



Dear LeadingAge Washington Members,

The following provides an update on the legislative initiatives of importance to LeadingAge Washington and its members.

Assisted Living Rate Methodology & Quality Measures, Fines

Late yesterday, just prior to the 5:00 pm cutoff, the House of Representatives passed HB2515 (Assisted Living Rate Methodology) by a strong bi-partisan vote of 97 yea to 1 nay. Shortly thereafter, the House also passed HB2750 (Quality in Assisted Living) by a vote of 91 yea to 7 nay. Once the amendment is rolled into the underlying bill and available, we will send it to you.

LeadingAge Washington supports the new rate methodology bill but opposed the assisted living quality bill. Despite this, the two bills become linked by the proponents of HB 2750. We were informed by House leadership that either both or neither bill would pass. During the course of negotiations with House leadership, we obtained a commitment from Speaker Chopp that the House would invest in the implementation of HB 2515 in the next and subsequent biennia.

With that commitment, and to avoid the loss of HB 2515 on the day of cutoff, we worked with WHCA to amend HB 2750 to mollify its impacts. Some of the changes we were able to negotiate include limiting the participants on the council to better balance both expertise and perspective when examining possible quality measures in assisted living. We were also able to eliminate the connection between quality achievement and payment which may sound odd, however, it will require the parties to revisit this with the Legislature and secure funding. Our position, when the time comes, will be to delay the imposition of quality measures until the Medicaid payments under the new methodology are nearly fully funded. Any proposal to establish quality measures is now due to the legislature one year later than first proposed, by September 1, 2020. We also negotiated a phased approach to increasing civil fines to \$2,000 per day per violation beginning July 1, 2019 and a maximum of \$3,000 per day per violation beginning July 1, 2020.

Both bills now move to the Senate where continued work will be necessary to keep HB 2515 moving and eligible for final passage in the Senate.

Workforce

SSB 5993/SHB 1237 are companion bills that modify the collective bargaining requirements for community colleges so that educators in different fields, with different educational backgrounds, can be paid differently and better reflect market conditions. The law currently requires equal pay for educators and this must be changed to attract nursing educators and open classrooms to students who wish to become nurses. Importantly, SHB 1237 has now been selected as the vehicle to advance, having previously passed the House, and it is now scheduled for Executive Action later today in the Senate



Sent via email February 14, 2018

Dear Senate Labor & Commerce Committee Members:

LeadingAge Washington, representing not for profit and mission focused licensed skilled nursing facilities, assisted living and adult day health providers, urges your support for SHB 1237 scheduled for Executive Session tomorrow.

Instructors in the community college system are paid equally, regardless of credentials. This makes it extremely difficult for community colleges to attract Nursing Program educators. In order to teach in a nursing program, instructors must have a Master's Degree and the average salary paid is \$43,000. Masters prepared nurses cannot afford to leave the bedside to teach. As a result, we've just seen three colleges cancel Winter Quarter nursing programs due to lack of educators.

The timing couldn't be worse. We have a rapidly growing aging population. By 2035, the number of older households, with a disability, will increase by 76% reaching 31.2M. And the nation will need 2.5 million LTSS workers by 2030 to keep up with the growth of America's aging population. We know from national surveys that 67% of nurse educators have considered leaving their job in the last 2 years and 50% of nurse educators leave for better wages. Please see the attached for details.

In our own survey, we know that a vast majority of our members are experiencing long vacancies in all nursing positions – RN, LPN and Nursing Assistants.

An analysis of SNF cost report data shows that the use of agency staff is up by over 200% since 2014. And the department has approved over 70 requests for an exemption to the 24/7 RN requirement for skilled nursing facilities enacted into law in 2016.

Use of agency staff can lead to breakdowns in the continuity of care and can lower resident quality of quality of care. Agency staff isn't familiar with the resident or their routine; they are in one day and out the next. If a resident has a change of condition, agency staff is less likely to notice the change. They're not as familiar with each resident's plan of care which can lead to accidents and medication errors. Loss of consistent staff is hardest on residents; they worry about "who is going to help me".

The nursing shortage is not unique to WA state, it's a national crisis.

Please pass SHB 1237, the companion to SB 5993 previously heard in the Ways & Means Committee. This bill will re-open classrooms so those who want to become nurses can learn and work to maintain the health and well-being of all Washingtonians, young or old.

Thank you for your support.

Deb

National Workforce Crisis facing Long-Term Services and Supports

The United States is experiencing a significant shortage of, and a growing demand for, qualified workers who are capable of managing, supervising, and providing high-quality services and supports for older adults.

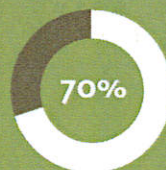
Several trends are fueling this national workforce crisis

A Rapidly Growing Older Population

The population of adults age 65 and older will increase from 47.8 million in 2015 to 88 million in 2050.



A Growing Need for Assistance



The U.S. Department of Health and Human Services estimates that nearly **70% of people who reach the age of 65** will ultimately need some form of long-term services and supports (LTSS).

76%

By 2035, the number of older households with a disability will increase by 76% to reach 31.2M

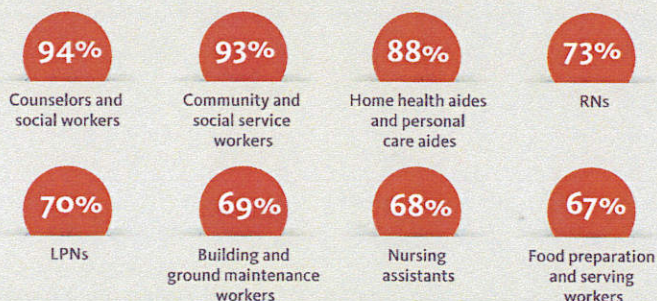


A Growing Need for Workers

The nation will need **2.5 million** LTSS workers by 2030 to keep up with the growth of America's aging population.



The projected percentage increase in the number of positions employed in long-term care between 2010 and 2030 are the following:



What Does an Unstable Workforce Mean for Providers?



1. High provider costs.

It's expensive to continuously recruit and train new workers and to use temporary, contract staff.



2. Concerns about access and quality.

A shortage of workers means that consumers have more problems accessing services. Worker shortages can also compromise quality of care and quality of life for LTSS consumers.



3. Poor working conditions. Staff shortages often cause hardships for workers who remain on the job. These hardships include extreme workloads for both nurses and direct care worker staff, inadequate supervision, lost time as new workers learn their jobs, and high accident and injury rates. More workers are currently leaving the LTSS sector than are entering it.

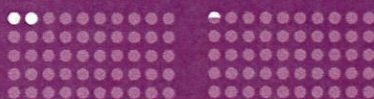
Shortage of Workers Trained in Geriatrics

1 : 4,254

By 2030 the projected need for geriatric physicians is 36,000 but the projected number is 7,750 or one geriatric physician for every 4,254 older Americans.

1 : 20,195

By 2030 the projected number of geriatric psychiatrists is 1,659 or one for every 20,195 older Americans.



4% of social workers and less than 1% of physician assistants identify themselves as specializing in geriatrics.

< 1%

Less than 1% of RNs and pharmacists are certified in geriatrics • Less than 1% of practicing physical therapists are certified as geriatric clinical specialists.

Visit LeadingAge.org/Workforce for recruitment and retention practices yielding great results as well as tools, resource materials and more!

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