-3357

Channie Lifscics
Regional Director of Clinical Operations
Eden Senior Care
Cell: 773-875-3551

LeadingAge™
Wisconsin
Better Services for Better Aging

Date: March 26, 2019

To: Members of the Assembly Committee on Aging & Long-Term Care

From: John Sauer, President/CEO, LeadingAge Wisconsin

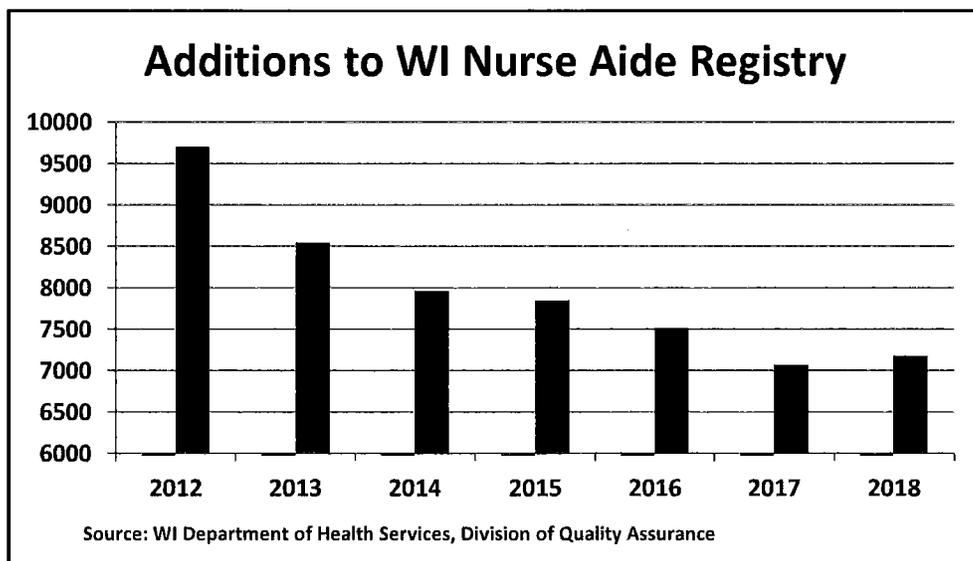
Subject: AB 76, relating to hours of instructional program for nurse aides.

Chairman Gundrum and Committee members - thank you for this opportunity to speak with you today about AB 76.

My name is John Sauer and I am the President/CEO of LeadingAge Wisconsin. LeadingAge Wisconsin is a statewide Association representing mission-driven skilled nursing homes, assisted living facilities, and other community-based providers in Wisconsin. Specifically, the Association represents 185 skilled nursing facilities in Wisconsin who are facing a workforce crisis.

As you know, Wisconsin's population is aging. As baby boomers begin to retire, our State's overall labor force supply is expected to decline while the demand for health care professionals will continue to rise. According to the Department of Workforce Development (DWD), the demand of long-term care workers is over five times the projected growth rate compared to all other industries.

To offer some perspective on the employment challenges facing the nursing home provider community, please consider the disturbing trend in the number of new certified nursing assistants (CNAs) annually added to the State's nurse aide registry since 2012:



As noted in the chart, the number of annual additions to the CNA registry has declined by over twenty-five percent since 2012. This is an alarming situation knowing that Wisconsin is already

experiencing a crisis-level shortage of direct care workers, as reported in our 2018 Workforce Report. That is why I am here today to discuss the need for AB 76. We must remove barriers for people entering the long-term care field, and we must begin to explore other ways to attract more workers into this field.

To be sure, AB 76 will not single-handedly solve the state's long-term care workforce shortage. What it does do, however, is offer an opportunity for long-term care providers to manage their training programs in a way that allows them to better compete for workers. To this point, I offer the following considerations:

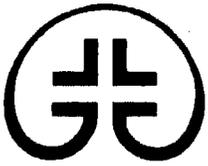
First, the current training requirement of 120 hours is a barrier for persons looking to secure a job that pays \$12-\$14/hour. Asking potential CNAs to enroll in a training program before they can secure a job, most often means they are doing so at great expense while forgoing wage-earning time. Reducing the number of hours of classroom training time means a person does not have to sacrifice 45 hours during which she or he incurs costs but most often is not compensated. We have heard from members who recognize that additional training time can be a barrier to employment because individuals may elect to pursue another job that is less demanding, does not require them to forego wages, and/or is immediately available (e.g. Kwik Trip).

Secondly, the provider community agrees that the success of a person serving as a CNA is largely determined by what happens AFTER she or he is hired by the nursing home. It is what occurs during the first 90 days of employment, such as the on-the-job training, mentoring, buddy system, in-service education, and resident-staff ratios during the extended orientation program; combined with the overall culture of the mission-driven organization, that determines a CNA's success. These factors are far more important than the pre-employment classroom training. That is why LeadingAge Wisconsin has made available to members extensive resources/tools on CNA leadership, in-service training, retention strategies, mentorship, team building, communications and competency programs.

Third, without an adequate workforce, it is very difficult for facilities to focus on advancing quality. Our Board of Directors noted that a 75-hour training program can help to attract more aides into nursing homes, allowing them to address quality concerns through adequate staffing. This will help address overtime, double shifts, less than desirable staff-resident ratios, and the need to use pool help. Our RNs have said to us, "Find me the caregiver staff, so we can provide the best care possible; let us train and coach the new CNAs. We can't train and coach persons who never enter the field."

Lastly, the bill does not force training programs to go to 75 hours. If some or most the training programs want to remain at 120 hours, or choose something in between, they will be able to do so. We expect those training programs located near the neighboring states of Minnesota, Iowa and Michigan who are all at the federal standard, to recognize the competitive nature of CNA employment and offer a 75-hour program. **Regardless of the number of training hours offered, all students will be required to pass the SAME competency test (written and clinical skills).**

Thank you for allowing me the opportunity to speak today in favor of AB 76. I am happy to answer any questions at this time.



Bethany St. Joseph Corporation

2501 Shelby Road, La Crosse WI 54601 608-788-5700 Fax 608-788-4030
www.bsjcorp.com

Inspiring Life, Hope and Healing

March 26, 2019

To: Members of the Assembly Committee on Aging and Long-Term Care
From: Craig Ubbelohde, Executive Director, Bethany St. Joseph Corporation
Re: Assembly Bill 76 (AB 76), related to CNA Training Hours Requirements

Dear Committee Members,

I am Craig Ubbelohde, and I am a family member of a nursing home resident; I am an advocate for seniors in Wisconsin; I am a card-carrying AARP member; I am formerly a nursing assistant; I am a licensed nursing home administrator; and I am the CEO of Bethany St. Joseph Corporation in La Crosse, which operates skilled nursing facilities in La Crosse, Onalaska, Westby, and Galesville.

I have been a family member of nursing home residents in Wisconsin, going back to 1964. Grandma Esther at the St. Croix County Health Care Center and later the Area Nursing Home of Colfax; Grandma Helga Bjerkness at the Area Nursing Home of Colfax; my Great Uncle Herman in Houlton, WI; Grandma Amanda Dahlke, of Houlton, WI; my mother for short term rehab at Colfax Health and Rehabilitation in 2017; and for the last year and one half, my father, at the Neighbors of Dunn County. I share this background as a family member, because it is how I came to have the professional life and career that I have been so passionate about.

