Statement for the Record

Submitted by Premier Inc.

"The Long-Term Care Workforce: Addressing Shortages and Improving the Profession"

Senate Special Committee on Aging

April 16, 2024

Premier Inc. appreciates the opportunity to submit a statement for the record on the Senate Special Committee on Aging hearing titled "*Long-Term Care Workforce: Addressing Shortages and Improving the Profession*" on April 16, 2024. Premier shares the Committee's goal of ensuring those receiving care in long-term care (LTC) facilities – one of the country's fastest-growing populations and among the most vulnerable – receive safe, high-quality care.

The U.S. continues to face a serious shortage of healthcare workers in the LTC setting[1], a reality that has not abated as the COVID-19 pandemic subsides. The shortage is exacerbated by a lack of qualified and interested candidates to fill open positions, with 46 percent of nursing homes[2] limiting admissions due to labor shortages. The demand for LTC is high and will only increase as the population ages.

Premier believes addressing these challenges will require a multi-pronged approach, and a mix of both near term and longer-term solutions. Our recommendations include:

- The proposed rule from the Centers for Medicare & Medicaid Services (CMS) on minimum staffing standards in LTC facilities could exacerbate and create new challenges, as Premier elaborated on in formal comments to CMS. As the Medicare Payment Advisory Commission (MedPAC) noted in its October 2023 meeting, "the evidence of the relationship between quality and total staffing is mixed."[3] Given that current research is inconclusive, any mandates prior to further study would be premature. Instead of finalizing a flawed policy, CMS should work with stakeholders to further study and understand the impact of staffing ratios on access to quality care for residents.
- In addition, Premier urges Congress to help address the root cause of the problem and advance legislation to alleviate persistent healthcare workforce shortages. The nation needs to strengthen the LTC training pipeline by providing additional support for existing healthcare workforce training programs as well as for new educational opportunities for non-physician healthcare workers.
- Congress should consider policies that incentivize nursing homes and other LTC providers to implement electronic health records (EHRs) and electronic clinical surveillance technology to help LTC staff work more effectively and maximize their workflow, provide meaningful assistance with infection control and help prevent clinician burnout.
- Congress should enact bipartisan legislation providing federal protections for healthcare workers who experience violence and intimidation in their workplace settings and grants to reduce incidences of violence.

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[1] Heiks C, Sabine N. Long Term Care and Skilled Nursing Facilities. Dela J Public Health. 2022 Dec 31;8(5):144-149. doi: 10.32481/djph.2022.12.032. PMID: 36751604; PMCID: PMC9894029

[2] American Health Care Association, State of the Nursing Home Sector. March 2024.

[3] https://www.medpac.gov/wp-content/uploads/2023/03/October2023_MedPAC_meeting_transcript_SEC.pdf

I. BACKGROUND ON PREMIER INC.

Premier is a leading healthcare improvement company, uniting an alliance of more than 4,350 U.S. hospitals and approximately 300,000 continuum of care providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier's sophisticated technology systems contain robust standardized data gleaned from 45 percent of U.S. hospital discharges, 2.7 billion hospital outpatient and clinic encounters and 177 million physician office visits. Premier is a data-driven organization with a 360-degree view of the supply chain, working with more than 1,460 manufacturers to source the highest quality and most cost-effective products and services. Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with healthcare providers, manufacturers, distributors, government and other entities to co-develop long-term innovations that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, North Carolina, Premier is passionate about transforming American healthcare.

