2023 Assembly Hearing on Health Care Workforce

Testimony

Submitted by:

Diane Darbyshire
Vice President of Advocacy and Public Policy
LeadingAge New York

December 19, 2023

INTRODUCTION

On behalf of the membership of LeadingAge New York, thank you for the opportunity to provide testimony regarding the state of our long-term care (LTC) workforce and related impacts on the larger health care continuum. LeadingAge New York represents 400 not-for-profit and public providers of LTC and post-acute care, aging services, and senior housing, as well as provider-sponsored Managed Long Term Care (MLTC) plans collectively serving over 500,000 New Yorkers. The providers we represent embody the full continuum of services an individual may need as they age. This testimony provides insight on a health care workforce crisis that has impacted LTC providers since prior to the COVID-19 pandemic and offers some proposed solutions for addressing these challenges.

The health care workforce crisis impacts access to care for all New Yorkers, regardless of age or income. When there is a lack of available staff, it impacts access and quality of care regardless of the care setting. It is important to understand, however, that the LTC workforce crisis has a ripple effect throughout all of health care. The depleted LTC workforce compounds access and quality of care challenges throughout the larger health care system. Inadequate funding and demographic shifts have melded to create an LTC crisis compounding access to care challenges in hospitals, emergency departments, and other settings.

Fortunately, there are solutions available. However, New York State must invest and innovate and act now to address these challenges. Otherwise, very soon all New Yorkers will struggle to find the care they need close to home.

HEALTH CARE WORKFORCE IMPLICATIONS FOR AGING NEW YORKERS

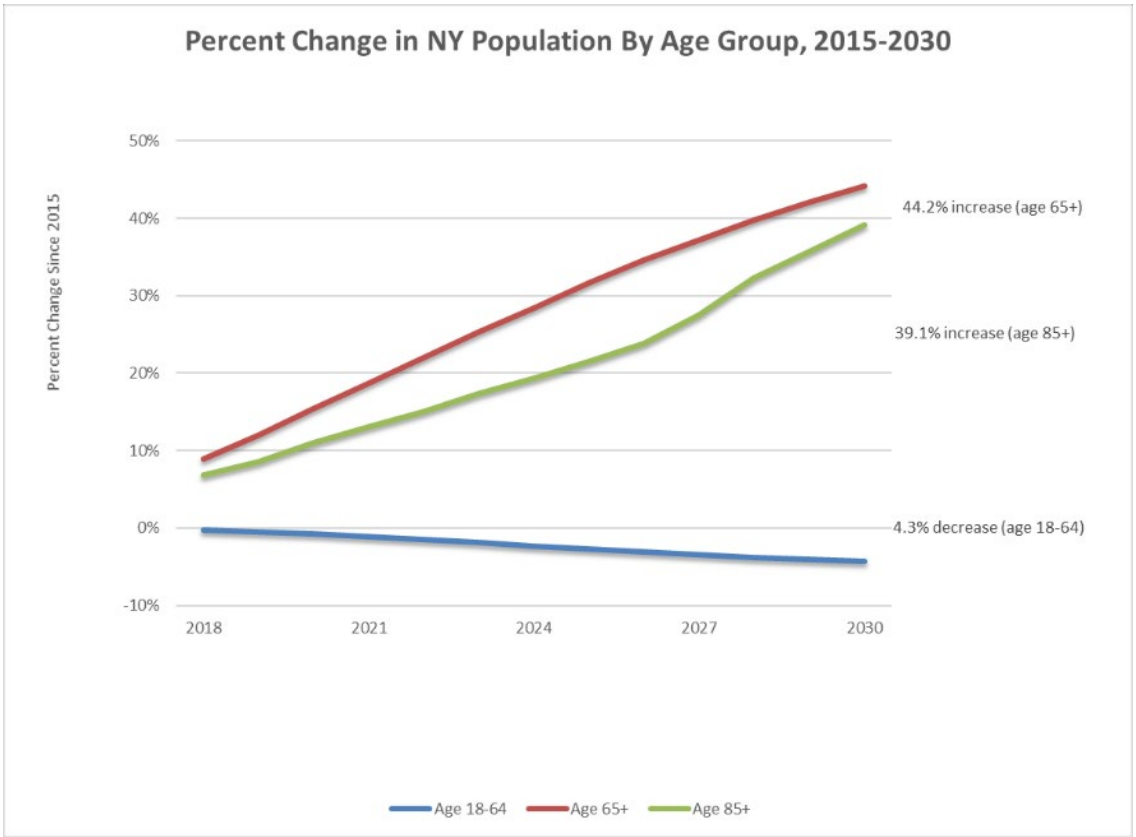
Who Will Take Care of Our Parents and Grandparents? Who Will Take Care of Us?

