Background

Registered nurses (RNs) play a critical role in ensuring residents in nursing homes receive the highest quality care. They help oversee and manage duties of other clinical staff (e.g., licensed practical nurses and certified nursing assistants), prepare care plans for residents, monitor their health, communicate with physicians, and interact with families of residents among many other duties. Research has consistently found that as resident acuity increases in nursing homes, a greater presence of physicians, nurse practitioners or RNs results in better resident outcomes and increased satisfaction.

However, as more nurses seek to work in hospitals rather than long term care, there are not enough nurses available to meet the needs of baby boomers as they age, worsening the current workforce shortage in long term care. The federal government estimates nearly 27 million people will need some kind of long term care by 2050.

Several bills with bipartisan support have been introduced in Congress over the past year mandating 24-hour daily RN presence. In addition, a September 2020 report by the Commission for Safety and Quality in Nursing Homes stressed the importance of the workforce and made a recommendation to support 24/7 RN staffing resources at nursing homes in the event of a positive COVID-19 test within that facility.

Proposed Solution

A new federal requirement that each nursing home have a RN on-staff 24 hours a day.

Steps to Implement

Policies increasing nurses in nursing homes also need to incorporate strategies to attract more nurses to work in long term care. Prior to implementation of such a requirement, several steps are needed to achieve RNs being available 24 hours a day in nursing homes:

1. Financial Incentives

   - To RNs and students in RN training:
     - Offer loan forgiveness for RNs who work in nursing homes and are recent graduates
     - Create tax credits for RNs who work in nursing homes
     - Provide grants to increase RN participation in nursing homes in Health Resources and Services Administration (HRSA) designated areas
   - To schools/universities and nursing homes:
     - Increase subsidies and grants to nursing schools based on the number of graduates working in nursing homes for 2 years or more
     - Federal grants for nursing homes and universities to establish formal partnerships that include:
       - Tuition-paid scholarships beginning with first-year nursing students entering post-acute/long term care (or similar track)
       - Partnership with nursing homes to employ nursing students as CNAs (no certification required)
       - Developing or expanding existing “LPN to RN bridge program progression” run by nursing schools and colleges

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Financial Incentives (cont.)

- Provide funding to nursing homes that increase training opportunities for RNs, such as serving as clinical training sites for RN students
- Provide grants to nursing homes to support a career ladder scholarship program that encourages lower-level staff to work their way to an RN position

2. National Campaign to Recruit RNs into Nursing Homes

Funding to support a joint effort of the Centers for Medicare and Medicaid Services, the U.S. Department of Labor, HRSA, and states supported by professional nursing associations, colleges of nursing associations and nursing homes aimed at:

- Showing the value of nursing homes and calling to serve LTC populations
- Highlighting the incentives available to RNs who pursue careers in nursing homes available to new graduates as well as experienced RNs

3. Level the Playing Field for RNs in Nursing Homes

Align reporting of nurses to their licensing board for adverse events to be consistent in all settings. Currently, nurses involved in adverse events in nursing homes are treated differently than nurses involved in the same events in hospitals or home health.

4. Support State-Based Efforts

- Create and fund an emergency workforce, available from local and state sources, to deploy to nursing homes in need to maintain requirements
- Discourage state laws that are inconsistent with 24-hour RN presence by linking certain federal funding to states only when they align with a staffing requirement of a 24-hour RN in nursing homes

Regulatory Solutions

AHCA and LeadingAge encourage policymakers to develop creative solutions and provide flexibilities to comply with this requirement, such as acknowledging the size and location of nursing homes, workforce availability, advancements in technology, and more. Specifically, we recommend:

- Providing flexibility to meet the requirement due to day-to-day issues that arise in a facility over 24-hour periods, such as during an emergency and if an RN is not available for all 24 hours
- Expanding availability of waivers for:
  - Rural, small nursing homes
  - Nursing homes with severe workforce shortage situations
  - Nursing homes with resident populations that do not require or benefit from 24-hour RNs
- Allowing telehealth RNs to achieve this policy in times of RN shortage as well as rural areas and small nursing homes
- Counting actual time worked of all RNs (including management when they support care or services for residents), not just scheduled or paid time
- Including nurse practitioner hours (who are RNs) as hours to comply with this requirement
- Realistic phase-in period to consider workforce supply and availability

Funded By: Medicaid payment policy and Medicare rates

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