I have worked in Wisconsin nursing homes for 41 years; 36 years as a licensed nursing home administrator or CEO of long-term care organizations in Wisconsin, and 5 years as a nursing assistant. In 1977, one of my friends suggested that we take the nursing assistant training course being offered at our hometown skilled nursing facility. That experience was the beginning of a 41-year career to date. My friend went on to become a physician at the Marshfield Clinic.

At that time, there were no "hours" requirements for nursing assistant training programs, nor formal testing programs. I estimate that the program was 70-75 hours and included clinical hours. When hired, additional orientation time was provided on the floor working as an extra.

When federal requirements for nursing assistant training were established, the "hours" requirement was set at 75 hours. In 2008, Wisconsin increased its training requirement to 120 hours, while our neighboring states maintained the 75-hour requirement. I opposed the increase at that time for the following reasons:

- Students would have another 45 hours of training time that would be uncompensated, creating a barrier to entry into the health care field.
- Training programs would have to dedicate more precious RN hours to provide the additional training program. This takes them away from other responsibilities such as covering shifts caring for residents or tending to other administrative responsibilities.

- Technical colleges would raise the fees being charged to students, increasing the direct costs of attending, in addition to the other financial costs of quitting a job to attend the training.
- No additional reimbursement would be provided for the increase in the number of hours.

It turns out that all these predictions came true, including one that I did not foresee. And that is the university nursing programs, physical and occupational therapy programs, and other health occupation programs would require the completion of the nursing assistant training program as a requirement for admission to their program. This means that some of the nursing assistant training programs are filled with students who really have no intention of ever actually working as a certified nursing assistant. They are merely in the training program to meet the requirement of their educational program.

The disparity in training hours between Wisconsin and neighboring states creates another problem for us and makes Wisconsin a net worker exporter. In our area, there is a training program in Winona, MN but workers trained in that program are not eligible to work in Wisconsin nursing homes. Yet, Wisconsin trained nursing assistants can work in Minnesota nursing homes, and with better Medicaid reimbursement, Minnesota nursing homes can offer higher pay.

The situation we are facing today is one of extreme shortages of people coming into nursing assistant training programs; a shortage of Registered Nurses which is a barrier to providing the instructors for the training programs; and a shortage of training programs in general. In our area, \$6,000 signing bonuses are being offered for registered nurses.

AB 76 will not solve all the issues regarding our direct care worker shortage, but it would go a long way to help the situation. In summary, I support AB 76 which would prevent the department from requiring more training hours than required by federal regulations, for the following reasons:

- Bringing Wisconsin's training requirements to par with the neighboring states would open a pool of graduates from training programs across our borders, for employment in our facilities.
- Reducing the "hours" requirement would reduce the economic barriers for those seeking nursing assistant training. Fewer unpaid hours of time would be required on the front end, opening opportunity for those Wisconsinites at lower economic levels in Wisconsin.
- Additional training programs may be offered by facilities as RN trainers would be pulled away from other duties for fewer hours. When they are training, they are not available to cover open shifts for caring for the residents.

- With the reduction in hours, one would hope the fees at the technical colleges for the program could be reduced, which would reduce the economic barrier to this entry level job.

From the Western Technical College website, including application fees, background checks, accuplacer testing fees, course fees, textbook fees, workbooks, handouts and dvd fees, a uniform patch, the course fees and testing fees, the direct out of pocket cost is \$738.23 on the front end. Add in \$50 - \$75 for a uniform and you are at \$800. Do you know many high school juniors or seniors who can come up with \$800 on the front end? How about single moms employed in another career, earning \$10? Can they afford to quit that job while they attend an unpaid 120-hour training program, while still obtaining child care so they can attend?

Additional costs include travel to the course site, estimated at \$100. Lost wages, at \$10 per hour x the extra 45 hours is \$450 in lost wages. This puts the economic front end barrier at over \$1,300.

Our organization has tried everything including providing tuition scholarships for students in CNA training programs. We have an outside provider providing training programs at a site on our campus, yet we can't get enough graduates through the program. We start CNAs at nearly \$14 an hour with no experience and have a comprehensive benefit program. Medicaid reimbursement for skilled nursing facilities does not cover the cost of care, which is roughly 70% of a facility's costs which puts us at a competitive disadvantage with hospitals in our community. The only barrier we can't remove as an organization is the excessive "hours" requirement for the training.

In 1977, the only cost to me to become a nursing assistant was a few hours a night after school. If I had faced the same economic barriers as exists today, I doubt I would have ever entered the training program. Please pass AB 76 so we can increase the pipeline of trainees, so we can fill unfilled positions, and so we can increase the opportunities for Wisconsinites at the lower level of economic circumstances. I have seen staffing challenges cycle up and down throughout the years, but this time it is different. It hasn't been a three- or six-month difficult stretch. It has become ongoing since 2016. Our existing staff work more hours than they desire, in order to pick up shifts. This becomes more costly as facilities must up the ante to cover night shifts, weekends etc., when staff are already stretched to the limit. Completing a nursing assistant training program and working with the elderly can serve as a jumping off point to further training as a licensed practical nurse and registered nurse, as well as other health occupations. In my case, it led a sixteen-year-old high school junior to a lifetime of service to the elderly.

It is my professional opinion, and my personal opinion as a concerned family member, that it is in the best interests of the residents in our skilled nursing facilities, the staff who care for them, the organizations that employ them, and for the long-term care system in Wisconsin, that the training hours required for certification as a nursing assistant be changed to match the federal requirement and neighboring states' requirements of 75 hours of training.

Thank you.

Sincerely,



Craig Ubbelohde,
Executive Director

ADULT DAY CARE

MERIT Centre North - La Crosse
MERIT Centre South - La Crosse

SENIOR HOUSING

Assisted Living
Laurel Manor - Onalaska
Prairie Home - Holmen
Salem Terrace - West Salem
Shelby Terrace - La Crosse

SENIOR HOUSING

With Support Services
Eden House - Galesville
Friendship House - Westby
Mill St. Manor - West Salem
OnaMain - Onalaska
OnaTerrace - Onalaska
Welcome Home - La Crosse
Windsor Place - La Crosse

SKILLED NURSING & REHAB

BSJ Care Center - La Crosse
Marinuka Manor - Galesville
Norseland Nursing Home - Westby
Onalaska Care Center - Onalaska

MEMORY CARE

'Avalon' at BSJ Care Center - La Crosse



To: Honorable Rick Gundrum, Chair
Assembly Committee on Aging and Long-Term Care

From: Michael Pochowski, CEO
Wisconsin Assisted Living Association (WALA)

Date: Tuesday, March 26, 2019

Re: **Support for Assembly Bill 76**

Chair Gundrum and members of the Assembly Committee on Aging and Long-Term Care.

I am Michael Pochowski, CEO of the Wisconsin Assisted Living Association (WALA). We represent 1,500 assisted living facilities across the state serving 20,000 residents and employing tens of thousands of employees.

On behalf of WALA, I am testifying today in support of 2019 Assembly Bill 76, legislation that conforms state law for instructional programs for nurse aides to the federal law requirements. As the summary of the bill indicates, current federal regulation requires no less than 75 hours of training with at least 16 of those hours being supervised practical training.

While assisted living facilities are not required to hire Certified Nursing Assistants (CNAs), many do as the profession strives to best serve our residents' increasing care needs and to promote quality care. In fact, many of our members also employ Licensed Practical Nurses (LPNs) and Registered Nurses (RNs).

Our support for this legislation comes at critical time in the long-term care profession. As most here today understand all too well, the long-term care profession is facing a serious workforce shortage crisis that is straining the ability of providers to maintain quality care, which has led to operators suspending admissions, discharging residents, and in some cases closing their facilities.

