



Testimony of
Janet L. Zander, Advocacy & Public Policy Coordinator
Greater Wisconsin Agency on Aging Resources, Inc.
Before the Senate Committee on Health and Human Services
June 6, 2019

Re: Opposition to SB 103/AB 76 reducing required hours of instructional training for certified nurse aides (CNAs)

Chair Testin, Vice-Chair Kooyenga, and members of the Health and Human Services Committee:

My name is Janet Zander. I am the Advocacy & Public Policy Coordinator for the Greater Wisconsin Agency on Aging Resources, one of three Area Agencies on Aging in Wisconsin. We provide training and technical assistance to support the successful delivery of aging programs and services in 70 counties (all but Dane and Milwaukee) and the 11 tribes in Wisconsin. I am also a member of the Wisconsin Aging Advocacy Network (WAAN), a collaborative group of older adults and professional aging associations and organizations – including the Wisconsin Association of Area Agencies on Aging, the Wisconsin Association of Senior Centers, the Wisconsin Association of Nutrition Directors, the Wisconsin Association of Benefit Specialist, the Aging & Disability Professionals Association of Wisconsin (representing aging unit/ADRC directors and managers), the Wisconsin Adult Day Services Association, the Alzheimer’s Association SE Wis. Chapter, the Wisconsin Institute for Healthy Aging (WIHA), the Wisconsin Senior Corps Association (WISCA), and the Wisconsin Tribal Aging Unit Association.

Thank you for the opportunity to testify this afternoon on SB 103; proposed legislation that would **prohibit the Department of Health Services from requiring instructional programs for certified nurse aides to: exceed the federal required minimum total training hours** (currently set at 75) **or minimum hours of supervised practical training (clinical experience)** specified in the federal regulation (currently 16 hours and part of the total 75 hours of training).

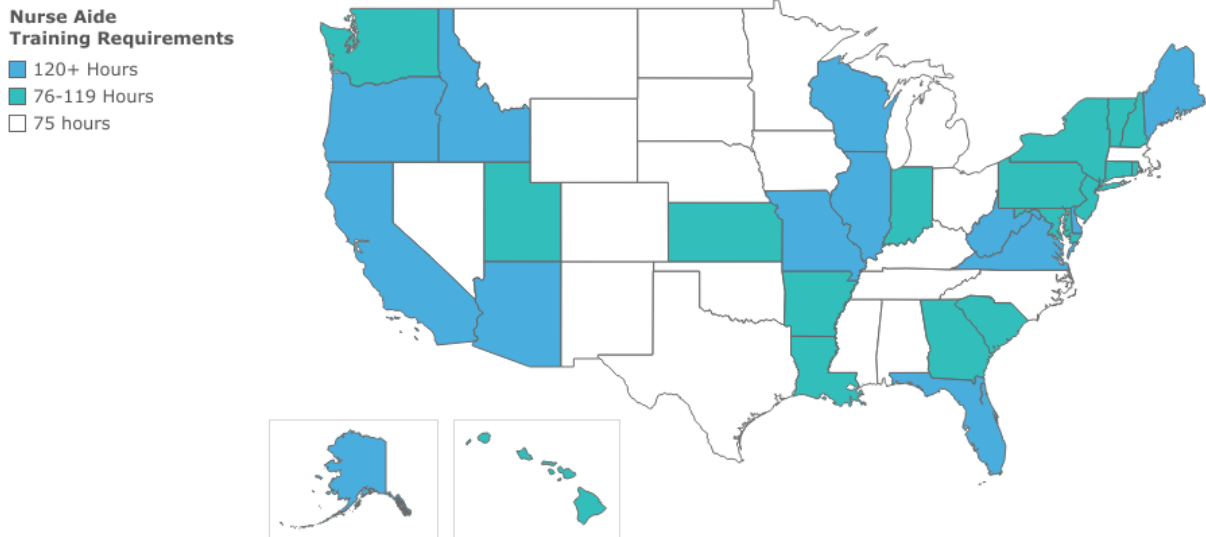
Lowering the training requirements for certified nurse aides (CNAs) has been proposed to:

1. **Address our state’s long-term care workforce crisis** by reducing the required total training by 45 hours and the clinical training by 16 hours (from 27% of the total hours to 21%); and
2. **Create regional fairness** by lowering Wisconsin’s required training standards to the federal minimums to match the required hours in border states – Iowa, Michigan, and Minnesota.