New York's population is aging rapidly – between 2015 and 2040, the number of adults over 85 will double.[1] This growth will drive a corresponding increase in the number of New Yorkers who need LTC services. Approximately 70 percent of adults who live beyond age 65 will need LTC at some point in their lifetime.[2] Alarmingly, while the percentage of our population over age 65 is growing, the percentage of working-age adults to care for them is shrinking.

Our workforce challenge is not just a complex policy issue or a provider problem; it is also an issue that will touch nearly everyone and is already affecting many New Yorkers. New York is approaching a demographic crisis. Approximately 3 million adults aged 65 and older, representing 16 percent of our population, make New York their home. The oldest members of the Baby Boom generation are now in their 70s; in three years, they will hit their 80s, and their LTC needs will escalate. *Between 2015 and 2040, the number of adults aged 65 and over will increase by 50 percent, and the number of adults over 85 will double.*[3] In another alarming trend, at the same time the percentage of our population over age 65 is growing, the percentage between 18 and 64 is shrinking. The number of people available to care for an expanding older adult population is declining.

[1] Cornell University Program on Applied Demographics New York State Population Projections; http://pad.human.cornell.edu/; accessed Dec. 16, 2023.
[2] Johnson, R.W. "What is the Lifetime Risk of Needing Long-Term Services and Supports?" ASPE Research Brief. Apr. 2019.
[3] Cornell University Program on Applied Demographics New York State Population Projections; http://pad.human.cornell.edu/; accessed Jan. 4, 2019.

Figure 1



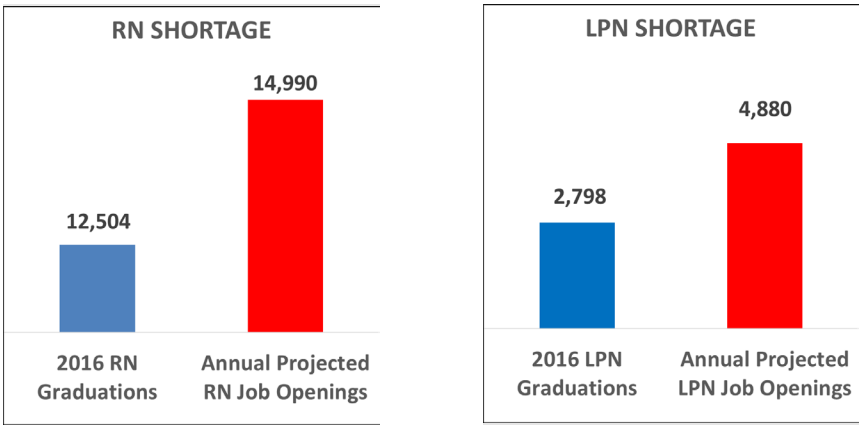
We are already feeling the effects of a shortage of working-age caregivers for our parents, grandparents, and neighbors. Today, there are only approximately four working-age adults for every adult over age 65 in New York and 29 working-age adults for every adult over age 85. By 2040, there will be approximately three working-age adults for every adult over age 65 and 15 for every adult over age 85.[4] As described in more detail below, both informal caregivers and direct care workers in the formal care delivery system are already in short supply, and the gap will only grow. Our members are experiencing unprecedented and extraordinary challenges throughout the state filling open positions in all levels of care.

Health care job growth in New York State exceeds job growth in every other sector, and most of those new jobs are in LTC. Of the 170,000 health care job openings anticipated annually, **107,000 (63 percent) are for personal care aides (PCAs), home health aides (HHAs), and nursing assistants.**[5] Unfortunately, the supply of workers is not keeping up with demand, and nursing homes, assisted living providers, home care agencies, and hospice programs are not able to fill existing job openings. For example, between 2020 and 2030, openings for HHAs and PCAs are projected to grow by 39 percent, while openings for registered nurses (RNs) and nursing assistants are projected to grow by 17 percent.[6]

[4] *Ibid.*
[5] New York State Department of Labor Employment Projections; https://www.labor.ny.gov/stats/lsproj.shtm; accessed Jan. 11, 2019.
[6] NY State Department of Labor, Long Term Occupational Employment Projections, https://dol.ny.gov/employment-projections, accessed Dec. 16, 2023.