Today, demand is outpacing the supply of CNAs and other critical caregiver positions needed in the long-term care workforce. Aligning Wisconsin with the federal requirements will help with meeting that demand. By no means will this legislation solve the caregiver shortage, but I believe it is an important component to the larger solution.

WALA - Wisconsin Assisted Living Association

P.O. Box 7730 - Madison, WI 53707-7730 • Phone: 608/288-0246 • Fax: 608/288-0734 • info@ewala.org • www.ewala.org



ARGENTUM
ESTABLISHED 1988

STATE PARTNER



Assisted living, along with the entire long-term care profession, need to adequately attract and retain qualified caregivers. CNAs are an important part of that system.

This legislation will help alleviate some of the stress we are facing, while at the same time meeting the same requirements most states and the federal government demand. Adding more individuals into the CNA profession will help toward the overall goal of alleviating the workforce crisis we have been facing over the past several years.

Two weeks ago, WALA held its annual spring conference where we convened a think tank session that focused on analyzing strengths, weaknesses, opportunities, and threats to carrying out the mission of assisted living. This legislation was identified as something the assisted living profession should support. Further, some members spoke to this legislation likely helping our rural assisted living facilities that are located near the Minnesota and Michigan borders. These assisted living facilities are having a particularly difficult time attracting CNAs as both Michigan and Minnesota maintain the 75-hour federal standard and thus putting them at a significant competitive disadvantage.

For these reasons, I respectfully request your support of Assembly Bill 76 and its companion Senate Bill 103.

Thank you for your time and I would be happy to answer any questions.

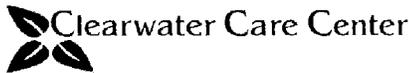
WALA - Wisconsin Assisted Living Association

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ARGENTUM
EXPANDING HORIZONS

STATE PARTNER



March 26, 2019

Dear Members of the Assembly Committee on Aging and Long-Term Care,

Thank you for taking the time today to hear public testimony on Assembly Bill 76, legislation which would match Wisconsin's CNA hourly training requirements with the federal standard of 75 hours, including 16 clinical hours. We are administrators from long-term care facilities in your districts and we write today to encourage you to support this important legislation.

As administrators in Wisconsin nursing facilities, we are committed to providing excellent care to our frail elderly and disabled residents. But right now, providers across the state face a serious caregiver workforce shortage which, if left unaddressed, could severely limit access to care.

Many facilities are feeling the pinch as we are unable to find CNAs to fill needed shifts. This has led to many providers having to rely on current staff to work overtime to meet the needs of our residents, which can lead to burnout and more rapid staff turnover. Many providers also are forced to limit admissions – even though beds are available – because we don't have the CNA staff we need to care for more residents. It is never easy to tell a senior in need of care who has lived in the same community their entire life that they must look for care the next town over, or in some instances, hours away.

As administrators, we are responsible first and foremost for the health and quality of life of our residents. We care deeply about their wellbeing and we work to earn their trust during a period of their lives which is often difficult and emotional – for residents and their families. As Wisconsin's population continues to age, the legislature must act now to help address the CNA workforce shortage and ensure Wisconsin's seniors and disabled citizens are able to live with dignity and respect, receiving the care they need.

Assembly Bill 76 is an important measure to help long-term care providers bring more CNAs on staff. The bill eliminates a current barrier for many applicants who may not be able to afford to pay for Wisconsin's current training hours and who certainly cannot afford to go many additional weeks without a paycheck for training classes.

As constituents and employers in your districts, we respectfully ask you to support this bill to help protect the vulnerable residents we serve. Thank you for your consideration.

Sincerely,

The undersigned:

-OVER-

ASSEMBLY DISTRICT 19

Dovie Mauer, LNHA
Regional Director of Operations
Edenbrook Lakeside
Milwaukee, WI

Channie Lifsis
Regional Director of Clinical Operations
Edenbrook Lakeside
Milwaukee, WI

ASSEMBLY DISTRICT 28

Patricia Linehan, NHA
Frederic Nursing & Rehabilitation Community
Frederic, WI

Melissa McArdle
Riverbend Assisted Living
Amery, WI

ASSEMBLY DISTRICT 42

JoAnn Evans
Randolph Health Services
Randolph, WI

ASSEMBLY DISTRICT 58

Dawn Gordon
The Pavilion at Glacier Valley
Slinger, WI

ASSEMBLY DISTRICT 74

Tammy Kurtz
Ashland Health Services
Ashland, WI

Melissa Estain
Court Manor Health Services
Ashland, WI

Dale Kelm
Birch Haven Senior Living - Bears Hollow
Birch Haven Senior Living - Eagles Ridge
Ashland, WI

Sharon Schultz, NHA
Park Manor
Park Falls, WI

Kathy Hilgart-Schraufnagel
Birch Haven Senior Living - Falcons Crest
Birch Haven Senior Living - Timbers Edge
Ashland, WI

Joe Simonich, NHA
Villa Maria Health & Rehab
Hurley, WI

ASSEMBLY DISTRICT 85

Erica Poole, NHA
Wausau Manor Health Services
Wausau, WI

ASSEMBLY DISTRICT 91

Randy Rennock
Clearwater Care Center
Eau Claire, WI

ASSEMBLY DISTRICT 92

Stacy Suchla, MBA, NHA
Grand View Care Center and Grand Avenue Assisted Living
Blair, WI

ASSEMBLY DISTRICT 93

Kevin H. Larson, BSHCA, CNHA, FACHCA
Spring Valley Senior Living
Spring Valley, WI

Carla Hutter, RN, RAC-CT, WCC, NHA
Plum City Care Center and the Seasons
Plum City, WI

Testimony in Opposition to AB76
Judy Gmach March 26, 2019
Assembly Committee on Aging and Long Term Care

Good Morning. My name Judy Gmach I am from Sheboygan WI. I am a retired nurse who has worked in nursing homes and now serve and a volunteer advocate for AARP Wisconsin. AARP Wisconsin has over 850,000 members over age 50. We advocate on their behalf before the legislature and other policy groups. We come before you to object to AB 76 which proposes reducing the training hours needed to become a certified nursing assistant in Wisconsin. We believe that passage of this bill would reduce the quality of care in the nursing home and in homecare settings. This is a bad idea which should not happen.

I bring to this discussion a background in health care. I have been a RN since 1984. I have worked in Nursing homes, hospitals and home care. In my first job as an RN I was responsible for 52 patients. I had one LPN to help with meds, and 4 CNA's to do all the personal care, feeding, baths, etc. Actually I worked at Rocky Knoll with Dr. Evers, the governor's dad. In a nursing home it was my job to pass meds, do dressing changes, tube feedings, do care plans on all 52 residents and update them as changes occurred. I also had to do medical charting and a weekly summary of care on each resident. There is no way a person can do all of that alone. You have to work as a team. I depended on the CNA's to be my eyeballs. They are responsible to report bruising, difficulty chewing and swallowing, changes in ability to transfer, stand, walk, talk. They report unusual odors, looking for infections. When they report the RN follows up and in turn reports changes to the doctor, family and updates the care plan and is responsible to report changes to the rest of the staff. If those eyeballs don't recognize what they see, or if they fail to report changes, the resident suffers. Nursing homes now handle patients that were kept in the ICU when I began nursing. That means tougher assessments and treatments, more equipment to use and maintain. The CNA's have to move that equipment to meals and back, to therapy and back and need to know how to plug in, charge, and clean that equipment. They need to know how to behave during emergencies...fire, tornado, flood, AND now shooter emergencies. Each facility is different with their own protocols but many of these skills are part of the required training. CNA's are part of emergency management. They call 911, move patients and equipment to safety, close drapes and fire doors, and calm the residents. They feed residents and have to be able to read and recognize what is on a diet card. They need to know CPR and the Heimlich maneuver.

