



The Honorable Bernie Sanders
United States Senate
393 Russell Senate Office Building
Washington, D.C., 20510

The Honorable Bill Cassidy
United States Senate
455 Dirksen Senate Office Building
Washington, D.C. 20510

March 20, 2023

Dear Senators Sanders and Cassidy,

I want to begin by sincerely thanking you — and the members of the Senate Health, Education, Labor and Pensions (HELP) Committee — for your commitment to addressing the crisis that continues to plague our health care continuum: workforce shortages. Without caregivers, care simply cannot be provided. And your determination in resolving this issue — one that is now impacting access to care across the country — comes at a time when President Biden and your colleagues in Congress are advocating for a minimum federal staffing requirement for nursing facilities. If that mandate were to be fully funded, and the workforce existed to support it, this would be a terrific initiative; instead, this agenda will only create a nightmare scenario in which care across the United States is jeopardized due to immense demand and limited available staff.

My name is Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association (PHCA). We are a long-term care advocacy organization serving those who have made it their mission to care for seniors and adults with disabilities. I write to you today on behalf of more than 450 member facilities across Pennsylvania, including nursing homes, personal care homes and assisted living communities.

After watching the hearing your committee hosted in February, we felt it is important to answer your call for comment, specifically from stakeholders who can address workforce challenges and — most importantly — propose real solutions. We have testified multiple times on this matter throughout the past three years at the state level, and our association prides itself on working with elected leaders to present solutions that can make a real difference. To have the opportunity to support your committee's efforts at the federal level is a real honor.

Though your hearing provided a wealth of knowledge from many well-established health care professionals, representation from the long-term care community was absent. Through this letter, we're hoping to fill that void and share our experience.

Long-term care providers do not typically receive widespread recognition or appreciation for the work they do; whereas, hospital staff or those in physicians' offices are often lauded for the care they provide. The importance of providing high-quality care for those in their later stages of life

tends to be overlooked. Even so, we cannot ignore the critical role long-term care plays within our health care continuum. The impact of a collapsing long-term care sector would be equivalent to pulling one of four legs out on a stool — once weight is applied, the entire system will fall. We've already begun to experience this in Pennsylvania and are hearing more about it [nationally](#), as hospitals have become backlogged with patients — both elderly residents and those in search of rehabilitation — because they are unable to discharge those patients to nursing homes.

It is important to note that long-term care facilities are not just places for older individuals. They are medical centers for residents on ventilators, rehabilitation centers for those in recovery and a safe, secure space for our loved ones living with dementia and memory loss. This is a portion of our population, along with adults 65 and older, that happens to be the fastest-growing demographic in our state. However, our [workforce challenges](#) are prohibiting many citizens from being admitted for care.

In early February, [PHCA surveyed its members](#) on the current state of long-term care in Pennsylvania. Here is an overview of our results.

- Almost all nursing facility respondents have direct care positions open. In fact, 31 percent of our respondents had 21 or more direct care positions unfilled.
- More than half of the respondents had beds they are unable to use because there aren't enough workers to staff them.
- The current average waitlist for a nursing facility in Pennsylvania is three people. With nearly 680 nursing facilities in the state, that equates to more than 2,000 individuals waiting for care.
- The reliance on contract agency usage, which was mentioned by Senator Sanders during the February hearing, is increasing and becoming more costly — not just for nursing facilities, but for assisted living communities and personal care homes as well, which care for individuals on fixed incomes.
- Labor costs are up, on average, 20 percent since 2019, whereas reimbursement rates have not entirely kept pace.

How did the long-term care continuum arrive at this point? It's easy to blame the past three years and the COVID-19 pandemic, but our long-term care workforce challenges existed long before March 2020. In fact, in 2019, Pennsylvania's Auditor General wrote a report about our workforce shortages, titled [Who Will Care for Mom and Dad?](#)

First and foremost, government funding needs to be addressed. For our 680 nursing homes across the commonwealth, more than 80 percent of their resident care is paid for by Medicaid and Medicare. More than 70 percent is Medicaid alone. But reimbursement rates haven't kept pace with rising costs, as there had not been an increase in Medicaid reimbursement in Pennsylvania for nearly ten years, until last year. As a result, our providers were operating at, on average, -2.4 percent margins prior to the pandemic — today, that margin has grown to more than -8 percent.