According to a 2023 study by the Center for Health Workforce Studies (CHWS), 85 percent of nursing homes and assisted living providers reported difficulty recruiting aides and assistants, with a similar percentage of nursing homes having difficulty recruiting registered and licensed nurses (RNs/LPNs).[7] Similarly, 90 percent of home care agencies reported difficulty hiring HHAs, while 94 percent reported difficulty recruiting PCAs.[8]

Figure 2[9]



The Pandemic Has Intensified the Long-Term/Post-Acute Care Workforce Shortage

The challenges presented by demographic change have only intensified as a result of COVID-19. At the height of the pandemic, many staff left their jobs, and those who remained were the unsung heroes of the pandemic. Staff at all levels of our member organizations, from aides to CEOs, worked long hours during the pandemic to care for vulnerable residents and patients under stressful conditions. Despite their sacrifices, *which are ongoing*, these dedicated caregivers have barely been recognized for their dedication; instead, they are being blamed for circumstances beyond their control. It is not easy to recruit and retain in this environment.

While the existing workforce is depleted and weary, the pipeline for new certified nurse aides (CNAs), HHAs, and PCAs was severely limited during the pandemic. Training programs for aides closed, and the State contractor that proctors the testing and evaluation of CNAs for training programs suspended its activities for some time. Nursing homes were permitted to hire non-certified aides under a temporary waiver during the pandemic, which helped to mitigate aide shortages, but that flexibility no longer remains. The Department of Health (DOH) initiated a hybrid training model for home care aides to jumpstart training during the pandemic. However, few programs have been approved, and trainees are difficult to recruit. Although funding was appropriated in the 2022-23 and 2023-24 budgets to support aide training, the first health care workforce training grants were only just announced this month.

[7] Martiniano R, Romero A, Pang J, Allegretti M. *The Health Care Workforce in New York State: Trends in the Supply of and Demand for Health Workers*. Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; April 2023.
[8] *Ibid.*
[9] Stiegler K, Martiniano R, Moore J, et al. *The Health Care Workforce in New York State: Trends in the Supply of and Demand for Health Care Workers.* Rensselaer, NY: Center for Health Workforce Studies, School of Public Health, SUNY Albany; April 2020.

PROVIDERS RESPOND TO THE LTC WORKFORCE CRISIS

Demographics, funding, labor market dynamics, and the effects of COVID-19 have combined to create an unprecedented workforce crisis in the field. LTC and aging services providers and the people they serve have been disproportionately affected by the pandemic. Despite the personal toll of the pandemic and the relentless imposition of new regulatory requirements, our members remain committed to doing everything in their power to recruit and retain staff. They are raising wages, paying signing and retention bonuses, offering shift differentials and shift completion incentives, providing funding for college courses and advanced training, creating high school apprenticeship programs, and even opening on-site day care centers. Yet, all report that they are unable to fill open direct care positions. They cannot compete with other employers that have the luxury of raising prices to reflect labor market dynamics. They are forced to retain staffing agencies, at exorbitant rates, to fill empty shifts and ensure that residents and patients receive the care they need. Their extraordinary efforts to maintain high-quality staffing at appropriate levels, with inadequate reimbursement, are bankrupting them.

These efforts are reflected in national data. According to the federal Bureau of Labor Statistics (BLS), New York State has the highest hourly mean wage for "nursing assistants" (the occupational classification that includes nurse aides) among the states with the "highest employment level" of nursing assistants.[10] Further, according to the Centers for Medicare and Medicaid Services (CMS), New York's nursing home workforce turnover rate is approximately 6 percent lower (i.e., better) than the national average.[11]

While the height of the COVID-19 pandemic is behind us, State and federal requirements related to the management of the pandemic have added significant, labor-intensive, administrative responsibilities – daily and weekly State and federal reporting, new infection control audit requirements, testing, vaccinations, personal protective equipment (PPE) stockpile requirements, COVID-19 pay, and more.

