



PHI QUALITY CARE
THROUGH
QUALITY JOBS

James E. Clyburn, Chair
Select Subcommittee on the Coronavirus Crisis

September 21, 2022

Dear Chairman Clyburn and Members of the Select Subcommittee on the Coronavirus Crisis,

On behalf of PHI, I appreciate the opportunity to submit this Letter for the Record about the impact of the COVID-19 pandemic on nursing homes.

PHI is a national non-profit organization that works to transform eldercare and disability services by promoting quality direct care jobs as the foundation of quality care. For over three decades, PHI has been the nation's leading expert on the direct care workforce through our research, policy analysis, and direct consultation with policymakers, payers, providers, and workers—providing a unique 360-degree perspective on the long-term services and supports (LTSS) system and its workforce in the United States.

The direct care workforce comprises 4.7 million personal care aides, home health aides, and nursing assistants employed across the United States, primarily in LTSS.¹ This letter focuses on the estimated 471,000 nursing assistants who work in our country's skilled nursing homes.

Long-standing job quality concerns for nursing assistants in nursing homes

Nursing assistants spend more time with nursing home residents than any other member of the interdisciplinary care team—providing assistance with activities of daily living, performing clinical tasks under the supervision of licensed professionals, and promoting social engagement and emotional support. They play a critical role in supporting quality of care and quality of life for nursing home residents, many of whom are living with complex physical, cognitive, and/or mental or behavioral health conditions.

Yet nursing assistants have struggled for decades to fulfill this essential but exceedingly difficult job without sufficient training, compensation, career advancement, recognition, or respect. For example, despite the dramatically increasing acuity of nursing home residents,² federal regulations require nursing assistants to complete just 75 hours of entry-level training—a minimum standard that was set more than 30 years ago. As another example, the current federal regulations only stipulate that nursing homes must employ “sufficient nursing staff with

the appropriate competencies and skills sets” to meet residents’ needs (rather than mandating minimum hours of resident care or staff-to-resident ratios)—an unenforceable requirement that results in untenably high workloads for nursing assistants and compromises care for residents.³

Moreover, low wages and insufficient employment benefits are the norm for nursing assistants. Nursing assistants’ wages have barely increased over the past decade, when adjusted for inflation, from a median wage of \$13.61 in 2011 to just \$14.41 by 2021.⁴ (These wages fall short of median wages for jobs in other industries with similar or even lower entry-level requirements, such as fast food and retail jobs.⁵) As a result of low wages, more than one in 10 nursing assistants live in poverty and nearly two in five live in low-income households (below 200 percent of the federal poverty level). Fifteen percent of nursing assistants lack health insurance, and a further quarter rely on public coverage, most commonly Medicaid.

Given these realities, the nursing home sector has long grappled with high workforce turnover and job vacancy rates, with dire implications for the wellbeing of both staff and residents. As one indicator, median annual turnover among nursing assistants was estimated at 99 percent in 2017 to 2018, well before the COVID-19 pandemic.⁶

The impact of COVID-19 on nursing assistants in nursing homes

The COVID-19 pandemic revealed and exacerbated myriad existing problems in the nursing home sector, as well as introducing unimaginable new challenges.

Nursing assistants faced disproportionately high risks of exposure, illness, and adverse outcomes related to the virus—both as essential workers who could not work remotely or maintain social distancing, and as a predominantly low-income, women of color workforce. Although specific data on nursing assistants’ infection and death rates are not available, data from the Centers for Medicare & Medicaid Services (CMS) show that more than 1.3 million nursing home staff in total contracted COVID-19 from March 2020 through September 2022, and nearly 2,700 lost their lives.⁷ A recent analysis of workplace injuries data found that nursing assistants in particular were nearly eight times more likely to experience workplace injuries in 2020 than the typical U.S. worker due to the impact of COVID-19 (a “work-related illness” that counts as a workplace injury).⁸ COVID-19 caused injury rates among nursing assistants to increase by more than 300 percent within one year, from 299 injuries per 10,000 workers in 2019—already a high rate of injury—to 1,014 injuries per 10,000 workers in 2020.

Inadequate distribution of personal protective equipment (PPE) to nursing homes in the early waves of the pandemic⁹ and inconsistent vaccine rollout in later stages¹⁰ contributed enormously to the risks faced by nursing assistants in nursing homes. Nursing assistants were also tasked with helping prevent and manage devastating outbreaks with insufficient information and training and without the indispensable support of family members, volunteers, and other members of the care team.¹¹

Nursing homes filled staffing gaps with “temporary nurse aides” (hired under the waiver of nursing assistant training and competency standards that was issued by CMS in March 2020¹²) and contract staff. With regards to contract staff, the data show that in 2020, 41 percent of nursing homes used staffing agencies to fill nursing assistant job vacancies for a median of 89 days during the year, while by 2021, up to 62 percent of nursing homes relied on staffing agencies for a median of 166 days.¹³ These crisis-mode hiring strategies mean that nursing homes were increasingly staffed during the pandemic by individuals with limited training and/or personal knowledge of residents, putting enormous pressure on fully trained and employed nursing assistants to maintain care quality and continuity.