II. CONCERNS WITH CMS PROPOSED RULE ON MINIMUM STAFFING REQUIREMENTS IN LTC FACILITIES

Proposed minimum staffing standards are unworkable given workforce limitations

CMS proposes to require that LTC facilities have individual minimum standards of 0.55 hours per nursing day (HPRD) for registered nurses (RNs), 2.45 HPRD for nurse aides (NAs) and maintain sufficient additional nursing personnel (including Licensed Practical Nurse/ Licensed Vocational Nurse [LPN/LVNs]). Additionally, CMS proposes to require LTC facilities to have an RN onsite and available to provide direct resident care 24 hours a day, seven days a week. As it stands, Premier believes these proposals are unworkable because of ongoing workforce shortages. There are simply not enough RNs and NAs in the workforce available to meet the demand that would result from the proposed staffing requirements. CMS estimates the rule would require LTC facilities to hire 12,639 additional RNs and 76,376 additional NAs. According to a recent analysis, less than one in five nursing facilities in the nation could currently meet the proposed required minimum HPRD for RNs and NAs.[4] The healthcare sector is still in a historic workforce crisis and the proposal would only exasperate the labor market that expands beyond LTC facilities to all healthcare settings including hospitals. Premier is deeply concerned that the proposal would lead LTC facilities to attempt to pull RNs and NAs away from other healthcare settings which would cause significant disruptions across the continuum of care.

Furthermore, in order to meet the staffing requirements if finalized as proposed, Premier is concerned that LTC facilities will have to limit the number of beds that they staff. As is, there is an insufficient number of LTC beds available to meet current demands, and that schism is expected to worsen as the population continues to age. By limiting the number of staffed LTC facility beds, pressure will be placed on acute care facilities who will be unable to discharge patients to a LTC facility in a timely manner. Therefore, Premier has significant concerns that this proposal will worsen boarding issues at acute care facilities and result in higher overall costs to the healthcare system.

Lack of funding to implement staffing requirements

[4] "What Share of Nursing Facilities Might Meet Proposed New Requirements for Nursing Staff Hours?". Kaiser Family Foundation. September 18, 2023. What Share of Nursing Facilities Might Meet Proposed New Requirements for Nursing Staff Hours? | KFF

CMS estimates the proposal will require LTC facilities to absorb an additional $4 billion in wage costs annually. However, that figure understates the potential impact, as it does not consider any future wage increases or adjustments. A September 2023 analysis found the mandate would cost even more than suggested in the rule – $6.8 billion annually to cover the cost of hiring the 102,000 additional caregivers necessary to meet the requirements.[5] However, the proposed rule does not provide any funding mechanism to help facilities offset this expected massive increase in costs. LTC facilities are already grappling with chronic Medicaid underfunding, soaring inflation and funding instability due to the lingering effects of the COVID-19 public health emergency. Premier fears that imposing staffing mandates without any financial support would lead to greater widespread financial instability across the LTC sector that is likely to result in facility closures and compromise access to quality care.

Proposed national approach does not account for state variation

Additionally, Premier has concerns that the national staffing mandate proposed by CMS fails to account for wide variability across the states within the LTC sector. For example, some states are home to numerous LTC facilities with well over 500 beds, while average LTC facility capacity in other states is much smaller, reflecting different demographic factors and patient access needs. Further, state Medicaid rates for LTC facility care vary from $170 a day to more than $400 a day. Given these vastly different dynamics, it is unreasonable to have the same requirement in every state, which is why 46 states have adopted their own minimum staffing policies.

Consideration for variation across skilled nursing facilities (SNFs)

Premier is also concerned that the proposal does not take into account variation in patient mix across SNFs. Notably, at the October MedPAC 2023 meeting[6], research was presented that indicates that SNFs with a higher portion of beneficiaries covered under Medicaid or by Medicare Part D's low-income subsidy (LIS) are associated with lower staffing levels. Therefore, a staffing mandate is highly likely to have a disproportional, negative impact on SNFs with those patient mixes as it will exacerbate the staffing challenges they are already grappling with.

Emergency preparedness

Premier is concerned about the negative consequences the proposal may have on emergency preparedness. A new HHS Office of Inspector General (OIG) report found that roughly 77 percent of nursing homes in areas prone to natural disasters reported challenges with emergency preparedness activities last year.[7] An estimated 62 percent of nursing homes reported at least one challenge regarding staffing and an estimated 50 percent noted at least one challenge regarding transportation. Some nursing homes also reported issues with securing beds for evacuated residents and planning for infection control and quarantine during emergencies. Given the reality around staffing limitations during natural disasters, Premier encourages CMS to shift its focus away from mandates and, rather, advance policies that provide resources and enable staff to protect patients during emergencies.