In preparing to testify today I consulted with a friend who is a very experienced CNA and is still working in a nursing home. She shared the following email with me which I would like to read to you. She wrote:

"They are someone's mom, father, grandmother, grandfather, sister, or brother. You treat them as you would like your family to be treated" This quote was the first thing that was said by my instructor, and it has been something that has stuck with me throughout my CNA career. From the hospital aspect, to hospice, and the nursing home it's something I tell every new CNA that I train. As a CNA we are the eyes, ears and the advocates for our patients. We are the faces they see every day. So with that being said, there is a bill out there that wants to cut some of the education part of the CNA program. And why is that? Does it save money? Maybe time?

Being a seasoned CNA has the best benefits. We were taught the old school way of things. We were very hands on, which meant eyes were on as well. We were educated in our classes what to look for, what to see, what to report. I feel that if education times are cut these skills will never reach their true potential. One has to learn it and then apply it to their job. One has to remember that these patients deserve the best care they can get, and getting someone that is under informed may be a threat to their life. Some of the patients I have encountered have been transferred right out of ICU and then placed on the rehab unit in a nursing home. Patients like these come with devises, instructions, incisions, cancer or even new organs. How is a minimal education going to help these type of patients?

The burden of a minimally educated CNA is huge. Not only does the seasoned CNA have to teach the newbie, but they are working longer hours with less and less staff. So the seasoned CNA plate is full even before having to train the new person. So the class whips CNA students out of these classes and throws them into the lion's den. The pressure of the job should not come when training.

So what benefits the less educated CNA? Has anyone thought of how the patient would feel or trust? Again this could be your mother having an uneducated CNA. Would you go to a doctor who only had 4 years of college?

I agree with my friend. Those cared for by today's CNAs have more acute medical needs. The equipment and treatments are more complex and the level of care expected to be provided by a CNA is greater than ever. This is not the time to be lowering the training requirements. Those of us in the field that work with and value CNAs urge you to vote no on this bill. It is bad for CNAs. It is bad for the Care team. It is bad for the patient. AARP urges you to vote No.

Thank you for this opportunity to testify.



Greater Wisconsin
Agency on Aging Resources, Inc.

**Testimony of
Janet L. Zander, Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources, Inc.**

**Before the Assembly Committee on Aging and Long-Term Care
March 26, 2019**

Re: Opposition to AB 76 reducing required hours of instructional training for certified nurse aides (CNAs)

Chair Gundrum, Vice-Chair Petryk, and members of the Aging and Long-Term Care Committee:

My name is Janet Zander. I am the Advocacy & Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, one of three Area Agencies on Aging in Wisconsin. We provide training and technical assistance to support the successful delivery of aging programs and services in 70 counties (all but Dane and Milwaukee) and the 11 tribes in Wisconsin. I am also a member of the Wisconsin Aging Advocacy Network (WAAN), a collaborative group of older adults and professional aging associations and organizations – including the Wisconsin Association of Area Agencies on Aging, the Wisconsin Association of Senior Centers, the Wisconsin Association of Nutrition Directors, the Wisconsin Association of Benefit Specialist, the Aging & Disability Professionals Association of Wisconsin (representing aging unit/ADRC directors and managers), the Wisconsin Adult Day Services Association, the Alzheimer's Association SE Wis. Chapter, the Wisconsin Institute for Healthy Aging (WIHA), and the Wisconsin Senior Corps Association (WISCA).

Thank you for the opportunity to testify this morning on AB 76; proposed legislation that would **prohibit the Department of Health Services from requiring instructional programs for certified nurse aides to: exceed the federal required minimum total training hours (currently set at 75) or minimum hours of supervised practical training (clinical experience) specified in the federal regulation (currently 16 hours and part of the total 75 hours of training).**

Lowering the training requirements for certified nurse aides (CNAs) has been proposed to:

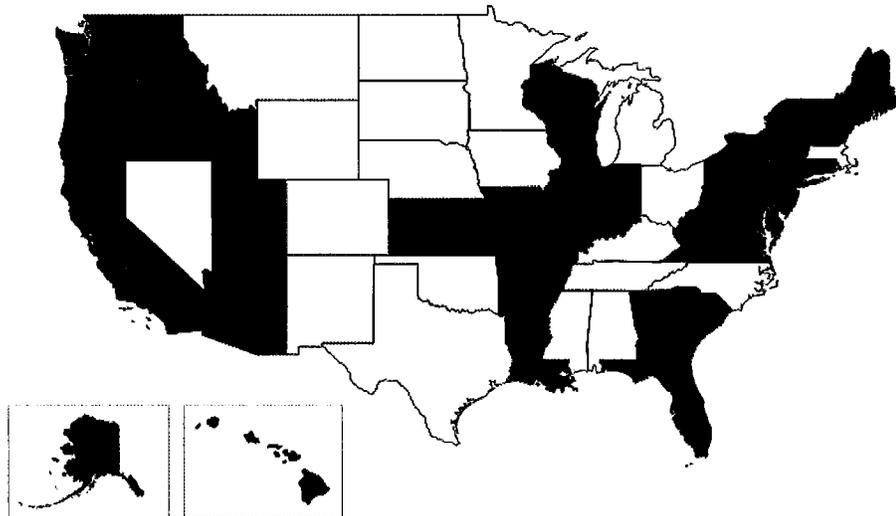
1. **Address our state's long-term care workforce crisis** by reducing the required total training by 45 hours and the clinical training by 16 hours (from 27% of the total hours to 21%); and
2. **Create regional fairness** by lowering Wisconsin's required training standards to the federal minimums to match the required hours in border states – Iowa, Michigan, and Minnesota.

The WAAN like other aging and long-term care advocates is very concerned about the crisis level shortage of CNAs and other direct care workers in our state available to provide essential care for older adults and people with disabilities in skilled nursing facilities, assisted living facilities, and in their own homes and other community-based locations. We know this shortage affects individuals living and working in both urban and rural areas. We also understand geographic areas bordering another state face some unique challenges in recruiting and retaining workers. **We believe these challenges will not be addressed by lowering the required hours of training for CNAs.**

Wisconsin is not alone in facing a severe shortage of CNAs and other direct care workers. The fact is, surrounding states and states across the country are struggling to find workers to provide essential health and long-term care. Workforce shortages are an issue nationwide¹. This includes the states of Minnesota^{2,3} and Iowa⁴ whose training programs for CNAs utilize the minimum hours required under federal law. Lower training requirements have not insulated these states from experiencing workforce challenges. There are many proposals and workplans to address the shortage of direct care workers occurring in this nation. We have not found one, outside of Wisconsin, that is proposing to *reduce* the required training hours for workers as a solution nor have we found any research to support that lowering the training will entice new workers into the field. In addition to policy reforms that increase wages and benefits, many states are taking steps to strengthen the workforce by *improving* training and creating career advancement opportunities.