Relatedly, there is growing evidence of the emotional and psychological toll of working during the COVID-19 pandemic. Nursing assistants in nursing homes dealt with the risk or reality of illness and death on a daily basis, especially during the first waves of the pandemic, and had to manage the “moral injury” and “moral distress” associated with their efforts to provide quality care in impossible circumstances.¹⁴ One survey of nearly 21,000 U.S. health care workers conducted in May through October 2020 found that “stress summary scores” (which incorporated stress, fear of exposure, anxiety/depression and workload) were highest among nursing assistants as compared to other respondents.¹⁵ At the same time, nearly 70 percent of nursing assistants in this research expressed a sense of purpose, but only 41 percent felt valued—reflecting the mismatch between their internal motivation and the external recognition of their essential contribution.

Priorities for federal action

The nursing home quality report that was released by the National Academies of Science, Engineering, and Medicine (NASEM) in April 2022 provides a blueprint for action to transform nursing homes for those who live and work in this sector.¹⁶ The NASEM report recommendations align with and build upon the nursing home priorities that were established by the White House in February 2022.¹⁷ As a member of the *Moving Forward Nursing Home*

Quality Coalition,¹⁸ PHI is particularly committed to advancing the second goal of the NASEM report, which is to ensure a well-prepared, empowered, and appropriately compensated workforce in nursing homes.

We applaud the efforts that are already underway to establish federal minimum staffing standards for nursing homes through an evidence-based and stakeholder-informed process. We look forward to the release of the proposed standards in Spring 2023, and for the final regulations to be implemented as soon as possible thereafter. We also underscore the need for ongoing research to measure the impact of the new regulations on both workforce and resident care outcomes.

We also appreciate CMS's recent guidance to states on how to use Medicaid authorities to improve staff pay, training, and more—job quality investments that are acutely needed to recruit and retain sufficient numbers of nursing assistants to provide quality care.¹⁹ This type of federal leadership is critical for driving change across states.

We call on the federal government—including Congress, the White House, and key federal departments and agencies—to take further, immediate steps to address the staffing crisis in nursing homes and shore up this sector for the future.²⁰ We end this letter by highlighting three key opportunities.

First, an inter-agency task force should be convened to **develop a national direct care compensation strategy**. Involving CMS, the Administration for Community Living (ACL), the Health Resources and Services Administration (HRSA), the Department of Labor (DOL), and other federal leaders, the remit of this task force should be to develop specific recommendations for states on Medicaid rate-setting and other strategies to ensure livable and competitive wages for all direct care workers, including nursing assistants in nursing homes. The recommendations should then be translated into regulations that align with other efforts to enhance transparency and accountability for nursing homes and other LTSS providers. Action to improve compensation for direct care workers is critically needed to ensure that the LTSS field can fill the 7.9 million total direct care job openings that are projected from 2020 through 2030.²¹

A second opportunity is to fund and evaluate new models of care delivery in nursing homes and other LTSS settings that **leverage and maximize the role of nursing assistants** and other direct care workers. To that end, we urge Congress to re-introduce, enact, and fully fund the *Improving Care for Vulnerable Older Citizens and People with Disabilities through Workforce Advancement*

Act, which aims to build the evidence base on advanced roles in direct care, with a specific focus on models that better integrate workers into the interdisciplinary care team and models to improve care for individuals with complex chronic conditions.²² Investing in advancement opportunities for nursing assistants and other direct care workers will support workforce recruitment and retention, improve care quality and outcomes, and save costs.

Finally, we call for **meaningful immigration reform** to strengthen, stabilize, and support the direct care workforce in nursing homes and across LTSS. Immigrants comprise more than 20 percent of nursing assistants in nursing homes, and 27 percent of the full direct care workforce.²³ Specifically, we urge Congress to re-introduce, enact, and fully fund the *U.S. Citizenship Act of 2021*, which would provide a pathway to citizenship for approximately 11 million undocumented immigrants, including direct care workers (classified as “essential workers”).²⁴ We also urge the U.S. Department of State to create special visas for direct care workers to build the pipeline into this workforce, as long as such visa programs include strong worker protections and do not tie an immigrant worker’s immigration status to their employer. Finally, we encourage the Department of Health and Human Services (HHS) to fund measures that support immigrant direct care workers, including immigrant-specific workforce programs in direct care.