LTC Underfunding and Workforce Shortages Compound Issues for Other Care Settings

New Yorkers rely overwhelmingly on Medicaid to cover their LTC needs. Medicaid pays for 72 percent of nursing home days and over 80 percent of personal care services in New York. Yet, New York's Medicaid reimbursement for LTC has failed miserably to keep pace with rising costs.

As the primary payer for LTC services in New York, Medicaid bears responsibility for the financial viability of the sector and its capacity to compensate staff appropriately.

As an example, in January 2023, the federal Medicaid and CHIP Payment and Access Commission (MACPAC) concluded that the shortfall between New York's 2019 nursing home Medicaid rates and costs was among the largest in the country. **Based on MACPAC's analysis, New York's Medicaid rates covered only 76 percent of Medicaid costs**, resulting in an average shortfall of $74 per resident day. That gap has only grown since 2019 due to inflation, COVID-19 costs, and staffing costs. The five states that competed with New York for the largest shortfall in 2019, according to MACPAC, have all increased rates materially since then. These include Nebraska (15

[10] See U.S. Bureau of Labor Statistics, Occupational Employment and Wages, May 2020 2021 31-1131 Nursing Assistants, available at https://www.bls.gov/oes/current/oes311131.htm#st.
[11] See CMS, Payroll Based Journal Daily Nurse Staffing, available at https://data.cms.gov/quality-of-care/payroll-basedjournal-daily-nurse-staffing/data.

percent increase); South Dakota (20.3 percent one-year increase with 6 percent continuing); Florida (7.8 percent increase); New Jersey (10 percent increase); and Wisconsin (12 percent increase and a commitment to increase rates to cover 91 percent of costs starting in 2023, up from 77 percent in 2022). Although not in the bottom five due to sizeable supplemental payments it provides to nursing homes, Pennsylvania also increased rates by 17 percent.

This per resident, daily funding shortfall results in an $810 million (State-share) annual nursing home Medicaid funding gap. Such losses make it nearly impossible for providers to compete for staff, particularly when health care workers are in high demand.

Like nursing homes, adult care facilities (ACFs) that serve Medicaid beneficiaries have also been struggling to survive with inadequate public funding. Their Supplemental Security Income (SSI) Congregate Care Level 3 rate of **$44.94 per day** covers less than half of the cost of State-mandated services. Every year, ACFs that serve low-income seniors close. Since 2017, 59 ACFs have closed voluntarily, and others are in the process. When low-income seniors cannot remain in ACFs, they typically end up going to a nursing home, paid for by Medicaid. Meanwhile, ACFs do not receive Medicaid dollars and thus receive no reimbursement to help pay for the cost of raising wages to meet the current workforce demand and increases in minimum wage.

New Yorkers rely overwhelmingly on Medicaid to cover their LTC needs. Medicaid pays for 72 percent of nursing home days and over 80 percent of personal care services in New York.

When rates fail to cover costs and do not allow LTC providers to pay competitive wages for their staff, the entire system constricts and withers. This is happening today, and its ripple effects are being felt by consumers and providers across the health care delivery system.

Inadequate rates combined with a highly competitive labor market and mandatory staffing ratios are forcing nursing homes to close beds and units, if not close their facilities entirely. There are 5,600 fewer certified nursing home beds available today than there were in 2019. Home care agencies and hospice providers are likewise turning away patients in need of care due to lack of available staff. Vulnerable hospital patients who are waiting for discharge are experiencing prolonged hospital stays because they cannot find appropriate post-discharge care.

When hospital discharges are delayed due to lack of available LTC services, it has a ripple effect on the community and results in financial losses to hospitals as well. Delayed hospital discharges contribute to shortages of available hospital beds, which in turn results in overcrowded emergency departments and ambulances backed up in hospital parking lots. Access to care is limited, and emergency services response time is delayed for everyone in the community. In recent years, we have seen this play out in several upstate communities including Syracuse, Buffalo, Rochester, and the Capital Region.