As of December 2016, **over half the states** (30 states and the District of Columbia) **in the country require more than the federal minimum (75 hours) total nurse aide training hours.**⁵ The Institute of Medicine recommends that “Federal requirements for the minimum training of certified nursing assistants (CNAs) and home health aides should be **raised to at least 120 hours...**”⁶

**Nurse Aide
Training Requirements**
■ 120+ Hours
■ 76-119 Hours
□ 75 hours



PHI National - https://public.tableau.com/shared/8DZJJB7CD?:display_count=yes

Of additional note, are the over 30 states that require more than the minimum (16 hours) of clinical training (including Illinois [40 hours/33% of the total training hours], Iowa [30 hours/40% of total], and Wisconsin [32 hours/27% of total]). The federal requirement calls for at least 21% of the total training time to be clinical (hands on) training (at least 16 of the total 75 hours). Current Wisconsin regulations require at least 27% of the total training time to be dedicated to clinical training (32 of the 120 hours). In some states, clinical training exceeds 50% of the total training hours. **A higher ratio of clinical to didactic (lectures and textbooks) hours would move students out of the classroom and into the workplace more quickly and has been proven to result in better resident care outcomes. “Nursing homes in states requiring clinical training hours above the federal minimums (i.e. >16 hrs.) had significantly lower odds of adverse outcomes, particularly pain, falls with injury, and depression.”**⁷ In other words, lowering Wisconsin’s

required clinical training hours to the federally required level of 16 hours (a 50% reduction from the current 32 hours of clinical training required) has the potential to cause increased risk of negative consumer/resident impacts.

The complexity of caring for nursing home residents has increased substantially since the federal CNA training requirements were established with the passage of the 1987 Nursing Home Reform Act. Considering the increased complexity of providing care, a 2006 study completed by the AARP Public Policy Institute examined how many hours of initial training and clinical training are needed for CNAs to be prepared to provide good care. The results of the study suggested several recommendations for improving CNA training programs including, but not limited to: increasing the 75-hour federal minimum requirement to at least 100 to 120 hours (which may reduce CNA turnover, thereby improving the quality of care and reducing the costs associated with high turnover rates) and increasing the clinical training to at least 50 to 60 hours.⁸

Changes to the training hour requirements will impact new CNAs working not only in skilled nursing facilities, but also in hospitals, home health agencies, hospices, and intermediate care facilities for individuals with intellectual disabilities. Each of these settings provides some unique opportunities and challenges for both new and seasoned workers. All these work environments count on their CNAs, the frontline workers, to be the eyes and ears for their nurses to alert them to any changes noted in a customer/resident's status. Whether they are helping customers/ residents with a bath, to use the bathroom, to dress for the day, or assisting individuals with meals, their assistance with activities of daily living helps older adults and people with both short and long-term disabilities meet their basic needs. CNAs help caregivers too, as often they work together to support older people and people with disabilities in their homes and communities. The curriculum for these workers includes training in: communication and interpersonal skills, infection control, safety and emergency procedures, basic nursing skills, personal care skills, basic restorative services, client/resident rights, and dementias. Each one of these areas of training (and practice) is critical to helping workers achieve the competence and confidence needed to successfully serve in this role. Quality care and a stable workforce depend on providing CNAs with the training needed to be well-prepared for their challenging and rewarding jobs.

Older adults and people with disabilities need and deserve the best, safest, quality of care that can be provided. The current shortage of workers puts this care at risk and threatens the future of many local providers. We all have a stake in ensuring a quality workforce exists to meet current and future care needs. Let's work together to find solutions that will alleviate the workforce shortage in a manner that will do no harm to these valuable workers or those in their care.

Thank you for this opportunity to testify. I look forward to continuing to work with you to shape public policy that improves the quality of life of older people throughout the state.

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Testimony for Assembly Bill 76

Tuesday, March 26, 2019

In November, the Washington County Board passed 2018 Resolution 57 to support this legislation. Last session, an exact bill was introduced, which passed the Assembly. The bill federalizes Wisconsin's 120 classroom hours for CNAs. Federal regulations and neighboring states require 45 fewer hours. The goal of the legislation is to ensure quality CNA candidates quickly enter the pipeline and are on the nursing floor learning the facility culture and residents' needs. Wisconsin faces a shortfall of qualified CNA and other nursing aides. Washington County's Samaritan Campus has approximately twenty openings for CNAs.

The entire change for the bill is this: *The department may not require additional instructional hours to exceed the federal required minimum under 42 CFR 483.152 (a).*

Because most regulations for skilled nursing facilities are written and enforced by the Federal Centers for Medicare and Medicaid, using the federal standard makes sense. Under the bill, should the federal standard change, so would Wisconsin's. Elsewhere in Wisconsin regulations, it is not required for all nursing aides to be certified. For instance, some assisted living facilities may hire nursing aides who are not registered. This is the case in Washington County's Samaritan Campus as we have both assisted living and skilled nursing facilities.

For about thirty years, the federal government has required states to create nursing aid training programs and establish requirements for competency. For most of those years, Wisconsin required the federal standard of 75 hours. The CNA training hour requirement is written in administrative rule and has not been set by the Legislature. It is important for Wisconsin and neighboring states to have similar rules to encourage reciprocity and qualification as CNAs move around the country.

Many aging advocacy groups are opposed to this legislation. These groups will testify that they would like to see more clinical hours for CNAs to ensure the highest quality of care for residents. The groups suggest that clinical hours improve resident lives. We agree. This is why we have a robust on-the-job training program. The reality is CNAs who participate in strong on-the-job training learn the culture of the facility while learning technical aspects of the job. For instance, a "Hoyer lift" may not be the same product in every facility. Hoyer is a brand for a floor or sit-to-stand lift. Prior to my career in public policy, I learned this difference when I was at Direct Supply selling lifts to facilities across the country.

Washington County takes great pride in our mission and our vision statements. Our mission requires our employees to create an environment to "enjoy our authentic quality of life through ... access to basic needs." The time it takes each CNA to comfortably achieve this mission varies and should not be overregulated.

All administrators care about their residents and want the best treatment possible. This bill would do nothing to lower the standard of care that Washington County Samaritan Health Center residents and families have come to know. Samaritan Campus will maintain a robust on-the-job training to ensure our care standards are met. We urge you to pass this legislation to give homes more flexibility hire the right people for the job.

Respectfully submitted by Ethan Hollenberger

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TESTIMONY of

Kim Marheine, Ombudsman Program Supervisor,
Christopher McElgunn, Counsel to the Board
State of Wisconsin Board on Aging and Long Term Care
Before the Committee on Aging and Long Term Care
on AB 76 – Hours of Instruction Program for Nursing Aides
March 26, 2019

Good morning, Chairman Gundrum, Vice Chair Petryk and members of the Committee. I am Kim Marheine, Long Term Care Ombudsman Program Supervisor for the Wisconsin Board on Aging and Long Term Care (BOALTC). I appear today to speak on behalf of the approximately 90,000 Wisconsin citizens currently living in our nursing homes and assisted living residences, regarding proposed reductions to the current nursing aid training hours and speaking in opposition to AB 76. With me is Christopher McElgunn, our Counsel to the Board, and he will speak first to the some of the research and statistical information regarding this issue.

Mr. McElgunn

Thank you for the opportunity to provide testimony today. This issue is very important to the elder citizens residing in care communities across the state and deserves a true discussion on the matter.

The BOALTC recognizes the direct care work force issues faced by care providers throughout the country. To be certain, this is not a Wisconsin issue or a Midwestern states issue, it is a national issue. There is no doubt we need to find solutions to deal with this issue. However, these solutions should be based on sound decision-making and analytical data whenever possible. And, most importantly, should never compromise the level of care Wisconsin seniors require, deserve and should be able to expect to receive.