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[5] "CMS Proposed Staffing Mandate: In-Depth Analysis on Minimum Staffing Levels". CliftonLarsonAllen LLP. September 2023. [CLA Staffing Mandate Analysis - September 2023 (ahcancal.org)]
[6] https://www.medpac.gov/wp-content/uploads/2023/03/October2023_MedPAC_meeting_transcript_SEC.pdf
[7] "Nursing Homes Reported Wide-Ranging Challenges Preparing for Public Health Emergencies and Natural Disasters". HHS OIG. September 1, 2023. https://oig.hhs.gov/oei/reports/OEI-06-22-00100.asp

Instead of implementing a flawed policy that could exacerbate the current challenges that LTC providers face in fully staffing their facilities, Premier urges CMS and Congress to work together to enact policies that help address the root of the problem, such as the recommendations outlined below.

III. Opportunities for Congressional Action on Behalf of the LTC Workforce

Boosting the non-physician pipeline –***Congress should take steps to bolster the ranks of non-physician clinical roles, including nursing, but also other vital roles such as pharmacists, occupational therapists, respiratory therapists and more.*** An issue we frequently hear with respect to nursing shortages is that the pool of willing candidates exceeds the number of available training slots in schools of nursing, at least partly due to limited number of available training faculty. Premier encourages Congress to consider ways to increase capacity, including examining whether all educators in such programs should require an advance degree or if there are opportunities for flexible standards that might create additional training capacity if some educators are permitted to have a bachelor's degree only for example.

In addition, ***loan forgiveness programs should be considered to incent new talent to join the field***. However, in many cases healthcare workers opt to not accept loan forgiveness funds because they are accounted for as income and can have a detrimental impact on an individual's finances if pushed into a higher tax bracket. Similarly, healthcare workers are often hesitant to accept employer assistance funds as they can also be counted as income and force the worker into a "benefit cliff." Therefore, Premier urges Congress to ensure that the tax implications of loan forgiveness programs do not act as inadvertent disincentives to individuals participating.

Premier also recommends that Congress seek opportunities to provide support to grant programs that expand vocational programs to help train for clinical roles that do not require four-year degrees, such as home health aides; nursing assistants; or technicians for pharmacy, radiology, and laboratory. For example, most states permit training opportunities for emergency medical technicians (EMTs) to begin in high school and similar programs should be considered for other non-four-year degree programs in the healthcare space. Premier additionally encourages Congress to support approaches and programs that connect high school students to health careers by enhancing recruitment, education, training and mentorship opportunities. Inclusive education and training experiences expose students and providers to backgrounds and perspectives other than their own and heighten cultural awareness in healthcare, resulting in benefits for all patients and providers. Studies also show that underrepresented students are more likely to serve patients from those communities.

Finally, ***Premier recommends that Congress provide continued strong funding for existing health workforce training programs under the Health Resources and Services Administration (HRSA) intended to target allied health professionals.*** Congress should continue to support the National Health Service Corps (NHSC), which provides scholarships and loan repayment funds for medical providers who agree to practice in medically underserved areas. Congress should also consider support for "earn while you learn" programs that support the growth and development of healthcare workers while employed in a healthcare facility.

Leveraging qualified international resources – More can be done to leverage qualified international healthcare workers domestically in ways that will ensure appropriate standards of care are met and labor shortages in the LTC sector are addressed. Premier applauds Congress for extending the Conrad 30 program in the second mini-omnibus package enacted in March. As advocated by Premier, the program

allocates each state 30 waivers that exempt J-1 physicians from the requirement to return to their country of origin in exchange for three years of service in an underserved community. ***Premier encourages Congress to pass the bipartisan Conrad State 30 and Physician Reauthorization Act (H.R. 4942 / S. 665), which would reauthorize the program for an additional three years and increase the number of J1 visas from 30 to 35 for certain eligible states.***

Premier also urges Congress to pass the Healthcare Workforce Resilience Act (H.R. 6205 / S. 3211), which would initiate a one-time recapture of up to 40,000 unused employment-based visas – 25,000 for foreign-born nurses and 15,000 for foreign-born physicians. The legislation would increase the number of highly trained nurses in the US healthcare system over the next three years by expediting the visa authorization process for qualified international nurses who are urgently needed but remain overseas due to backlogs and other bureaucratic delays despite many being approved to come to the US as lawful permanent residents. The bill would also allow for thousands of international physicians who are currently working in the US on temporary visas with approved immigrant petitions to adjust their status.

