Testimony on behalf of SEIU Healthcare Pennsylvania and the SEIU Healthcare Pennsylvania Training and Education Fund regarding TNA/CNA pathway and testing sponsored by the Senate HHS Committee on June 21, 2022.

My name is Zach Zobrist. I am the Director of Workforce and Assistant to the President for Workforce at SEIU Healthcare Pennsylvania, our state's largest union of healthcare workers.

SEIU Healthcare PA represents approximately 30,000 healthcare workers across the commonwealth, including state certified nursing assistants (CNAs) and temporary nursing assistants (TNAs) across the state. Over sixty unionized nursing homes participate in our labor-management trusteed training and education fund which is an organization focused on training for healthcare workers and providing benefits and support for career advancement.

Over the past four months, The SEIU Healthcare PA Training and Education fund has used some if its resources and some grant funding from the Dept. of Labor and Industry to provide additional training to over two hundred (200) TNAs across Pennsylvania. And, we have nearly 100 more TNAs signed up to yet to be trained. This is supplemental training is to bolster the on- the- job skills training the nursing facilities have been providing as part of the TNA to CNA pathway as set forth by the Department of Education and Nurse Aide Training and Competency Program (NATCEP) in Pennsylvania. Our training fund program provides access to a forty-hour on-line CNA theory course for TNAs and brings nurse instructors on site to provide hand-on clinical skills lab trainings to help provide additional training and preparation for the CNA skills exam.

The TNA pathway program has closed to new entrants as of June 7 and current TNAs have about three months left to pass their CNA exam or to cease working. Our union and training fund are fully committed to helping support existing TNAs to become CNAs. We are very concerned about the ability of TNAs to actually have the opportunity to take the necessary clinical tests to be placed on the CNA registry in the current timeline.

This testimony will focus on the critical need to get TNAs the ability to get on the CNA registry, the current challenges with testing, the broader lessons and limitations learned from the TNA pathway, and finally a set of recommendations to ensure that Pennsylvania has the nursing assistant workforce needed to care for residents and patients in its long-term care skilled facilities.

It's critical to get TNAs onto the registry

We are fully committed to helping to support existing TNAs to become CNAs and it is vital that all stakeholders do everything possible to support TNAs moving to the CNA registry. Pennsylvania seniors and those needing care in a skilled long-term care facility cannot afford to lose hundreds or thousands of individuals already working in these facilities.

The workforce challenges for nursing homeworkers is not new, but it has been exacerbated during the pandemic when thousands of healthcare workers left the care setting and did not come back to this healthcare workforce.

Academic research and experience make clear that the three biggest drivers of the churn and shortage of workers in nursing homes are first low-pay, second poor staffing levels that make it hard for a CNA to do their work, and third a lack of career advancement. And now when other private service and retail employers are fortunately and justifiable raising wages, the already low pay and inability for nursing homes to just raise prices makes the workforce challenges even greater.

Fortunately, the industry, government and labor leaders in Pennsylvania are focused on structural changes better reimbursements to nursing homes, for better pay, and to address via regulation the staffing standards—all of which will significantly help strengthen our workforce by helping make this work more attractive to potential workers and to help retain workers who get burnout and leave.

In the meantime, it is imperative that all efforts are made to support TNAs to be successful and to help ensure they have access to testing to become CNAs. These individuals have entered the long-term care workforce and have been working in this very challenging environment. If they have maintained work this far, this pool of workers is vital to meeting the workforce needs we have in long-term care. We must make sure all current TNAs have the opportunity to test, so they can maintain their employment and continue to provide care in these facilities.

Why are we providing this additional training and lessons from the TNA training pathway

The TNA program was understandably created in the onset and uncertainty of the pandemic and needed in an emergent situation to replace the volume of workers leaving quickly.

Our training fund is providing additional training to TNAs because it has become clear that additional support and training is needed to help ensure they are prepared to join the CNA registry. the experiences of our training fund instructors have shown that the understanding and competency of many TNAs is not at the same standard than if an individual would gone through the traditional training program and the on-the-job training. This is not surprising and understandable. TNAs who start work in an already stressed and under resourced environment and have only eight (8) hours of classroom theory in advance are not as well prepared in their understanding and skills; they may learn not best practices while from others, and it is understandably hard for a facility to have the highest standard of training when also continuing their regular operations and picking-up extra training responsibilities.

Initial data from Credentia has shown a lower pass rate for TNAs than those students in the normal CNA credentialing process, indicating that on the job training has not been sufficient compared to the traditional pathway.

This is a good cautionary lesson as training innovations are looked at going forward about the challenges and limitations of on-the-job training that reduces classroom hours and where the skills training and assessment falls on working staff.

This evidence and experience also shows that it is likely that many of the TNAs who have not yet tested, will need to take the clinical exam more than one time to become credentialed- which is permissible under the pathway.

Pennsylvania should request an extension for clinical testing for TNAs

To fulfill the promise made to these individuals we need to not only support their learning, but Pennsylvania must ensure every TNAs has a fair opportunity to test to become a CNA.

Of the TNAs we have been training, we are aware of a handful who have made it onto the CNA registry, but many are waiting still for the opportunity to test. And as noted above, some will need to re-test.