The Centers for Medicare and Medicaid Services (CMS), as part of the Omnibus Budget Reconciliation Act of 1987, mandated regulations requiring a minimum of 75 hours of training – barely two weeks - for nurse aides. This mandate has remained unchanged since the Act's adoption in 1987, 30 years ago, despite the fact that medical and psychosocial acuity of residents has increased greatly during this time.

In response to inaction on the federal level, thirty states (including Wisconsin in 2008) and the District of Columbia have since extended the minimum number of training hours beyond the 75 hour federal minimum, topping out with the 180 hours required in Maine. No state that has extended the minimum number of training hours has ever subsequently reduced the minimum number of training hours. To do so would be an astonishing rebuke of national trends and all of the data and best practices recommendations of the medical and advocacy communities.

The assertion has been made that there is no evidence longer training impacts quality of care. Let me be very clear, this claim is false. Experts within the medical and long-term care community have weighed in and I would like to highlight some their findings:

- In a 2016 discussion paper sponsored by the National Academy of Medicine and co-authored by faculty members of Columbia University, Harvard University, the University of Michigan, The University of Pennsylvania, Terry Fulmer of the John A. Hartford Foundation and Robyn Stone Senior Vice President of Research and Executive Director of the LeadingAge Center for Applied Research, the authors concluded regarding direct care workers:
 - “Recruiting and retaining competent, stable direct care workers are serious problems in many communities around the country. Turnover rates are above 50%. Many factors contribute to the turnover, but two major issues are low wages and inadequate training and supervision.”
 - A recommendation for “an increase in federal requirements for training of at least 120 hours for certified nursing assistants (CNAs) and home health aides and demonstration of competence in the care of older adults as a criterion for certification.”

- A 2016 report issued by the Paraprofessional Healthcare Institute recommended:
 - “It is essential to address the training of nursing assistants to better prepare people to do their jobs and to stop the cycle of turnover. Federal training standards for nursing assistants in Medicare and Medicaid-certified nursing homes must be modernized to reflect advances in the delivery of person-centered care, as well as the realities of the populations served in nursing homes today—those with behavioral health needs, cognitive decline, and those near the end of life. Studies have shown that an increase in the number of mandatory training hours improves job satisfaction and decreases turnover.”

 - “As recommended by the Institute of Medicine, federal requirements should be expanded to 120 hours of pre-employment training. Expanded training should include building skills in communication, relationship building, and problem solving, and also address competencies related to caring for individuals with dementia and other challenging behaviors. The 120 hours should be considered a floor, not a ceiling, and employers should determine the content of on-the-job education for nursing assistants to meet the needs of varied populations.”

- In a research study published in 2015 the Gerontological Society of America found:
 - “Nursing Homes in states requiring additional clinical training hours above the federal minimum had significantly lower odds of adverse resident outcomes, particularly pain, falls with injury, and depression...This study also extends and affirms our previous work on CNA requirements for total initial training and in-service training hours.”

As many of you are aware, in their most recent survey, the federal Agency for Healthcare Research and Quality (AHRQ) named Wisconsin the top state in the nation for health care with the highest overall for health care quality. The ranking is based on Wisconsin’s performance across more than 130 statistical measures that AHRQ uses to evaluate health care performance, including long-term care. Wisconsin previously ranked third-highest and has been out of the top three only twice in the past decade. According to CMS Nursing Home Compare, Wisconsin nursing home residents have fewer pressure

ulcers and fewer incident of urinary tract infection. This is due in part to Wisconsin having well-trained nurse aides who provide residents with the care needed to maintain good skin integrity and prevent infection. We should continue to endeavor to maintain Wisconsin's status as a leader at providing quality care. It would be irresponsible and impractical to burden the current staff of long-term care facilities, already stretched thin and working overtime, to take on the additional task of providing expanded initial training for their co-workers.

I want to recognize the fact that in Wisconsin we have many excellent care providers and many excellent care communities for our elder citizens. I am confident you will hear from some of them today. It is also certainly true that even our best care providers are not immune to direct care workforce challenges. However, who you likely won't hear from today, are our providers who more often struggle to provide best care. They don't pay dues to associations nor have the time and resources to provide testimony. However, they face the same challenges as the rest of our care providers statewide. Many times, they are understaffed and overworked. Expecting these providers, already compromised, to take a greater role in the initial training of staff is unrealistic and dangerous for our elders.

It would be incredibly misleading to proclaim we can somehow remove 45 hours of training and still provide the same quality of preparation for a new CNA. What will come out? What will be reduced? Before supporting this bill for passage, you should have very specific answers to those questions. The additional hours added in 2008 included additional training for individuals with Alzheimer's Disease and other degenerative memory conditions; non-pharmacological interventions; and client safety. How will this training be compromised? Given the complex needs of those living in our care communities today, how can we say reducing CNA training hours will improve the quality of care our most vulnerable citizens receive? If we are not overwhelmingly certain it will, then we should not be supporting such an effort.

Instead of reducing training, the BOALTC proposes bringing together the resources and knowledge of a multi-disciplinary team of professionals to study the direct care workforce issue in Wisconsin, assess ways to improve outcomes for our growing population of elder citizens and develop strategies that avoid options with potentially harmful outcomes. Following the advice of experts within the medical and long-term care community and continuing to emphasize the importance of the fundamental training provided to nurse aides, is essential to this effort.

Ms. Marheine

As background, the BOALTC operates the Wisconsin Long Term Care Ombudsman Program, providing federally mandated advocacy for residents of long-term care communities as well as for persons who receive their home and community-based long-term care through the Family Care or IRIS programs. In Wisconsin, our twenty-two Ombudsmen provide advocacy services for approximately 120,000 older adult long-term care service users, and we are here today to ensure their voices are heard. Ombudsmen also provide consultative and educational offerings for care providers and families on topics ranging from residents' rights and person-directed care, to preventing abuse and neglect. Among the most frequently occurring complaints and requests for consultations are those concerning persons who are with dementia, persons who may be medically complex or who struggle with the effects of chronic mental illness, and who are dissatisfied with the care they receive. Persons with chronic mental illness who require specialized medication management and/or behavioral supports, persons who have unique needs associated with their bariatric status, and increasingly, persons who are drug-dependent and attempting to maintain their drug use in their nursing home or assisted living residence, are among those who call for our services.

It is important to note that this issue of inadequate numbers of nursing assistant staff is not particular to nursing homes. It is an identical challenge in all types of assisted living, as well, and assisted living caregivers are mandated to accrue far fewer hours of training. Clearly the workforce issue is not about the numbers of hours of training required to work in any of these settings but is more likely an issue of the lack of recognition, support and inadequate financial compensation for these staff who provide often the most skilled and intimate of care. Intending no disrespect to those who support the bill's passage, we have yet to hear any detail that offers consumers, their families and advocates assurances that the reduction in hours will not result in compromised care, safety and quality of life, nor have we heard evidence that the current workforce stressors are actually caused by the number of hours of CNA training.

Let's talk about solutions that may not only grow the workforce of CNAs, but will also elevate the status of the CNA profession.

1. The WI Caregiver Career Program launched in March of 2018, with a goal of adding 3000 new CNAs to the workforce. This workforce development program is a partnership of the Department of Health Services, LeadingAge, the WI Health Care Association and this agency, the Board on Aging and Long Term Care. Still in its early stages, the statistics are hopeful, and the DHS staff who lead this program have indicated that no enrollees have expressed concern for the 120 hours required for program completion:

1,696 persons enrolled in nurse aide training

1,166 persons completed nurse aide training

689 persons completed testing

325 program participants are employed in a Wisconsin nursing home.

