



Pennsylvania Alliance of Retirement Community Residents

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March Staffing Tidbits

Last year there was much discussion and written information about the regulatory packages submitted by the Department of Health (DOH) to amend state nursing facility requirements which included increasing nursing hours per patient day. In October a Legislative Tidbit reported that through negotiations with the Department of Health, **LeadingAge PA was able to mitigate the originally proposed 4.1 Nursing Hours Per Patient Day (NHPPD)** and associated ratios. DOH also committed to supporting providers through continued efforts on workforce initiatives.

Now staffing nursing hours have been initiated at the federal level. Here is some information that was copied from a news release from LeadingAge PA that outlines the major issues.

MECHANICSBURG, Pa. (March 1, 2023) – LeadingAge PA, an association representing more than 370 aging services providers, including many who operate nonprofit nursing homes, sent a letter to U.S. Senator Bob Casey Jr. outlining their concerns about a proposed federal staffing requirement by the Centers for Medicare and Medicaid Services (CMS) for skilled nursing providers. Senator Casey, chairman of the Special Committee on Aging and majority member of the Committee on Finance, recently sent a letter, along with senate colleagues, to CMS Administrator Chiquita Brooks-LaSure in support of a federal staffing minimum.

Here are notable excerpts from LeadingAge PA's letter, signed by president & CEO, Garry Pezzano, and co-signed by over 50 mission-driven nursing home operators:

“We agree that there has been an undeniable workforce crisis in recent years. However, establishing a federal minimum staffing requirement is not the most appropriate way to address this issue and would likely prove to be a detriment to quality that further restricts access to care for those who need it most. Before any staffing mandate can be reasonably considered, we must recognize that

providers are in crisis and residents' access to care is at risk, due in large part to historic underfunding and a workforce crisis that pre-dated the pandemic.”

“As you indicated, not-for-profit facilities and those that rely heavily on state Medicaid payments do in fact require additional funding to meet these challenges and offset the increased costs and inflation that have arisen out of the pandemic. A minimum staffing standard, which fails to take into account the individual nuances of each state and community, only further exacerbates these financial challenges and will likely lead to additional closures and a reduction of beds available to serve our nation’s older adult population.”

“While we understand the impulse of needing to do something after the tumultuous years and disastrous consequences inflicted by COVID-19, we cannot point the finger at nursing facilities that showed remarkable resilience and innovation while dealing with an unparalleled crisis with limited support and resources. Rather than imposing a minimum that further punishes them for consequences outside of their control, we need to come together with support and innovation that will allow for growth and sustainability.”

“In 2022, as updated state nursing facility regulations were in development, Pennsylvania’s government and industry stakeholders were able to come together and negotiate relatively reasonable staffing standards tied to a long overdue increase in funding for Medicaid-certified nursing facilities, along with a mutual acknowledgment and agreement of the need for additional investment moving forward to offset historic underfunding and rising costs... A federal mandate would not only undo this important work which was completed in Pennsylvania last year, but would also rob other state governments, providers, and stakeholders of the opportunity to come together in a similar fashion to reflect upon the unique needs of their own state.”