That disparity denies providers the ability to invest in their workers with higher wages, benefits, bonuses and incentives. If the costs to provide care rise, government reimbursement must keep pace.

Second, working in long-term care is not easy; in fact, it takes a very special, dedicated individual to remain in this type of career. Throughout the COVID-19 pandemic, our workforce was thrust to the epicenter of the pandemic — often with little government support or resources. This drove thousands of workers into early retirement or into a different career altogether, forcing an even greater turnover rate than normal.

Finally, we cannot overstate the effects of negative headline press and selectively-informed, unfavorable public opinion towards long-term care. Good, positive occurrences take place in nursing homes across the country every single day, yet very rarely do we see those stories highlighted in the news cycle. Rather, long-term care — one of the most regulated and transparent health care industries in the country — is defined by negative, isolated incidents that serve as a depiction of the entire continuum. This has driven many workers to other industries because of the public negativity that discredits and undermines their work.

So, what can be done to address these challenges?

First, what *cannot* be done is the implementation of an unfunded and unattainable federal staffing requirement for nursing homes. Pennsylvania took a terrific step forward to address staffing issues last year, as we were proud to collaborate with elected leaders, the workers' unions (SEIU Healthcare PA) and state regulators to develop new, higher staffing minimums and ratios to enhance care. This was also tied to 'accountability' provisions for providers, as well as commensurate state funding. We believe this should be the template for states across the country, and we have made our position [well-known to Senator Bob Casey](#) and other members of the Pennsylvania Congressional delegation.

Implementing a national requirement will create major disruptions across the continuum. At worst, providers will be forced to shutter their doors, and the access to care crisis will worsen as thousands of residents will be discharged and have nowhere to turn for care. At best, providers will be forced to discharge only a handful of their residents just to meet the higher mandate, which will still leave us in a crisis situation.

If a national staffing minimum is, in fact, recommended and implemented, then the next federal budget must include significant investments in nursing homes. Earlier this month, President Biden was in Philadelphia to announce his budget priorities, where he outlined — among other priorities — his proposal to allocate \$150 billion for home and community-based services (HCBS). While HCBS is a valuable and a necessary component of the health care continuum, lawmakers cannot afford to saddle more than 15,000 nursing homes with an unfunded mandate while handing billions of dollars to a relatively-unregulated home care sector.

Second, as we attempt to find ways to address our workforce challenges from a long-term perspective, we need to reach students at an early level to educate them on our “careers of compassion.” In education, we hear a great deal about STEM and other programs that cater to STEM-related careers, yet very little regarding nursing and health care. As a society, we need to better illustrate and amplify the career opportunities that exist in long-term care, especially with our country’s youth. These are careers with great growth potential that will be in high demand for years to come, given the rise in our aging population.

Third, just as Senator Sanders mentioned during the February committee hearing, we do not have enough instructors to certify nurses. We not only need to fund the care of individuals receiving it, but we also need to fund the programs that *develop* caregivers.

Fourth, our population is quickly becoming disproportionately older. For instance, Pennsylvania’s 65+ population is expected to nearly double by 2040, yet we are seeing less growth in our younger demographics. This begs the question: where will we find our current and future workers? One way to address this is with comprehensive immigration reform. We have caregivers from other countries who want to work here, but they either cannot make their way into our country due to bureaucratic red tape and backlogs, or regulations prohibit them from doing the jobs we need filled.

We urge Congress and the Biden Administration to expand H-1B visas for health care workers and commit more resources to swiftly evaluating current and future applicants.

Lastly, we need to take innovative steps in career development. During the pandemic, the federal government implemented the Temporary Nurse Aide (TNA) program, which allowed individuals to take a shortened course that permitted them to receive hands-on training to help provide care in nursing facilities. More than 15,000 Pennsylvanians signed up, and we’re proud to share that more than 5,000 of those TNAs became full-time Certified Nurse Aides (CNAs). But that program is now set to expire in the months ahead. We must break down barriers of entry for those that might want to consider a career in health care and work harder at making career development easier.

Once again, thank you for your willingness to help address our workforce challenges. Should you have any questions, please contact me via email at zshamberg@phca.org.

PHCA and our members stand ready to work with you.

Sincerely,



Zach Shamberg
President and CEO