2. The Office of Caregiver Quality adds 10 – 20 caregivers to the Misconduct Registry every month. These are caregivers who have been found guilty of mistreatment of a resident and translates to between 120 and 240 caregivers who leave the profession, most likely permanently. Instead of reducing hours of training and depending on already stressed providers to pick up the content of the 45 hours eliminated, let's put that effort into better supervising, supporting and mentoring all staff in those "soft skills" that might elevate the status of these critical workers and potentially inspire to an esteemed career in long-term care.

3. Enable a process that gives credit for years worked in long-term care settings as well as classroom work done in preparation for this work.

4. Study those providers that have acclimated to the workforce issues by recognizing the need to sometimes support the basic daily needs of their staff if they are to recruit and retain those who have the potential to be the best. These providers have creatively modified shift schedules for their single workers who are either caring for children or older family members in their homes; they offer meals in the workplace; they not only provide uniforms, but they launder them onsite; they arrange for transportation to work; and some offer staff housing for a reduced cost on their campuses.

5. Offer a career ladder for CNAs who want to pursue an advanced degree or advanced training, and who agree to continue to work for the nursing home post-graduation or certification.

6. If moving forward with the reduction in hours, require providers to be a member of one of the provider associations, and require the provider associations to make available their quality initiatives as remediation for those who struggle to achieve full compliance with quality of care and quality of life requirements.

When we last testified on this bill in September of 2017, we asked that the legislature consider forming a taskforce that would include nursing home residents and family members, CNAs, CNA trainers, facility administrators and other concerned stakeholders to more fully examine the nurse aid workforce shortage and review what alternatives are being implemented successfully in Wisconsin. We also asked that, as this is an issue being faced nation-wide, the taskforce study best-practices that can be drawn from experiences across the country. We also invited the bill's authors to tour a nursing home with an ombudsman, and to speak with their constituent residents about their care and those who care for them. We encouraged members to ask residents and their families about their thoughts relative to decreased CNA training. We again respectfully encourage this issue be critically studied, noting the potential outcomes to be too vital to our most vulnerable citizens for a bill to be enacted almost solely on conjecture.

In the 30 years since the passage of federal minimum training requirements for CNAs, persons who live in nursing homes have changed significantly. They are both younger and older. They are living longer and with far more complex needs. Some, due to their unique needs, have lived in multiple settings and have failed in those settings. They then find themselves in a nursing home that, even with the state's current mandate of 120 hours of CNA training, is unable to meet their unique needs in ways that are respectful, dignified and skilled. In 2008, recognizing the need for increased skills amongst CNAs, Wisconsin enacted legislation to raise CNA training hours from the federal minimum to its current 120 hour level. The legislature recognized, at the urging of family members affected by dementia and the advocacy community, a need for more CNA education particularly aimed at care for persons with dementia. The need for increasingly skilled direct care workers has only grown today and is now accompanied by the new and equally complex scenarios and processes noted previously, that CNAs must also now attend to with proficiency and confidence in the course of their work.

CNAs today are the foundation for our health care and provide the most intimate and often the most challenging care for our state's most vulnerable individuals, many of whom are both medically and psychosocially complex. CNAs are also the first point of contact for angry or grieving family members, and today, as was also the case in the 1980s, staff shortages in almost every realm of long term care service provision are dire. Some note that a remedy for this health care worker shortage might be accomplished by decreasing CNA training hours, getting new CNAs on the floor more quickly, and supervised and mentored largely by the nurses working alongside them. The Board on Aging and Long Term Care would contend this is not a valid remedy on a number of points, most obviously to note that virtually every sector of labor, both skilled and unskilled, has vacancies for qualified staff. Further, registered nurses are also among those professions where shortages are seen. It would be irresponsible to further burden a nurse, already responsible for the complex medical management of each resident, with also having to train, coach, remediate and supervise far lesser prepared CNA staff.

Removing the benefit of a full and meaningful training requirement, particularly during a time when those in our care need more and not less skill, only furthers the attitude that investing in CNAs to make them qualified, skillful and confident is too time-consuming and expensive. This serves only to further devalue an already undervalued but so very crucial part of the health care workforce.

Wisconsin has always been a state that proudly proclaims its greatest assets are its people; their work ethic; their creativity; and their care, concern and compassion for one another. We have never been a state to be satisfied with meeting a minimum requirement, but have always strived to be the best, to be at the top of any ranking, to lead the nation in the most impactful of ways. To so boldly say that we would be satisfied with meeting a minimum requirement for the training of the people who care for our most vulnerable, the people who built our communities and our families, is not the Wisconsin way.

We thank you, Chairpersons Gundrum and Petryk, and the Committee, for giving the Board on Aging and Long Term Care this opportunity to be part of this important and potentially transformative discussion. We will be happy to respond to any questions you may have.

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THE BRAINS BEHIND SAVING YOURS:

**Testimony of Michael Bruhn, Director of Public Policy,
Alzheimer's Association - Wisconsin Chapter Network on Assembly Bill 76**

Chairman Gundrum and Committee members, I want to thank you for the opportunity to provide testimony on Assembly Bill 76. My name is Michael Bruhn, and I am the Director of Public Policy for the Alzheimer's Association – Wisconsin Chapter Network.

The Alzheimer's Association is acutely aware of the challenges associated with recruiting and retaining qualified direct care staff, particularly certified nursing assistants. The need to address this issue will only grow in the coming years as Wisconsin's population continues to age. As an example, Wisconsin currently has more than 110,000 individuals with Alzheimer's disease or a related dementia, by 2025 that number is projected to increase by nearly 20% to 130,000. In the year 2040, just 21 years from now, the number will nearly double to 215,000 Wisconsinites with Alzheimer's disease or a related dementia. Ensuring the quality of care for individuals suffering from cognitive impairment is significant priority for the Alzheimer's Association.

While supportive of the stated intent of Assembly Bill 76, addressing the shortage of direct health care workers, particularly certified nursing assistants (CNAs), the Alzheimer's Association cannot support legislation that would reduce the number of required hours of training particularly for individuals caring for individuals with Alzheimer's or dementia. Having a trained and competent staff is imperative because Alzheimer's and other forms of dementia present unique challenges for caregivers. In fact, the Wisconsin State Dementia Plan: 2019–2023, developed by stakeholders in conjunction with the Wisconsin Department of Health Services Division of Public Health, acknowledges the difference in providing care for patients with Alzheimer's and recommends "implementing basic and continuing interdisciplinary training with mandatory minimum standards" for healthcare professionals that have access to patients with Alzheimer's or dementia.

A reduction in the number of hours of required training will not improve quality of care, worker or resident safety, and there is evidence that it may actually negatively impact employee retention. The Institute of Medicine charged an ad hoc Committee on the Future Health Care Workforce for Older Americans to

determine the health care needs of Americans over 65 years of age and to assess those needs. The resulting report, *Retooling for an Aging America: Building the Health Care Workforce*, says that as the population of seniors grows to comprise approximately 20 percent of the U.S. population, they will face a health care workforce that is too small and critically unprepared to meet their health needs. The committee concluded the current training requirements for direct-care workers are insufficient, both in terms of quality of content and quantity of training hours. Their findings included that most nurse aide educators, as well as nurse aides themselves, agree that current levels of education and training for initial certification is inadequate, and CNAs ranked inadequate training among the top three problems that they face.