WAAN like other aging and long-term care advocates is very concerned about the crisis level shortage of CNAs and other direct care workers in our state available to provide essential care for older adults and people with disabilities in skilled nursing facilities, assisted living facilities, and in their own homes and other community-based locations. We know this shortage affects individuals living and working in both urban and rural areas. We also understand geographic areas bordering another state face some unique challenges in recruiting and retaining workers. **We believe these challenges will not be addressed by lowering the required hours of training for CNAs.**

Wisconsin is not alone in facing a severe shortage of CNAs and other direct care workers. The fact is, surrounding states and states across the country are struggling to find workers to provide essential health and long-term care. Workforce shortages are an issue nationwide¹. This includes the states of Minnesota^{2,3} and Iowa⁴ whose training programs for CNAs utilize the minimum hours required under federal law. Lower training requirements have not insulated these states from experiencing workforce challenges. There are many proposals and workplans to address the shortage of direct care workers occurring in this state and nation. We have not found one, outside of Wisconsin, that is proposing to *reduce* the required training hours for workers as a solution nor have we found any research to support that lowering the training will entice new workers into the field. In addition to policy reforms that increase wages and benefits, many states and organizations are taking steps to strengthen the workforce by *improving* training and creating career advancement opportunities.⁵

As of December 2016, **over half the states** (30 states and the District of Columbia) **in the country require more than the federal minimum (75 hours) total nurse aide training hours.**⁶ The Institute of Medicine recommends that “Federal requirements for the minimum training of certified nursing assistants (CNAs) and home health aides should be **raised to at least 120 hours...**”⁷



PHI National - https://public.tableau.com/shared/8DZJJB7CD?:display_count=yes

Of additional note, are the over 30 states that require more than the minimum (16 hours) of clinical training (including Illinois [40 hours/33% of the total training hours], Iowa [30 hours/40% of total], and Wisconsin [32 hours/27% of total]). The federal requirement calls for at least 21% of the total training time to be clinical (hands on) training (at least 16 of the total 75 hours). Current Wisconsin regulations require at least 27% of the total training time to be dedicated to clinical training (32 of the 120 hours). In some states, clinical training exceeds 50% of the total training hours. **A higher ratio of clinical to didactic (lectures and textbooks) hours would move students out of the classroom and into the workplace more quickly and has been proven to result in better resident care outcomes. “Nursing homes in states requiring clinical training hours above the federal minimums (i.e. >16 hrs.) had significantly lower odds of adverse outcomes, particularly pain, falls with injury, and depression.”**⁸ In other words, lowering Wisconsin’s required clinical training hours to the federally required level of 16 hours (a 50% reduction from the

current 32 hours of clinical training required) has the potential to cause increased risk of negative consumer/resident impacts.

The complexity of caring for nursing home residents has increased substantially since the federal CNA training requirements were established with the passage of the 1987 Nursing Home Reform Act. Considering the increased complexity of providing care, a 2006 study completed by the AARP Public Policy Institute examined how many hours of initial training and clinical training are needed for CNAs to be prepared to provide good care. The results of the study suggested several recommendations for improving CNA training programs including, but not limited to: increasing the 75-hour federal minimum requirement to at least 100 to 120 hours (which may reduce CNA turnover, thereby improving the quality of care and reducing the costs associated with high turnover rates) and increasing the clinical training to at least 50 to 60 hours.⁹

