

**House Committee on Health and Human Services
Opponent Testimony for HB 2049
February 8, 2023
By Camille Russell, Kansas State Long-Term Care Ombudsman
Office of Kansas Long-Term Care Ombudsman**

Chairwoman Landwehr and Members of the Committee,

I am Camille K. Russell, the Kansas State Long-Term Care Ombudsman. I thank you for allowing for this written testimony in opposition to HB2049. At the mandate of state and federal law, the Long-Term Care Ombudsman Program advocates for the rights of individuals in long-term care facilities throughout Kansas. This includes nursing facilities, long-term care units of hospitals, assisted living facilities, home plus facilities, residential health care facilities, and boarding care facilities.

The significant amount of time spent in adult care homes, with residents, staff and families gives the Long-Term Care Ombudsman Program a unique and full perspective of what is working and what is not working in those homes.

Reducing the quantity or quality of training of any nursing home staff puts both residents and staff at risk. Reduced training requirements leave workers poorly equipped and lacking the skills and knowledge needed to provide quality care. The needs of residents have become more complex over the decades, with more than half of residents living with dementia. The staff providing for their care need the education and training to feel competent and supported in their work.

The public often has the perception there are primarily nurses providing the care in a “nursing” home. This is a misperception. Certified Nurse Aides (CNAs) provide the majority, about 90%, of direct care to nursing home residents. Thus, it is essential that they have the skills and knowledge necessary to meet residents’ clinical and psychosocial needs.

Current federal requirements provide that a nurse aide training and competency evaluation program must consist of no less than 75 hours of training.

Many states, recognizing the significant needs of nursing home residents, have higher training requirements than the federal minimum. More than half the states recognize the complex needs of nursing home residents and support their workforce by providing additional hours of training. Thirty-two states require more than the minimum number of hours of training. Kansas is currently one of those states, requiring 90 hours of training. Acknowledging the critical importance of training, 24 of those 32 states require more than 100 hours, even as much as 180 hours.

Training builds competency and increases the likelihood of a positive experience for the workforce, allowing for increased retention of respected staff members. A good foundation better prepares

individuals who may wish to pursue other education to serve as a valued member in other areas of the healthcare workforce.

It is useful to look further at requirements for approval of a nurse aide training and competency evaluation program per Federal Regulation 42 C.F.R. § 483.152(b)

The curriculum of the nurse aide training program consists of no less than 75 clock hours of training and must include –

- (1) At least a total of 16 hours of training in the following areas prior to any direct contact with a resident:
 - (i) Communication and interpersonal skills;
 - (ii) Infection control;
 - (iii) Safety/emergency procedures, including the Heimlich maneuver;
 - (iv) Promoting residents' independence; and
 - (v) Respecting residents' rights.
- (2) Basic nursing skills;
 - (i) Taking and recording vital signs;
 - (ii) Measuring and recording height and weight;
 - (iii) Caring for the residents' environment;
 - (iv) Recognizing abnormal changes in body functioning and the importance of reporting such changes to a supervisor; and
 - (v) Caring for residents when death is imminent.
- (3) Personal care skills, including, but not limited to -
 - (i) Bathing;
 - (ii) Grooming, including mouth care;
 - (iii) Dressing;
 - (iv) Toileting;
 - (v) Assisting with eating and hydration;
 - (vi) Proper feeding techniques;
 - (vii) Skin care; and
 - (viii) Transfers, positioning, and turning.
- (4) Mental health and social service needs:
 - (i) Modifying aide's behavior in response to residents' behavior;
 - (ii) Awareness of developmental tasks associated with the aging process;

- (iii) How to respond to resident behavior;
 - (iv) Allowing the resident to make personal choices, providing and reinforcing other behavior consistent with the resident's dignity; and
 - (v) Using the resident's family as a source of emotional support.
- (5) Care of cognitively impaired residents:
- (i) Techniques for addressing the unique needs and behaviors of individual with dementia (Alzheimer's and others);
 - (ii) Communicating with cognitively impaired residents;
 - (iii) Understanding the behavior of cognitively impaired residents;
 - (iv) Appropriate responses to the behavior of cognitively impaired residents; and
 - (v) Methods of reducing the effects of cognitive impairments.
- (6) Basic restorative services:
- (i) Training the resident in self care according to the resident's abilities;
 - (ii) Use of assistive devices in transferring, ambulation, eating, and dressing;
 - (iii) Maintenance of range of motion;
 - (iv) Proper turning and positioning in bed and chair;
 - (v) Bowel and bladder training; and
 - (vi) Care and use of prosthetic and orthotic devices.
- (7) Residents' Rights.
- (i) Providing privacy and maintenance of confidentiality;
 - (ii) Promoting the residents' right to make personal choices to accommodate their needs;
 - (iii) Giving assistance in resolving grievances and disputes;
 - (iv) Providing needed assistance in getting to and participating in resident and family groups and other activities;
 - (v) Maintaining care and security of residents' personal possessions;
 - (vi) Promoting the resident's right to be free from abuse, mistreatment, and neglect and the need to report any instances of such treatment to appropriate facility staff;
 - (vii) Avoiding the need for restraints in accordance with current professional standards.

A significant amount of learning is required to work competently while conducting those tasks. There is a large amount of responsibility given to the invaluable CNA team members in an adult care home. We cannot continue to lose these vital workers. CNA support and retention equates to better outcomes for residents. Necessary training and education aids retention. The long-term care system is under strain, it is not going to get better by doing less. CNAs, the residents, and their families would not benefit from this reduction. Nursing staff called upon to provide supervision would not benefit from this reduction. The Kansas Long-Term Care Program values the importance of the CNA and the education and training they deserve to successfully serve residents safely and with dignity and respect, thus we must oppose HB2049.

Respectfully Submitted,

Camille Russell

Kansas State Long-Term Care Ombudsman