Impacts of State Nursing Home Policies

Recently enacted State policies are contributing to the staffing challenges and financial decline in nursing homes. Minimum nurse and aide hours requirements are infeasible for the vast majority of nursing homes – nearly 74 percent of all New York State nursing homes fall short of at least one of the three minimum hours requirements (RN, LPN, and aide), according to the most recent publicly available Payroll-Based Journal (PBJ) data from CMS (second quarter of 2023).

Moreover, the rigid, title-specific requirements impede person-centered staffing models. Some of those "non-compliant" homes serve higher-acuity residents and actually exceed staffing levels for RNs, but are below required levels for CNAs. Other "non-compliant" homes serve a large percentage of residents with cognitive deficits who need less nursing care, but more activities and supervision. Unfortunately, the law does not take into account the needs of higher-acuity residents and does not count activities or therapy staff in measuring staffing levels.

These homes can face steep penalties (up to $2,000 daily) if they fail to meet all three staffing requirements. The process by which providers can request mitigation of penalties has taken countless hours to compile data, documentation, and information to demonstrate how hard they worked to fill those positions. This is time and resources diverted from resident care and wasted, only to demonstrate what we all know to be true – there is a staffing crisis in LTC. If nursing homes do incur penalties, they will have even less funding to recruit and retain staff. Nursing homes also face harsh penalties for mandating nurse overtime, under legislation enacted in 2022. It seems that, no matter what they do, nursing homes face heavy fines.

Without candidates for open nurse and aide positions, nursing homes are doing what they can to comply with the staffing mandate – serving fewer residents is often their only option. In order to improve their staffing compliance posture, many nursing homes are closing beds and units, even if they have sufficient staff to meet their residents' needs. They are forced to turn away individuals seeking care and maintain waitlists for beds. Statewide, there are approximately **5,600 more empty nursing home beds** today than there were in 2019. This is contributing to the hospital backups discussed above and forcing many older adults to seek care in facilities far from loved ones. The reduced occupancy not only limits access to care, but also weakens the financial viability of nursing homes – with empty beds and units, they have even less revenue to cover fixed costs and achieve economies of scale.

The Way Forward

Battered by mounting, unreimbursed costs and workforce shortages, our LTC system is facing a future in which choice of setting and provider is severely limited and high-quality care is accessible only to the affluent. New York must take bold action now to revitalize its LTC system. In the short run, a significant infusion of Medicaid dollars is needed, along with aggressive efforts on multiple fronts, to expand the workforce through modest changes in scope of practice, as well as new training opportunities and supports for LTC staff. In addition, the State should shift its focus from imposing new and unnecessary administrative requirements and penalizing providers for labor market dynamics that are beyond their control to collaborating with providers to rebuild the workforce. In the longer term, the State's Master Plan for Aging (MPA) provides an opportunity to consider the entire continuum of aging services, and the integral role of these services in the health care delivery system, as highlighted by the pandemic. The work of the MPA and the 1115 Medicaid Waiver development should all be connected. LTC and aging services should be a priority in all discussions of health and human services, not an afterthought.

RECOMMENDATIONS

With this as context, we offer the following recommendations for the Legislature to consider as you work to address New York State's LTC workforce crisis:

1. Fully fund Medicaid and public-funded LTC services.

The single most impactful thing that the State can do is pay LTC providers what it costs to provide care. We acknowledge that the State made a significant investment last year in the Medicaid rate for nursing home, adult day health care (ADHC), and assisted living program (ALP) services. We appreciate the efforts of those who fought for funding to more fully address the widening gap between the cost of care and reimbursement. Unfortunately, the increase did not even meet the cost-of-living increases in that year alone. The sector experienced an 8 percent inflation rate for the 12-month period ending April 2022, an additional 5 percent inflation rate for the year ending April 2023, as well as significant wage increases in recent collective bargaining agreements.[12]

Nursing homes, ALPs, ADHC programs, and home care agencies rely heavily on Medicaid to remain in operation and compete for staff. Over 72 percent of nursing home resident days are paid for by Medicaid, making it the funding source our workforce and nursing home residents depend on. The State should fill the $810 million (State-share) nursing home Medicaid funding gap and then reform the payment system to ensure that Medicaid rates keep pace with the cost of providing care going forward.

Likewise, the Medicaid-funded ALP and ADHC programs require a further Medicaid rate increase to provide better funding to remain in operation and reduce demand for nursing home level of care. If the State is truly committed to serving individuals in the most integrated setting and to ensuring access to care for Medicaid beneficiaries, it must pay adequate rates across all levels of care. These critical home and community-based alternatives to nursing home care should have their Medicaid rates updated to reflect present-day costs.