Changes to the training hour requirements will impact new CNAs working not only in skilled nursing facilities, but also in hospitals, home health agencies, hospices, and intermediate care facilities for individuals with intellectual disabilities. Each of these settings provides some unique opportunities and challenges for both new and seasoned workers. All these work environments count on their CNAs, the frontline workers, to be the eyes and ears for their nurses to alert them to any changes noted in a customer/resident's status. Whether they are helping customers/ residents with a bath, to use the bathroom, to dress for the day, or assisting individuals with meals, their assistance with activities of daily living helps older adults and people with both short and long-term disabilities meet their basic needs. CNAs help caregivers too, as often they work together to support older people and people with disabilities in their homes and communities. The curriculum for these workers includes training in: communication and interpersonal skills, infection control, safety and emergency procedures, basic nursing skills, personal care skills, basic restorative services, client/resident rights, and dementias. Each one of these areas of training (and practice) is critical to helping workers achieve the competence and confidence needed to successfully serve in this role. Quality care and a stable workforce depend on providing CNAs with the training needed to be well-prepared for their challenging and rewarding jobs.

Older adults and people with disabilities need and deserve the best, safest, quality of care that can be provided. The current shortage of workers puts this care at risk and threatens the future of many local providers. We all have a stake in ensuring a quality workforce exists to meet current and future care needs. Let's work together on solutions to alleviate the workforce shortage that will improve recruitment and retention of these valuable workers, increase quality of care, and will not do any potential harm to these valuable workers or those in their care.

Thank you for this opportunity to testify. I look forward to continuing to work with you to shape public policy that improves the quality of life of older people throughout the state.

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¹8 Signs the Shortage in Paid Caregivers Is Getting Worse, Robert Espinoza, PHI, February 2017; <https://phinational.org/wp-content/uploads/2017/11/workforce-shortages-phi60issues01.pdf>, retrieved 3/22/19.

²Severe Shortage Of Direct Care Workers Triggering Crisis, Judith Graham, Kaiser Health News, May 9, 2017; <https://www.disabilityscoop.com/2017/05/09/severe-shortage-care-crisis/23679/>, retrieved on 3/18/19.

³ Recommendations to Expand, Diversify, and Improve Minnesota’s Direct Care and Support Workforce: Work Plan, Olmstead Subcabinet Cross-Agency Direct Care and Support Workforce Shortage Working Group, July 16, 2018; https://mn.gov/dhs/assets/Workforce-shortage-work-plan_tcm1053-347847.pdf, retrieved on 3/24/19.

⁴Five Ideas From the 2018 Iowa Ideas Conference, Deborah Neyens, The Gazette, Oct 22, 2018; <http://www.iowacaregivers.org/uploads/pdf/iowa-ideas-.pdf>, retrieved on 3/24/19.

⁵Wisconsin 2018 Health Care Workforce Report, Wisconsin Hospital Association; https://www.wha.org/WisconsinHospitalAssociation/media/WHA-Reports/2018_Workforce_Report.pdf, retrieved on 6/05/19.

⁶Nursing Assistant Training Requirements by State, PHI, 2016; <https://phinational.org/advocacy/nurse-aide-training-requirements-state-2016/>, retrieved on 3/21/19.

⁷Retooling for an Aging America: Building the Health Care Workforce, Institute of Medicine, 2008; <http://www.nationalacademies.org/hmd/~media/Files/Report%20Files/2008/Retooling-for-an-Aging-America-Building-the-Health-Care-Workforce/RetoolingforanAgingAmericaBuildingtheHealthCareWorkforce.pdf>, retrieved on 3/25/19.

⁸CNA Training Requirements and Resident Care Outcomes in Nursing Homes; Trinkoff, A.M; Storr, CL; Lerner, NB; Yang, BK; and Han, K; Gerontologist, 2017 June ; 57 (3): 501-508; <https://www.ncbi.nlm.nih.gov/pubmed/27059825>, retrieved on 3/08/19.

⁹In Brief: Training Programs for Certified Nurse Aides, Bernadette Wright, Ph.D., AARP Public Policy Institute Paper #2006-08, April 2006; https://assets.aarp.org/rgcenter/il/inb122_cna.pdf, retrieved on 3/25/19.