COUNTY OF LEHIGH

CEDARBROOK - FO 724 DELAWAR

BETHLEHEM,

(610) 691-6700

TO:

Independent Regulatory Review Commission

333 Market Street, 14th Floor

Harrisburg, PA 17101

DATE:

August 27, 2021

SUBJECT: Rulemakings 10-221 (Long-Term Care Facilities, Proposed Rulemaking Part 1)

To whom it may concern:

CEDARBROOK - ALLENTOWN

350 S. CEDARBROOK ROAD

ALLENTOWN, PA. 18104

(610) 395-3727

First, I wish to thank you for accepting and reviewing my comments regarding proposed legislation to increase minimum staffing ratios in Pennsylvania nursing homes from 2.7 hours per patient day to 4.1 hours per patient day. I also wish to convey my thanks to the Department of Health employees who are working so diligently to support nursing homes during the pandemic.

Cedarbrook Senior Care and Rehab is a Lehigh County owned skilled nursing facility license that cares for a very large Medicaid population with a variety of nursing care needs. In pre-pandemic times the organization typically cared for 625-630 residents per day, and about 90% of that population was covered by Medicaid. This of course requires an enormous amount of labor hours, and historically we have been able to far exceed the current 2.7 requirement per our quarterly CMS payroll data submissions. While we pride ourselves in the goal of providing great care delivered by excellent staff, we see that the Department's proposal is a significant increase in hours compared to what we have been historically able to provide.

Cedarbrook appreciates the principled intentions of the Department to increase nursing home staffing in the state, but we do not find it to be even remotely feasible at the moment to meet the Department's proposal. We tend to look at issues in terms of pre-pandemic vs pandemic for reference as we navigate these very challenging times. Pre-pandemic, there was already an unfolding labor supply crisis in all of healthcare. The number of nursing staff retiring from the industry has increasingly exceeded the available pool of new candidates for positions over the last several years. Pre-pandemic, there was also a growing problem in the labor market, shared by most industries in the U.S. economy, called "ghosting," in which candidates choose to discontinue contact with hiring managers without notice or explanation despite the hiring managers' best efforts. It was becoming nearly a heroic effort prepandemic to bring candidates from interview to day 1 of hire, which severely compounds the decreasing labor pool problem.

For a variety of reasons, a large number of healthcare staff left the industry during the pandemic. converting the pre-pandemic industry labor challenges into a full-blown crisis. Per multiple recent articles about the nursing home labor shortages nationally, "Nursing homes and residential-care facilities employed three million people in July, down 380,000 workers from February 2020, according to the Bureau of Labor Statistics." i The decreased pool of nursing home staff has made it much more challenging to hit our own current staffing standards.

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As such, we have had to go to lengths that we never had to before, including temporarily, and significantly, reducing the number of admissions to limit census. The access to care problem is significant and we have had waiting lists to admit to different units in our organization. This is similar to many other organizations in the industry. Not only are we unfortunately seriously competing with our friends in the long-term care industry for staff, but we are also competing with hospitals, remote work opportunities, and even completely different industries, all of which seem to be in extreme shortages of available staff.

As such we currently do not find the increase in minimum staffing ratios to be feasible until the pool of available healthcare talent is dramatically and sustainably increased. That effort will require significant, results-driven state investments in nursing degree programs and regional certified nurse aide training programs to produce real pipelines of new healthcare talent over the next several years. Additionally, we need to keep the current staff who are working in this industry. These dedicated folks have worked in very difficult conditions while watching many others in society working at home or collecting unemployment. I would advocate that society owes nursing home staff a significant debt, satisfied at the *federal* level through tax credits or some other mechanism in each of the next several years to meaningfully reward current working staff for their continued dedication to our seniors.

Our mission as a county nursing home is to provide quality care to a very large Medicaid population. The demand for Medicaid beds is significant, but care is very costly. There is no current reimbursement mechanism at the state or federal levels to support increased staffing ratios, particularly during a time when labor costs are inflated to levels never seen before. If the available pool of nursing labor is sufficiently increased to support higher staffing ratios, there needs to be a reimbursement mechanism built into Medicaid to support such staffing ratios. Additionally, a 4.1 ppd requires a budget sufficiently in excess of 4.1 to absorb call-outs and unforeseen circumstances that occur daily in any nursing home, which needs to be calculated into the total costs of the state's proposal and is considered in our own projection of what the proposal would cost Cedarbrook.

In summary, our seniors do deserve the best care that society can offer, and that requires society to produce the right number of available healthcare professionals and the right amount of funding to successfully increase current regulatory standards. Until that improved labor force and funding are there in a sustainable manner, it is not possible to implement the Department's proposal without critically reducing access to nursing home care in Pennsylvania.

Sincerely,

Jason Cumello, Administrator/Director Cedarbrook Senior Care and Rehabilitation

https://www.wsj.com/articles/nursing-homes-keep-losing-workers-11629898200