ACFs that serve SSI/State Supplement Program (SSP)-eligible individuals, who are typically also Medicaid-eligible, are struggling to survive on the wildly inadequate reimbursement of **$44.94 per day**. The State portion of this benefit has not been increased since 2007. It must be updated to reflect present-day costs.

ADHC programs serve individuals in a day setting who require a nursing home level of care. More than half of the state's ADHC programs still remain closed post COVID-19. More than 90 percent of registrants are Medicaid beneficiaries with reimbursement that falls far below the cost of care. This is a valuable option in the home and community-based services (HCBS) continuum that needs sufficient rates to rebuild.

Home care agencies and hospice programs of all sizes are unable to admit patients due to lack of nursing and aide staff. Hospice is struggling with similar staffing issues, and New York is 50th in the nation in hospice use. These dynamics are creating backups in hospitals and delaying or blocking access to care across the health care continuum. The problem is worse in "home health and hospice deserts," communities already hit hard by health disparities.

A lack of staff, along with inadequate reimbursement rates by government payers, has already resulted in several agency closures and fiscal instability in those agencies struggling to remain viable. 2023 CHWS data indicates severe staff shortages in home care recruitment. In addition, significant percentages of registered nurses, therapists, HHAs, and related positions in home care are finding higher pay and benefits elsewhere and leaving for those sectors.

[12] Bureau of Labor Statistics Inflation Calculator, accessed at www.bls.gov/data/inflation_calculator.htm.

HCBS providers play a critical role in the broader health care system and need support. We urge support for A.7568 (Paulin) to enable funding and support for certified home health agencies, hospice, and licensed home care services agencies to address community need. This legislation and funding to support it will help agencies tackle the workforce crisis by targeting financial incentives for frontline staff, nurse residency programs, and nursing school collaborations, and to secure transportation to patients' homes.

These investments are critical to ensure that providers can adequately compete for highly desirable staff and pay them the wages they deserve.

2. ***Ensure that wage mandates are fully funded.***

Two years ago, the Legislature enacted a home care minimum wage, establishing a $3 increase above the minimum wage for home care aides. In addition, scheduled minimum wage increases will be implemented over the next two years. Starting Jan. 1, 2027, these wages will be annually indexed to inflation using the year-over-year, three-year average increase in the Consumer Price Index for Urban Wage Earners and Clerical Workers (CPI-W) for the Northeast Region.

LeadingAge New York supports the payment of appropriate compensation to home care aides and other direct care staff delivering LTC services. We recognize that an increase in wages for all LTC workers is well-deserved and must be part of the solution to the workforce crisis. However, the wage mandate is having unintended consequences for consumers who are not eligible for Medicaid and programs that are funded through non-Medicaid resources.

With the minimum wage mandates in place and a corresponding increase in reimbursement only for minimum wage hours reimbursed by Medicaid, providers have to find funds to cover the increase in costs associated with compression effects and hours reimbursed by non-Medicaid payers such as Medicare, Medicare Advantage, the Expanded In-Home Services for the Elderly Program (EISEP), commercial payers, SSP for residents of ACFs, and consumers themselves. As the minimum wage increases, the State must provide support not just through Medicaid, but also through other avenues to ensure that LTC providers can afford these wage increases.

3. ***Authorize the use of certified medication aides in nursing homes.***

LeadingAge New York wholeheartedly supports A.8299 (Clark), which would authorize specially trained CNAs to work as certified medication aides (CMAs) in nursing homes, administering routine medications to residents under the supervision of an RN. This proposal would help to address the nursing shortage in nursing homes, while providing new opportunities for CNAs and preserving quality and safety. Approximately 33 states already authorize medication aides to perform these tasks in nursing homes. Likewise, in New York State, the Office for People with Developmental Disabilities (OPWDD) already allows unlicensed direct care staff to administer medications.