There is a significant shortage of available clinical testing sites for individuals to become credentialed on the CNA registry resulting in long delays for individuals even if they have a nearby testing site. Certain sites like Altoona have not had instructors available and posted that they are not doing any testing. Other sites have had delays or cancellations as a result of not having credentialed RN testers available. TNAs in the Pittsburgh area are being told to drive two hours to Johnstown or Erie to take the in-person clinical site to test because these are the closest regional testing sites to Pittsburgh.

The Governor's office is aware of these challenges and is convening stakeholders to try to address these challenges. As a union we are willing to help as we can in trying to find solutions to challenges, but we have serious concerns that many TNAs will just not have a fair shot at a nearby location or even access to a clinical skills test before the October deadline.

The Center for Medicare and Medicaid Services (CMS) is also aware of these challenges across the country states and in an April 2022 memo, CMS indicated the potential need for extended timelines in states for testing of TNAs.

While efforts should be made to expand the pool of RN testers and testing sites, the timeline is very short given the number of TNAs who still not have not done one round of clinical testing and with evidence showing that some will have to test multiple times. We believe an extended timeline for TNAs to complete the skills testing is the best chance help TNAs credential to the CNA registry.

The other steps of the TNA to CNA pathway process, including the written exam, be can reasonably completed. However, it is clear to us that there will not be sufficient time for all TNAs to have an adequate and fair opportunity at taking clinical exams; this is why we believe the Commonwealth should begin the process of requesting an extension from CMS for TNAs to complete the skills test.

There are other urgent and important solutions to improve CNA training

Given that the TNA pathway has ended, and given the limitations noted around this model of on-the-job training, Pennsylvania must think beyond this initiative and think about other changes so that Pennsylvania can train and register CNAs at a faster pace and larger scale.

Here are five clear action steps that Pennsylvania should take to achieve this critical goal of bolstering the CNA workforce:

1. First, the Commonwealth should create a CNA workforce dashboard so there is clear transparency on the status and progress of the growth of the CNA workforce. The dashboard should report three things: the current real-time total number of CNAs on the registry, that week's additional CNAs added

to the registry, and there should be a listing of actual currently open and available full-time or part-time CNA classroom seats.

Classroom training programs are often limited in available location, are closed due to a lack of instructors, or are only offered so that someone must take three to four straight weeks without pay to become a CNA.

There needs to be clarity on the state of this workforce and the real opportunities for existing training.

This data will help guide government, labor, and industry on future steps to build our state's CNA workforce.

2. Second, resources and focus are needed to expand coordination and scale-up access to training. Pennsylvania should follow the lead of some other states and create regional CNA training hubs. These hubs may include actual training programs but will also focus on recruiting potential CNAs and assisting them in finding and preparing for training opportunities.

CNA programs are necessarily based in small cohorts so more programs are needed. And workforce boards have been reluctant to fund these initiatives because of the low pay of CNA work compared to other jobs. Pennsylvania will need a large-scale effort and investment to help address the workforce challenges, so we need to look at American Rescue Plan, state budget or other funds to create these regional CNA training hubs.

3. *Third, we need the PA NATCEP to modernize and modify some of its practices*. NATCEP should and can maintain high standards for CNA training programs and must also innovate and adapt to meet new opportunities and the workforce needs.

Here are just three examples of changes:

Currently, new CNA training programs wanting to enter the training space can only be evaluated every three months and the process can be lengthy. The approval process should be rigorous but also needs to be efficient to help lower the barriers to bring to fruition more CNA training programs.

Additionally, NATCEP should promote and support blended learning models. A state law was recently passed in PA making explicitly legal blended training programs, training that mixes on-line learning-both synchronous or a-synchronous with in-person skills labs. Pennsylvanians need NATCEP to support and promote and remove barriers in the approval of these programs.

And NATCEP should ensure that licensed practical nurses (LPNs) can teach to full extent of federal law in non-facility training centers like community colleges or other regionally based training entities. NATCEP has recently adjusted these LPN training regulation for provider facilities, but more needs to be done to adjust these regulations for non-facility based training programs to have a larger pool of instructors and operate at a larger scale.

4. A fourth recommendation is to for the Commonwealth to assess its contract parameters and future procurement requirements with vendors for CNA testing. The recent TNA to CNA pathway testing

challenges have illuminated that the current contract for CNA testing there are no geographical requirements for the location of these testing sites.

There should be a higher minimum number of sites expected and geographic requirements for providers of these services to ensure that candidates in the future have reasonable and timely access to testing to for the CNA registry. Other provisions need to be examined including considering minimum standards for pay rates of RN testers by the vendor to help ensure there is an adequate supply.

5. Finally, Pennsylvania should provide grant opportunities for supportive services to assist potential incoming CNAs to be able to compete a CNA training programs. Individuals trying to become CNAs are often already working while trying to complete the training program or just entering the workforce and in a precarious economic position. Financial support to pay for the time a candidate is classroom training or for supportive services like childcare or transportation can make a big difference in the ability of someone to complete the CNA training program.

These are all steps Pennsylvania can take within the traditional CNA training model to help bolster this critical workforce.

In the meantime, our union and management training fund will continue to be providing additional training and support to those TNAs; and we need the Commonwealth to take any actions it can to support TNAs, including that the Commonwealth request a timeline extension for skills testing so that all the current TNAs who have been working in this setting have a true opportunity to test and join the CNA registry without having to leave the workforce.