November 5, 2019

The Honorable G.K. Butterfield  
2080 Rayburn House Office Building  
Washington, DC 20515

The Honorable George Holding  
1110 Longworth House Office Building  
Washington, DC 20515

The Honorable Greg Murphy  
2333 Rayburn House Office Building  
Washington, DC 20515

The Honorable David Price  
2108 Rayburn House Office Building  
Washington, DC 20515

The Honorable Virginia Foxx  
2462 Rayburn House Office Building  
Washington, DC 20515

The Honorable Mark Walker  
1725 Longworth House Office Building  
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The Honorable David Rouzer  
2439 Rayburn House Office Building  
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The Honorable Richard Hudson  
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Washington, DC 20515

The Honorable Dan Bishop  
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Washington, DC 20515

The Honorable Patrick McHenry  
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Washington, DC 20515

The Honorable Mark Meadows  
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Washington, DC 20515

The Honorable Ted Budd  
118 Cannon House Office Building  
Washington, DC 20515

The Honorable Alma Adams  
2436 Rayburn House Office Building  
Washington, DC 20515

Members of Congress:

We are writing to ask that you co-sponsor and encourage passage of the Nursing Home Workforce Quality Act (HR 4468) introduced by Reps. Dwight Evans (D-Pa.) and Ron Estes (R-Kansas). This legislation would allow skilled nursing facilities (SNFs) that have been forced to suspend in-house certified nurse assistant (CNA) education programs after receiving a certain level of penalties to resume those programs once quality standards are met.

We write to you representing citizens and organizations committed to developing and sustaining a strong direct care workforce in health and human services. We believe that SNFs can, and should, play a vital role in addressing some critical issues for the future of health and human services in our state. Health and human services providers, including SNFs, are finding it increasingly difficult to recruit and retain employees, especially direct care employees, as North Carolina remains at nearly full employment. Indeed, the stability of North Carolina’s entire workforce is imperiled as more and more of our state’s aging workers are trying to care for and/or manage the care of their older and disabled relatives. We are and have been engaging a variety of community leaders to elevate this issue in the broader public discourse, and believe it should be a prominent agenda item for every one of the various summits and public forums that discuss the future of North Carolina’s public policy, healthcare, economy, education, and workforce.
More specifically to the subject of this legislation, at present, North Carolina SNFs are facing a staffing crisis and despite persistent demands for CNAs, widespread job vacancies remain. Moreover, there are fewer active CNAs on our North Carolina registry and a decreasing number of test-takers each year. According to the NC Nurse Aide Registry, the number of individuals taking the CNA test has decreased each year from 2014-2018, and the number in 2018 represents a roughly 30% decline in test-takers from 2014. Further, the number of total active CNAs in NC has declined 7.5% since 2016.

Our organizations and their members are working together in various ways with state agencies and educational institutions to remedy, or at least mitigate, this situation. For example, several of the undersigned have recently applied for grant funding that would help grow the pool of CNAs in North Carolina. Our broader group also meets regularly to search for ways to improve the direct care workforce shortage, which includes, but is not limited to, CNAs in the state.

More help is needed, and this legislation is a good opportunity. Today, a SNF is generally prohibited from operating its own CNA training program for two years following the finding of a deficiency and the imposition of a fine above a certain threshold. Unfortunately it is quite common for a fine to be above the relevant threshold when issued, and many times fines are imposed for violations of regulations that are accidental and unrelated to a SNFs’ fitness to train CNAs or to serve as a clinical training site for a local high school or community college training program. This ‘lockout’ from participating in a CNA training program is all too common in our state, with nearly 40% of the SNFs in North Carolina not able to participate, and puts additional stress on those facilities affected by it, as it becomes that much more difficult to secure sufficient full-time staffing. Despite this, quality improvements continue to be made statewide on most measures of quality and outcomes used by CMS. Given the current staffing crisis, continuing the CNA training ‘lockout’ in its present form will undoubtedly have a negative impact on the quality gains that are being made.

The proposed legislation we are asking you to support would more appropriately tailor the CNA training ‘lockout’ to the period during which deficient practice continues, then allow resumption once quality standards are again met. This change would help our members restart their training programs sooner, which would help to lessen the staffing difficulties so many of our members and their residents are facing.

Thank you for your consideration, and please contact us with any questions.

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LeadingAge NC

Mr. Adam Sholar
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NC Health Care Facilities Association

Mr. Ted W. Goins, Jr.
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Dr. Sandi Lane
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