The proposal would provide several benefits to nursing home residents and the people who care for them. It would allow RNs and LPNs to focus on higher-level tasks that make their jobs more rewarding and enable them to devote added attention to residents with more complex clinical needs. It would also provide another step on the career ladder for CNAs, providing them with additional training and compensation and a path to explore the possibility of a nursing degree. Given that this is being used in

other states, a curriculum can be built using what nursing homes in other states use. Unlike many workforce development proposals that require years to provide a measurable impact, this initiative could be implemented and begin to make a difference relatively quickly – without cost to the State.

A 2011 review of the academic literature by the National Council of State Boards of Nursing concluded that "medication aides are capable of safely administering oral, topical, and some parenteral medications; that is, no evidence suggests that medication aides have higher error rates than licensed nurses." Studies also show that the use of medication aides improves job satisfaction among nurses and medication aides.[13] Given the severe nursing shortages we are experiencing across the state, we cannot afford to forgo this win-win strategy.

4. Modify the minimum staffing requirements for nursing homes to address fundamental flaws.

The minimum nurse staffing law enacted in 2021 sets inflexible staffing requirements that the vast majority of homes (74 percent as of the second quarter of 2023) have found impossible to meet during this unprecedented staffing crisis. As a result, the law will trigger penalties on most nursing homes, further depleting the resources they need to recruit and retain staff.

The staffing requirements are based solely on nurses and aides, excluding the care provided by other hands-on staff who serve the overall needs of nursing home residents on a daily basis. Failing to recognize the time provided by these caregivers, or requiring that their time be replaced by aide hours, does little to improve the quality of life for residents. The law should be amended to take into consideration the hours worked by rehabilitation therapy staff, nurse practitioners, nurse managers and directors who deliver direct care (consistent with federal standards), recreation and activities staff, aide trainees, and feeding assistants.

Further, the legislation should be modified to eliminate the imposition of penalties when there are well-established staffing shortages in these job roles. Neither nursing home provider nor DOH resources should be wasted in submitting and reviewing documentation to demonstrate what has already been established. Lastly, any penalties collected from this law should be reinvested into the recruitment and retention of nursing home staff.

5. Authorize nurses to practice nursing in ACF and assisted living settings [(A.5670 (Solages)/S.5471(Rivera)].

The Legislature could implement a no-cost workforce solution by enabling nurses working in ACF and assisted living settings to provide nursing services. Nurses working in these settings across the state have been invaluable during the pandemic in guiding infection control and education efforts, but most are not permitted to provide nursing services directly, due to restrictions on the duties nurses can perform in these settings. The Enhanced Assisted Living Residence (EALR) is the only ACF/assisted living setting that permits these professionals to provide nursing services. Allowing nurses to practice their profession in all assisted living settings would support aging in place and service in the most integrated environment. During this workforce shortage, we should be maximizing resources and utilizing nurses in

[13] Walker, M. "Effects of the Medication Nursing Assistant Role on Nurse Job Satisfaction and Stress in Long-Term Care," *Nursing Administration Quarterly*, Oct. 2008. Report on New Mexico Trial Program for Medication Aides in Licensed Nursing Facilities, Oct. 2004.

ACFs to provide periodic services that would result in better health outcomes, prevent 911 calls and emergency room visits, support end of life care, and save Medicaid dollars.

6. Reduce unnecessary and duplicative reporting, surveys, audits, and other requirements.

The pandemic has led to the imposition of an overwhelming array of new administrative requirements without any recognition of the additional personnel they require, their impact on residents and patients, and the costs they impose. Nursing homes, in particular, are staggering under the stresses of a mind-boggling assortment of growing and ever-changing administrative requirements, in the midst of a staffing crisis.

For nursing homes, the daily and weekly Health Emergency Response Data System (HERDS) surveys; weekly National Healthcare Safety Network (NHSN) surveys; oversight, recordkeeping, offering, administering, and documenting staff and resident COVID-19 vaccinations; a new infection control audit, and numerous mandated postings and notices of various laws, ratings, and contractual relationships are just a few examples of recent administrative mandates. Many of these requirements (e.g., posting a summary of *every* contract for goods or services, notifying DOH of every contract, satisfying State infection prevention audits) duplicate federal requirements or offer little, if any, value in terms of quality or safety. Yet, they divert precious staffing resources from resident care to low-value administrative tasks. They contribute to worker burnout and drive people out of the aging services field.