Thank you again for the opportunity to submit this Letter for the Record. We look forward to an ongoing conversation with you and other Congressional leaders about how to best support nursing assistants in nursing homes through the COVID crisis and beyond.

Sincerely,

Jodi M. Sturgeon
President and CEO

Notes

- ¹ PHI. 2022. *Direct Care Workers in the United States: Key Facts*. <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-3/>.
- ² Fashaw, Shekinah A., Kali S. Thomas, Ellen McCreedy, and Vincent Mor. 2020. "Thirty-year trends in nursing home composition and quality since the passage of the Omnibus Reconciliation Act." *Journal of the American Medical Directors Association* 21(2): 233-239.
- ³ Bostick, Jane E., Marilyn J. Rantz, Marcia K. Flesner, and C. Jo Riggs. 2006. "Systematic review of studies of staffing and quality in nursing homes." *Journal of the American Medical Directors Association* 7: 366-376.
- ⁴ PHI, 2022.
- ⁵ PHI. 2020. *Competitive Disadvantage: Direct Care Wages Are Lagging Behind*. Bronx, NY: PHI. <https://www.phinational.org/resource/competitive-disadvantage-direct-care-wages-are-lagging-behind/>.
- ⁶ Gandhi, Ashvin, Huizi Yu, and David C. Grabowski. 2021. "High nursing staff turnover in nursing homes offers important quality information." *Health Affairs* 40(3): 384-391.
- ⁷ Centers for Medicare & Medicaid Services (CMS). "COVID-19 Nursing Home Data." Last updated June 19, 2022. <https://data.cms.gov/covid-19/covid-19-nursing-home-data>. Data current as of the week ending 09/04/2022.
- ⁸ PHI, 2022.
- ⁹ McGarry, Brian E., David C. Grabowski, and Michael L. Barnett. 2020. "Severe staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic: Study examines staffing and personal protective equipment shortages faced by nursing homes during the COVID-19 pandemic." *Health Affairs* 39(10): 1812-1821.
- ¹⁰ Chidambaram, Priya and MaryBeth Musumeci. 2022. *Nursing Home Staff Vaccination Rates Vary Widely by State as Vaccination Mandates Take Effect*. San Francisco, CA: Kaiser Family Foundation. <https://www.kff.org/coronavirus-covid-19/issue-brief/nursing-home-staff-vaccination-rates-vary-widely-by-state-as-vaccination-mandates-take-effect/>.
- ¹¹ White, Elizabeth M., et al. 2021. "Front-line nursing home staff experiences during the COVID-19 pandemic." *Journal of the American Medical Directors Association* 22(1): 199-203.
- ¹² Scales, Kezia and Robyn Grant. 2022. "Nursing assistants have training standards for a reason." *PHI Newsroom*, June 2, 2020. <https://www.phinational.org/nursing-assistants-have-training-standards-for-a-reason/>.
- ¹³ PHI, 2022.
- ¹⁴ Laher, Zainab, et al. 2022. "Prevalence, predictors, and experience of moral suffering in nursing and care home staff during the covid-19 pandemic: a mixed-methods systematic review." *International Journal of Environmental Research and Public Health* 19(15): 9593.
- ¹⁵ Prasad, Kriti, et al. 2021. "Prevalence and correlates of stress and burnout among US healthcare workers during the COVID-19 pandemic: A national cross-sectional survey study." *EClinicalMedicine* 35: 100879.
- ¹⁶ National Academies of Science, Engineering, and Medicine (NASEM). 2022. *The National Imperative to Improve Nursing Home Quality*. Washington, DC: NASEM. <https://nap.nationalacademies.org/catalog/26526/the-national-imperative-to-improve-nursing-home-quality-honoring-our>.
- ¹⁷ The White House. 2022. "Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes." *Fact Sheet, February 28, 2022*. <https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/>.
- ¹⁸ Moving Forward Nursing Home Quality Coalition. <https://movingforwardcoalition.org/>. Accessed 9/20/22.
- ¹⁹ CMS. 2022. *CMCS Informational Bulletin, August 22, 2022*. <https://www.medicaid.gov/federal-policy-guidance/downloads/cib08222022.pdf>.
- ²⁰ PHI. 2021. *Federal Policy Priorities for the Direct Care Workforce*. Bronx, NY: PHI. <https://www.phinational.org/resource/federal-policy-priorities-for-the-direct-care-workforce/>.
- ²¹ PHI, 2022.
- ²² H.R.6149 - *Improving Care for Vulnerable Older Citizens and People with Disabilities through Workforce Advancement Act of 2021*. <https://www.congress.gov/bill/117th-congress/house-bill/6149?s=1&r=36>.
- ²³ PHI, 2022.
- ²⁴ H.R.1177 - *U.S. Citizenship Act*. <https://www.congress.gov/bill/117th-congress/house-bill/1177/text>.