

**Sarah Schumann**  
**Vice President of Operations, Brookside Inn**

Answers to Questions for the Record  
Subcommittee on Health  
House Committee on Energy and Commerce  
*Supporting Access to Long-Term Services and Supports: An  
Examination of the Impacts of Proposed Regulations on Workforce and  
Access to Care.*  
October 25, 2023

The Honorable Earl L. "Buddy" Carter

**1. What does access to long-term services and support look like in rural and underserved communities? How has access to care changed in the past three years, as people left the workforce?**

While my nursing homes are located near Denver, one of my facilities predominantly and proudly serves residents who rely on Medicaid. Also, as a member of the American Health Care Association's (AHCA) Board of Governors, I hear from long term care providers serving in rural and underserved communities about the challenges they face. Access to care in these areas and across the country has been severely limited, largely due to the ongoing labor crisis in long term care.

The nursing home sector raised concerns about staffing challenges before the pandemic, but COVID-19 exacerbated these workforce challenges into a crisis. Nursing homes disproportionately lost more workers than any other health care profession, and still to this today, are struggling to get back to pre-pandemic workforce levels while other health care professions have already rebounded. Hundreds of thousands of care professionals have left health care altogether, yet we do not have a steady supply of new caregivers being trained to replace them. Finding registered nurses (RNs) is especially challenging in rural communities.

When nursing homes cannot find or compete for the caregivers they need, they must limit admissions, downsize their facility, or close entirely. According to [AHCA's Access to Care report](#), since 2020, more than 500 nursing homes have closed, displacing more than 20,000 residents. Three in 10 of these closures were in rural communities. Nursing homes that closed also tend to primarily serve residents relying on Medicaid for their care, demonstrating how chronic underfunding has played a factor. Meanwhile, more than half of nursing homes are having to turn away prospective residents and patients, and roughly a quarter have had to close a wing, unit, or floor due to labor shortages.

Closures and downsizing have a devastating impact on nursing home residents, family members, and staff—especially in rural and underserved communities. These areas often have few other long term care options, meaning seniors are uprooted from their long-standing communities and family members are forced to travel greater distances to visit their loved ones.

**2. If the proposed minimum staffing rule were to be implemented in its current form, how would it impact your community and the patients you serve? Do you believe that these proposed rules would decrease access to care for patients?**

The proposed staffing rule in its current form would have devastating consequences on my community and our residents at Brookside Inn and Brookside Rehabilitation &

Wellness. There is a historic labor shortage within the long term care sector, and there are not enough qualified workers as it is.

As a small, independent operator who serves residents on Medicaid, our resources are limited. Due to the ongoing labor shortage, my facility has had to rely on costly, temporary staffing agencies in order to continue operating, which is not financially sustainable. As I mentioned in my testimony, we are still in recovery mode from the pandemic. In Colorado, we have one of the fastest growing elderly populations, but like the rest of the nation, our caregiver workforce cannot keep pace. All of our local healthcare providers, including hospitals, hospices, doctor's offices and in-home health care agencies, currently need and are recruiting licensed nursing personnel as well, which means the pool is even more competitive and limited. Without the sheer numbers of workers available, seniors' access to care will be limited.

Nationwide, nursing homes would need to hire more than [100,000 additional nurses and nurse aides](#). This mandate would only penalize or shut down facilities that are doing everything they can to recruit caregivers that simply are not there. This would decrease access to care because facilities may have to limit the number of residents they can serve if they can't find and hire the number of nurse and nurse aides they need to meet the requirements.

**3. Do you agree that this new requirement will cause providers to close or reduce service areas?**

Yes, I agree that this requirement will cause providers to close or reduce service areas. We have already seen nursing homes in Colorado close as a result of financial struggles and workforce shortages, and this unfunded mandate would exacerbate the problem for providers across the state and nationwide. Implementing the staffing mandate is predicted to result in nearly 300,000 nursing home residents nationwide being displaced and left to find another option for care. An unfunded mandate would result in devastating consequences for providers, caregivers and the residents they serve.

**4. What would this mean for patients, families, and caregivers in my district who are already forced to drive hours to get the care that they need?**

In Colorado, I have already seen residents driving long distances to receive the care that they need from facilities like ours. I am not surprised that the same is true in your Georgia Congressional District. AHCA's Access to Care report also found that 30 more U.S. counties became nursing home deserts due to closures over the course of the pandemic.

Should this unfunded staffing mandate proceed, more facilities will be forced to limit their resident admissions or close their doors permanently, increasing the distances that individuals must travel for care options. This mandate will put an undue strain on

nation's seniors, their loved ones, and our caregivers. We need more access to care, not less.

**5. Where will people in rural communities get their care if nursing homes close?**

If nursing homes in rural communities continue to close, the residents at these facilities will need to seek care at a different nursing home, more than likely resulting in them traveling even greater distances for care. These residents require the specialized care of a nursing home, so they will have to make extreme sacrifices in order to get that care. It might mean moving to another city, county or state.

It is a mistake to assume that nursing homes residents could receive this care at home. Most of our residents are extremely frail and require around-the-clock care. Even on the rare occasion that a resident could transition to a home or community-based setting, this industry is also facing a growing caregiver shortage.

**6. Do you believe patients' best interest for quality care was considered when CMS put forth this proposed rule?**

I believe that CMS has good intentions, but they have not fully considered the unintended consequences of this proposed mandate. What they have failed to recognize is that minimum staffing requirements do not guarantee quality care, and that they cannot fix this growing labor crisis without meaningful resources and recruitment programs.

The staffing mandate not only threatens dangerous results because it is a poor staffing approach and unfunded, but also because it is entirely unrealistic. Ninety-four percent of facilities will not be able to meet the staffing mandate as it's currently written. This is particularly harmful to residents in underserved communities, as they have limited resources and face more difficulty increasing their staffing levels.

Thoughtful workforce solutions, rather than unfunded mandates, are what we need to support our caregivers and improve care for residents. The bottom line is that if CMS finalizes this rule, access to care will be at even greater risk for our growing elderly population.