Finally, Premier recognizes that several U.S. health systems have an international footprint and believes this may serve as an opportunity for these international outposts to recruit and train healthcare workers to U.S. standards. By working collaboratively with the State Department and the Health Resources and Services Administration (HRSA), international training programs could help match workers with shortage areas in U.S. communities. Therefore, ***Premier urges Congress to consider a grant program or pilot program to test leveraging U.S. healthcare facilities overseas to recruit and train healthcare workers for placement in shortage areas in the U.S.***

Support use of technology and workflow solutions to address burnout – Clinical burnout is a symptom of a system in distress. If not addressed, the healthcare worker burnout crisis will hinder access to care, increase healthcare costs cause and worsen health disparities. However, technology can play a critical role in decreasing burnout in clinical settings. Congress can help empower LTC facility staff to work more effectively and maximize their workflow by providing post-acute care providers incentives to adopt health information technology more readily to standardize patient data, improve care quality and reduce costs. Unfortunately, clinical analytics technologies are currently not widely used in nursing homes and other long-term and post-acute settings to help them combat infection spread during any future disease outbreaks and during their day-to-day operations as programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act excluded LTPAC providers[8].

The rate of adoption and use of interoperable health IT among LTC providers lags far behind acute and ambulatory care providers[9]. This has created an uneven playing field in our healthcare eco-system that makes it challenging to treat the nation's older adults, chronically ill and vulnerable patients. As a result of technology gaps, it is more difficult to broaden data exchange between stakeholders, especially during instances of shared care and transitions of care between hospitals and the LTC sector. The pandemic also highlighted limitations[10] around quality, safety, infection control and public health reporting. A clear need exists for a comprehensive cross-continuum infection prevention and antimicrobial stewardship workflow, which could be utilized by infection preventionists, pharmacists, and other clinicians for clinical decision

[8] HHS Assistant Secretary for Planning and Evaluation, Health Information Technology Adoption and Utilization in Long-Term and Post-Acute Care Settings. December 2023.
[9] Office of the National Coordinator for Health IT, Report to Congress: Update on the Access, Exchange, and Use of Electronic Health Information through Trusted Networks. March 2024.
[10] HHS Office of the Inspector General, Lessons Learned During the Pandemic Can Help Improve Care in Nursing Homes. February 2024.

support, patient care, patient safety monitoring, and public health reporting, which is often lacking from LTC's EHRs currently in use.

To bolster the capabilities of LTC facility staff and improve patient care, Premier encourages Congress to consider policies that incentivize nursing homes and other LTPAC providers to implement EHRs and electronic clinical surveillance technology to provide meaningful assistance with infection control.

Protecting the healthcare workforce – The healthcare workforce is currently experiencing severe shortages because of unprecedented pressures, pushing our healthcare system to its limits. Last year, Premier published the results of a survey that it conducted in conjunction with the Agency for Healthcare Research and Quality that provided key insights on the incidence of workplace violence in healthcare settings. The survey revealed that 40 percent of healthcare workers have experienced an act of workplace violence in the two years prior to the survey and more than half of all survey respondents felt that workplace violence incidents had increased during their tenure.

Premier urges Congress to pass the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act (S. 2768 / H.R. 2584) which would provide federal protections for healthcare workers who experience violence and intimidation in their workplace settings. Premier believes that these legal protections would help provide healthcare workers with a safer environment in which to deliver patient care and help improve worker retention in the healthcare field.

IV. CONCLUSION

In closing, Premier appreciates the opportunity to share these recommendations with the Committee and looks forward to working with Congress as it considers policies to ensure patients in LTC facilities have access to the highest level of care. If you have any questions regarding our comments or need more information, please contact John Knapp at john_knapp@premierinc.com.