Legislators and regulators should consider the impact on residents and staff of any new administrative requirements. One simple step the Legislature could take to support providers is to urge DOH and the Governor to eliminate the daily HERDS reporting, which has been a requirement for nursing homes and ACFs for over **three years**. While the HERDS survey was finally updated after three years of onerous reporting to reduce the number of questions, it remains a daily requirement during the work week. Some of the questions posed on the daily survey remain irrelevant and/or duplicative of other data collected elsewhere. The most salient data regarding COVID-19 could be collected in less onerous ways, including nursing home data already being collected on a national level or through a less frequent survey.

In addition to peeling back requirements that are duplicative or do not have direct resident/patient benefit, a workforce impact analysis for any new legislation or regulation should be implemented. Careful consideration should be given when imposing any additional requirements to how it will impact the LTC workforce.

7. Modify the Nurses Across New York proposal to specifically identify LTC as an underserved population.

This student loan repayment program, enacted in 2022, provides financial incentives for nurses to work in underserved areas and with underserved populations in New York. We urge the State to explicitly identify LTC as an underserved population and prioritize the benefit to those who work in these settings and services. We use the term “long-term care” in the broad sense to include nursing homes, home care, hospice, Programs of All-Inclusive Care for the Elderly (PACE), ADHC, and assisted living. Due to heavy reliance on Medicaid and inadequate reimbursement, LTC providers face greater challenges in recruiting and retaining nurses than most primary and acute care settings. This recommendation is consistent with a recommendation being forwarded by a workgroup of the MPA.

8. ***Support the Interstate Nurse and Physician Licensure Compacts, career ladder, and regulatory flexibility.***

We support any proposed investments in our health care workforce and proposed reforms that support career ladders for certified personnel and regulatory flexibility for professionals. In particular, we have been supportive of recent proposals to join the Interstate Nurse and Physician Licensure Compacts. We also appreciate last year's Executive Budget proposals to make permanent some of the flexibilities utilized during the pandemic, including flexibility with ordering and specimen collection of COVID-19 tests and administration of vaccines.

9. ***Promote working in LTC/working with older adults in graduate education for key professions.***

Consistent with a recommendation advanced by a workgroup of the MPA, we recommend the development of multi-modal educational models to attract master's level professional students who will be entering the workforce to specialize part of their training in the field of service for older adults, and to provide them with field-specific knowledge and skill for working in settings to provide services for older adults. This format could benefit RNs, social workers, and other roles. This model could be based on existing successful social work educational models currently in use for mental health.

10. ***Modify the advanced home health aide supervision requirements.***

The statute and regulations for the advanced home health aide (AHHA) role established in 2016 have rendered the model unworkable. Last year's Executive Budget's proposed changes would have helped to allow some providers to implement this model. The budget should also address Medicaid reimbursement for the AHHA role and nursing supervision visits.

11. ***Develop and fund a Resident Assistant Program to help keep tenants of affordable senior housing out of higher-cost, staff-intensive settings.***

LeadingAge New York recommends that the State develop a Resident Assistant to serve in affordable housing properties that serve primarily older adults. Those living in these settings are generally income-eligible for Medicaid, but often struggle to navigate the network of health and social supports that could help them age safely in place. Resident Assistants available on site and at resident request can help address this need by providing information and referrals to supports in the community; education regarding Medicaid and other benefits; and assistance with accessing public benefits, services, and preventative and social programming. This strategy has proven to be effective in keeping individuals in their homes longer, and in reducing the need for hospitalization and nursing home placement. This low-cost strategy can save the State Medicaid dollars and alleviate pressure on higher levels of care that require those very roles that are in such shortage.

CONCLUSION

The LTC workforce crisis threatens access across the state. Recently implemented State policies have actually exacerbated this and divert precious resources away from recruiting and retaining staff. Unfortunately, we are now contending with the consequences of decisions made year after year to underfund and cut funding to LTC services. While we present several low- or no-cost strategies the State can deploy to incentivize working in these settings and alleviate pressure on the workforce, a significant financial investment in LTC is needed to prevent dire consequences.

Founded in 1961, LeadingAge New York is the only statewide organization representing the entire continuum of not-for-profit, mission-driven, and public continuing care including home and community-based services, adult day health care, nursing homes, senior housing, continuing care retirement communities, adult care facilities, assisted living programs, and Managed Long Term Care plans.