Inadequate training was also identified as a factor that contributes to occurrences of neglect and abuse, especially for patients with behavioral difficulties associated with dementia. Finally, the report recommended that states and the federal government should increase minimum training standards for all direct-care workers, and that the Federal requirements for the minimum training of certified nursing assistants (CNAs) and home health aides should be raised to at least 120 hours, which is Wisconsin's current standard.

Thank you for allowing me to provide testimony on Assembly Bill 76.

WHCA / WiCAL

Wisconsin Health Care Association

Wisconsin Center for Assisted Living

TESTIMONY IN SUPPORT OF ASSEMBLY BILL 76

PRESENTED TO THE ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE

March 26, 2019

Chairman Gundrum and Committee members, thank you for taking the time to hold a hearing on this bipartisan bill and to continue a discussion on addressing the critical issue of the long-term care workforce crisis in Wisconsin. On behalf of our member providers across the state, we are grateful for the opportunity to discuss the provider community's support for this bill.

As you all are aware, Certified Nursing Assistants (CNAs), or Nurse Aides, provide necessary services to elderly and disabled citizens within our communities. However, due to a variety of factors, it is difficult to train and recruit these important workers in Wisconsin's long-term care facilities. A recent survey of long-term care facilities in Wisconsin found that 1 in 5 caregiving positions remains unfilled. Wisconsin's long-term care facilities are concerned that Wisconsin's statutory and administrative framework makes it more difficult to train and recruit qualified CNAs.

Federal law has a minimum requirement of 75 hours of instructional training, including 16 hours of clinical training, to be certified as a CNA. However, Wisconsin requires 120 hours of classroom instruction with 32 hours of clinical training. Wisconsin facilities are at a significant disadvantage; Michigan, Minnesota, and Iowa all mirror the federally authorized standard of 75 hours.

Along with the legislature's current efforts to increase reimbursement, changing the CNA training requirement is an important step in the right direction in helping providers **address our state's long-term care workforce crisis**. AB-76 has earned support from many stateline legislators on both sides of the aisle who have heard directly from providers that Wisconsin's current training requirements often serve as a barrier to employment, as employers across the border can offer a less burdensome certification program for employee prospects.

AB-76 **creates a clear standard** for Wisconsin regulators and providers, as the bill's language aligns Wisconsin's standards with federal standards. If federal hourly requirement standards change, Wisconsin's hourly requirements must also change.

By helping address Wisconsin's long-term care workforce crisis, AB-76 will help **ensure quality advancement** within provider facilities. Without an adequate workforce, it is very difficult for facilities to focus on advancing quality. AB-76 will help Wisconsin facilities have the staff to maintain quality care. Establishing a 75-hour training standard will address current personal time and resource barriers for prospective CNAs, resulting in more individuals becoming interested in pursuing a CNA opportunity. There clearly is a correlation between adequate staffing and the quality of care provided.

Opponents of this bill argue that aligning with the federal 75-hour standard will hurt care quality in Wisconsin. We refute that claim and believe that quality will only improve if we take proactive steps to get more CNAs in the door and on the floor in long-term care facilities.

Consider neighboring Minnesota, which uses the 75-hour requirement: in certain quality measures, Minnesota long-term care providers outperform Wisconsin providers; in other measures, Wisconsin providers outpace their Minnesota counterparts.¹ The fact is, no single prevailing factor serves as a single solution for care quality, and each state has unique needs and demands that require different approaches.

In Wisconsin, facilities need individuals to come into the CNA profession. While this legislation is not a cure-all for Wisconsin's long-term care workforce crisis, it is a positive step through eliminating a barrier in the path to becoming a CNA. Many capable, eager candidates cannot afford to pay for training or go additional weeks without an income to complete Wisconsin's current training requirements.

Every CNA has to go through eight subject areas as a part of training, and that will not change as a result of this legislation. Many facilities care for specific patient populations that require specialized care, and allowing CNAs to get on the floor sooner will help them receive the exact training they need while on the job and through continuing education training requirements.

Further, nothing about this legislation will force CNA training programs across the state to change their curricula. Programs that wish to provide additional training hours will still be allowed to do so; the bill simply prevents the Department of Health Services from *requiring* more than the federal standard.

We ask that you listen to providers themselves – those who wake up every day with the noble goal of delivering the best care possible to Wisconsin's most vulnerable populations. Providers agree that aligning Wisconsin's CNA hourly training requirements with the federal standard will help address the workforce crisis, which will benefit residents by providing more CNAs to provide the care they need and deserve.

Again, thank you Chairman Gundrum and committee members for your time and consideration of this bipartisan bill. Please do not hesitate to contact WHCA/WiCAL with any questions you may have.

Respectfully,

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¹ WI Department of Health Services Division of Quality Assurance – Bureau of Nursing Home Resident Care 2017 Data. View at www.whcawical.org/dqadata.

Date: March 26, 2019

To: Representative Rick Gundrum, Chair, Assembly Committee on Aging and Long-Term Care
Members, Assembly Committee on Aging and Long-Term Care

From: Disability Rights Wisconsin – Barbara Beckert, Director Milwaukee Office

Re: 2019 AB 76

Disability Rights Wisconsin is the protection and advocacy system for people with disabilities in Wisconsin. In that capacity, we work with people with disabilities who rely upon well-trained certified nurse aides (CNAs) to assist with personal cares and daily tasks of living, while also providing emotional support.

We oppose AB 76 because we are concerned that lowering training requirements for certified nurse aides will affect the quality of care for people with disabilities in long-term and residential care facilities. Studies have demonstrated that increased training reduces job turnover while increasing job satisfaction.¹ Over half of the states in the U.S. have elected to require training over the minimum 75 hours required by the federal government, and the Institute of Medicine recommends expanding federal training requirements to 120 hours.²

Reducing the number of training hours is also unlikely to alleviate the long-term care workforce shortage in Wisconsin. Contributions to the workforce shortage may include but are not limited to: low pay, lack of or limited benefits, long and/or difficult hours, residents with more complex physical and behavioral health needs, and diminished availability of family caregivers.³ These all place a strain on CNAs and may contribute to the workforce shortage.

We are encouraged by the establishment of a new Wisconsin Task Force on Caregiving. The Task Force on Caregiving is charged with analyzing strategies to attract and retain a strong direct care workforce, finding strategies to support families providing caregiving supports and services, and improving the quality of caregiving in Wisconsin. It is premature to move forward with such a significant change, reducing by nearly 40% Wisconsin CNA training requirements, prior to the convening of the Caregiver Task Force. At a minimum, we recommend that you delay consideration of this training hours change until after the Task Force issues its recommendations.

Thank you for considering our concerns regarding the reduction of required training hours. DRW remains committed to working with policy makers on solutions to Wisconsin’s long-term care workforce shortage.

¹ Han, K., Trinkoff, A.M., Storr, C.L., Lerner, N., Johantgen, M., Gartrell, K. (2014). Associations between state regulations, training length, perceived quality and job satisfaction among certified nursing assistants: Cross-sectional secondary data analysis. International Journal of Nursing Studies, 51 (8), 1135-1141.

² Paraprofessional Healthcare Institute (PHI) (2016). Raise the Floor: Quality Nursing Home Care Depends on Quality Jobs. <https://phinational.org/sites/default/files/research-report/phi-raisethefloor-201604012.pdf>

³ Paraprofessional Healthcare Institute (PHI) (2016). Raise the Floor: Quality Nursing Home Care Depends on Quality Jobs. <https://phinational.org/sites/default/files/research-report/phi-raisethefloor-201604012.pdf>

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