

## Legislative Health Care Workforce Commission, Tuesday, November 18

Mr. Chair, members of the Commission, thank you for the opportunity to testify this morning. I'm Kari Thurlow, Senior Vice President of Advocacy for LeadingAge Minnesota, formerly Aging Services of Minnesota. I'm joined today by Holly Iverson, Director of Government Affairs for Care Providers of Minnesota. Together, we represent the Long-Term Care Imperative—a collaboration between the state's largest associations of older adult service employers.

Today, we would like to discuss and support a number of items in the draft recommendations and bring forward a couple of additional suggestions of strategies that could help address the current workforce crisis in older adult services. However, we would like to start with a brief update on the current situation with regard to the older adult workforce crisis.

When I came before this Commission in August, I shared with you that we were hearing from our members that workforce – particularly being able to recruit and retain needed caregivers – was their number one challenge! That continues to be true today, however, in just a few short months, that situation has worsened.

Let me share with you a few quick examples:

- In late September, an Alexandria nursing home, Knute Nelson, publicly announced that On October 1, it was reducing the number of its beds from 108 down to 85. Why? As the nursing home reported, they had a waiting list for the beds, but not enough staff.
- On October 20<sup>th</sup>, the Good Samaritan Society—Glenwood Lakeview nursing home closed. One of the reasons cited was lack of staff available.
- At the October round of the Leading Age Minnesota district meetings, we asked members if they had suspended admissions in the last year due to lack of staff. In our West Central region, 58% of nursing home members reported that they had. Last year, we asked the same question, and only 14% reported suspending admissions.

It is not uncommon for providers of older adult services to face a workforce shortage when the economy improves. However, the difference this time is that coming on the heels of this shortage is the wave of seniors, many of whom will need services and supports. We don't need a solution just to solve the current shortage. We need a plan to get ready for the growing future demand.

We would like to applaud the Commission for bringing forth a set of recommendations that begins to address the workforce issues that the entire health care continuum faces.

The Long Term Care Imperative is especially supportive of recommendation 18: "The legislature should consider a range of state responses to meeting the workforce needs of the long term care and home and community based services sectors, including:

- Encourage or require nursing schools to consider prior health care experience, such as nursing home employment, in admissions.

- Promote and consider increasing the state's Registered Nurse Loan Forgiveness Program, which is an incentive for nurses to work in nursing homes for at least 3-4 years.
- Evaluate the effectiveness of the state's Nursing Facility Employee Scholarship Program administered by the Department of Human Services

We would note that each of these three strategies are only focused on nursing home employment, and we would encourage expansion of these to include other parts of the spectrum of older adult services.

We would also ask that the Commission consider adding some additional strategies to strengthen the state's efforts to address shortage in professional caregivers.

- Support targeted funding to DEED to partner with the senior care sector to promote careers in older adult services. This will help attract additional future caregivers into the field.
- Enhance the Minnesota Nursing Facility Scholarship Program to cover additional training needs of caregivers. While the current scholarship program is helpful, it does not cover all training needs.
- Support targeted funding within Minnesota's 16 Workforce Centers to identify high-potential candidates for caregiver careers and for recruitment of caregivers.
- Establish a grant program to help cover training costs for caregivers in home and community based services settings.

These proposals reflect what our members think will be most helpful in addressing their workforce needs beyond addressing the shortcomings in the current reimbursement rates. We will be seeking support for these proposals during the 2015 legislative session. We ask that the Commission consider adding these to your recommendations.

Thank you again for the opportunity to testify. We are both willing to answer any questions.