



Stephen Hoffman

From: IRRC
Sent: Monday, June 27, 2022 10:09 AM
To: Michelle Elliott; Laura Campbell; Fiona Cormack
Cc: Stephen Hoffman
Subject: FW: Comments Re: Department of Health Proposed Nursing Facility Regulations

Comment on #3343.

Kathy Cooper
 Independent Regulatory Review Commission
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From: Barth, Aaron <aaron.barth@asbury.org>
Sent: Monday, June 27, 2022 10:04 AM
To: RA-DHLTCRegs@pa.gov; IRRC <irrc@irrc.state.pa.us>
Subject: Comments Re: Department of Health Proposed Nursing Facility Regulations

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Dear Department of Health team:

My name is Aaron Barth and I serve as the Executive Director for the Asbury RiverWoods Continuing Care Retirement Community (CCRC) in Lewisburg, PA. Our campus has taken pride in a tradition of delivering quality care to elderly residents since 1916. We have sought to support the work of the DOH whenever possible, including engaging with Peter Blank and his team as recently as this winter on a hospital Decompression project aimed at reducing the COVID-19 burden on area hospitals. I recognize the difficult task that DOH committee members face in seeking to propose standards of care while balancing operational realities within the industry. Today, I am writing to share perspectives and concerns from our campus regarding the recently proposed nursing facility regulations printed in the May 28, 2022 edition of the Pennsylvania Bulletin.

Aside from our Independent Living and Personal Care areas of campus, 110 individuals currently reside in our nursing home. At our peak, the RiverWoods Skilled Nursing Facility (SNF) cared for 226 residents across 6 neighborhoods, with a lengthy waiting list of individuals waiting for a space to open. The primary reason we have had to close beds and units in recent years has been due to our inability to afford the skyrocketing costs for maintaining appropriate staffing levels across the SNF. It is my opinion that imposing further regulations as proposed in the recent Bulletin will further hinder our ability to successfully deliver care to current and future residents. Specifically, I believe that these rules would place tremendous financial burden on SNFs like ours, as well as limit our ability to provide access to residents in need of our care.

To clarify, we spend significant financial resources with the aim of ensuring that residents receive optimal care during their time at RiverWoods. A tremendous strain on our SNF has been the need to employ contract labor to fill staffing holes in our schedules. Currently, 33% of our nursing care team are staffed by agencies who demand an extremely high rate of pay for their services. At our worst point in the past year this agency percentage was 40%. We expend tremendous effort to retain our current staff, but the current marketplace incents nursing staff to join agencies so as to

achieve higher rates of pay for themselves. We then find ourselves in a vicious financial cycle where our cost to deliver care exceeds the revenues we gain for providing it. The recent proposal to increase SNF staffing levels will only exacerbate this problem as it would require us to seek out additional staff in addition to those currently employed. I suggest that the DOH would do well to abandon this proposal and instead advocate with state legislators to pass laws capping agency staffing rates that do not gouge SNFs like ours, who are desperate to care for the residents we treat.

Should the proposed legislation be passed into law, one likely outcome may also be that it would limit our ability to accept new admissions depending upon staffing on any given shift. This in turn would place tremendous pressure on area hospitals and other facilities who rely on our SNF to accept patients to free up space for other individuals requiring their services.

Thank you for your willingness to receive feedback on your proposed legislation. It is clear that your proposals are driven by a desire to protect residents and maintain a high standard for the facilities offering care. Unfortunately, I believe that this legislation will have the unintended consequence of forcing struggling SNFs into further financial difficulty, which may then reduce the number of beds facilities can staff. In some cases, the legislation may force facilities to close their doors.

Please feel free to reach out if I can provide any further context or insight.

Sincerely,
-Aaron Barth

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