Certified nursing assistants (CNAs) provide the necessary daily care for 1.3 million frail and elderly Americans in a skilled nursing facility (SNF) and play an integral role in many communities, particularly in rural and small communities where SNFs are often the major employer. The current demand for CNAs, however, has created a national workforce crisis that is threatening the ability for SNFs to provide high-quality, needed care.

Federal law requires at least 75 hours of training to become a nurse aide and training programs are often limited. To address the national CNA workforce crisis, nursing homes are seeking ways to expand the availability of nurse aide training programs. Nearly 20% of SNFs nationwide have developed a nurse aide training program to combat the workforce shortages and create career opportunities within a community. Even though 3,080 of these programs exist, there are thousands more facilities that could institute such a program but are restricted by federal statute limiting nurse aide training programs.

Currently, these training programs are revoked for two years, or cannot be initiated, if a SNF is issued civil monetary penalties (CMPs) in excess of $11,995. This CMP amount could be imposed for a reason that did not reflect quality of care, harm to a resident, or an episode that reflects systemic problems.

The bipartisan and bicameral bill, **S. 4381/H.R. 8805, or the Ensuring Seniors’ Access to Quality Care Act**, sponsored by Sen. Mark R. Warner (D-VA) and Sen. Tim Scott (R-SC) in the U.S. Senate and Rep. Gerry Connolly (D-VA-11) and Rep. Ron Estes (R-KS-4) in the U.S. House of Representatives, will help address the shortage of CNAs by ensuring that nurse aides have the access to the quality training they need to provide care to residents.

S. 4381/H.R. 8805 will specifically allow nursing facilities to resume their in-house education programs if:
- The facility has corrected the deficiency for which the CMP was assessed;
- The deficiency for which the CMP was assessed did not result in an immediate risk to patient safety and is not the result of patient harm resulting from abuse or neglect; and
- The facility has not received a repeat deficiency related to direct patient harm in the preceding two-year period.

This bill also gives Medicare and Medicaid providers access to the National Practitioner Data Bank to conduct background checks and help identify the best candidates. In addition, the Centers for Medicare and Medicaid Services would continue to have discretion to revoke and/or reinstate programs through the regulatory process. The Secretary of Health and Human Services will also have the ability to revoke and/or reinstate programs based on the results of an on-site inspection.

Nurse aide training programs offered by SNFs create jobs and upward mobility for individuals, predominantly women, who are often in communities that lack these opportunities. These SNF-based training programs offer valuable, and much needed, workforce development programs in community health care settings and many CNAs go on to become nurses (LPNs or RNs) or SNF administrators. A mandatory two-year termination of a SNF’s ability to provide a nurse aide training program creates negative impacts on the nation’s CNA workforce shortage crisis and undue burden on the ability for SNFs to provide the necessary quality care their residents, staff, and communities deserve.