

AFL-CIO

LEGISLATIVE ALERT

April 29, 2024

Dear Representative:

On behalf of the American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), I write to express our opposition to four bills under consideration by the subcommittee:

- H.R. 468, “Building America’s Health Care Workforce Act,”;
- H.R. 3227, “Ensuring Seniors’ Access to Quality Care Act”;
- H.R. 7513, “Protecting America's Seniors' Access to Care Act”;
- H.R. 8114, “To prohibit the Secretary of Health and Human Services from finalizing a rule proposed by the Centers for Medicare & Medicaid Services to place certain limitations on Medicaid payments for home or community-based services.”

Despite their names, we believe these bills would undermine efforts to improve the quality and adequacy of the long-term care workforce and endanger the lives of consumers who need those services.

H.R. 3227 would repeal provisions of the law that bar the poorest performing facilities from training nurse aides. Facilities with substandard care – including putting residents in immediate jeopardy or actual harm, or that have demonstrated a pattern of noncompliance – should not be allowed to train nursing staff. We do not believe facilities that have demonstrated such significant gaps in care do not have the requisite skills to teach people wanting to work in this field. Such facilities are more often models of what should not be done to care for vulnerable people in our health care system.

H.R. 468 would reinstate the temporary nurse aide (TNA) program created during COVID that waived federal training requirements. Facilities would only need to provide the training required by the states, which in some cases is as little as an 8-hour training module. The bill would also allow competency evaluations to be conducted in the facilities where TNAs work, even in facilities with serious violations, if the state does not offer in person or online evaluations at least weekly. The 75-hour training standard for nurse aides required by the 1987 Nursing Home Reform Law was a major step toward ensuring quality of care and a safe workplace; this legislation would erode that progress. While we urgently need to grow the workforce, we do not want to do so by creating a segment of the workforce that is insufficiently trained. This legislation also leaves the country vulnerable to what we saw during the recent COVID crisis when facilities employed people to provide nursing without sufficient training and basic skills in infection control – with fatal consequences for both workers and residents.

H.R. 7513 would end efforts to create a minimum staffing standard for nursing homes, despite the fact that the connection between staffing levels in nursing homes and the quality of care has been well-established by decades of research, including research commissioned by the Department of Health & Human Services (HHS). We know that higher staffing levels improve the physical and mental health of residents, reduce staff injuries, and decrease turnover. Congress should not step in at the eleventh hour to interfere with a regulatory process in which the industry not only had ample opportunity to provide input, but persuaded HHS to adopt a final rule with a lengthy phase-in period and a generous exemption process.

H.R. 8114 would stop efforts by this Administration to expand the supply of home care workers by ensuring that a substantial portion of Medicaid reimbursement for home care goes to the provision of services, rather than to cover administrative costs or improve an agency's profit margin. This new rule is likely to improve access to Medicaid-covered home care and boost wages for a health care workforce that is predominantly made up of women of color. As with H.R. 7513, this rule would take the draconian step of barring HHS from ever again promulgating a rule that uses this highly recommended policy lever.

We realize many facilities are struggling to hire and retain workers. We believe policies that increase compensation and improve working conditions are best way to assure access to quality Medicaid- and Medicare-covered services. We may ultimately want to revisit how we train long- term care workers, but we should use training curricula based on best practices of the highest performing facilities.

We urge you to oppose these bills when they are under consideration by the subcommittee.

Sincerely,

A handwritten signature in black ink, appearing to read "William Samuel", written in a cursive style.

William Samuel
Director, Government Affairs