



**TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE**

March 2, 2022

Senate Bill 840: COVID-19 Response Act of 2022

Written Testimony Only

POSITION: FAVORABLE

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for Senate Bill 840. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers. Our members provide services and employ individuals in nearly every jurisdiction of the state.

Senate Bill 840 establishes and alters requirements related to COVID-19, including requirements related to planning by institutions of higher education, home health agencies, nursing homes, and assisted living programs, the provision of coverage by the Maryland Medical Assistance Program, the Maryland MyIR Mobile immunization record service, and reporting by the Maryland Department of Health (MDH).

Senate Bill 840 provides for important medical treatments for Marylanders in need subject to budget availability. The legislation also provides for ongoing generalized testing associated with the COVID-19 pandemic and requires MDH, in partnership with others, to undertake planning going forward – hopefully moving from a pandemic to endemic COVID-19. In addition, there are important provisions on vaccination rates and outreach to at-risk and diverse communities.

We will note relative to the required COVID testing and testing planning portions of SB 840 that such plans will occur not just as a result of MDH directives, but in conjunction with federal requirements and ideally in public-private partnerships. Skilled nursing and rehabilitation centers continue to spend millions of dollars per year on employee testing. Obviously, these centers were not spending this money on testing prior to the pandemic. Nor are these expenses underwritten by Medicare or Medicaid.

Finally, and the primary reason for our support, Senate Bill 840 requires the Maryland Board of Nursing (MBON) establish a Geriatric Nursing Assistant Apprenticeship Program—an approach that is, in a way, already temporarily happening as a result of the pandemic and federal emergency rules. We have been working closely on this issue with Maryland Board of Nursing (MBON) Executive Director Karen Evans, Delegate Ariana Kelly, and other stakeholders.

Early on in the pandemic, the federal government waived federal nursing assistant training and certification requirements. The federal government, through the Centers for Medicare and Medicaid Services (CMS), has authority over this process, but state approval is also required. Under this waiver, many states permitted an eight-hour online emergency temporary nursing assistant (TNA) course. The American Health Care Association/National Center for Assisted Living (AHCA/NCAL) created a free online course and continues to

offer it for those wishing to become TNAs. **Here in Maryland, 3,137 participants have successfully taken the 8-hour TNA training as of February 24, 2022.**

Graduates of the course who demonstrate competency are allowed to work as TNAs in healthcare settings in Maryland as long as the national public health emergency (PHE) exists and for up to 120 days after the emergency ends. Under the current rules, those who have been working as TNAs throughout the COVID-19 pandemic will be required to start their training from scratch in order to continue working after the federal public health emergency. For those working in long-term care settings in Maryland, this means they will be required to satisfy all of the Geriatric Nursing Assistant (GNA) requirements including taking the full training program and pass the GNA certification examination.

We have been working with Karen Evans and MBON on a certification pathway that would take into consideration the experience of a TNA and allow them to sit for the state certification exam after attestation that their experience and on-the-job training during the pandemic has been sufficient.

Senate Bill 840 is incredibly helpful in this work because it provides a framework for MBON to appropriately credential and retain the temporary nursing assistants that want to continue working, and perhaps more importantly, it will establish a permanent framework for supporting other apprentice innovations in Maryland skilled nursing and rehabilitation centers even as we move beyond the COVID-19 pandemic.

There is at least one Maryland nursing home that augmented the 8-hour online training with a three-day (24-hour total) training before a temporary nursing assistant took the full 100-hour training program. Under the current federal public health emergency, such an approach is allowed. However, this approach would not be allowed in the absence of a federal emergency unless MBON formalizes it. Under the provisions of SB 840 and other initiatives being considered this session, MBON would be empowered to undertake this vital approach to retaining emergency TNAs and growing our licensed workforce.

Maryland faces a historic and dramatic shortage of licensed healthcare professionals. The Board of Nursing reported that 40,000 individuals licensed by the Board did not renew their license in 2021. And, we have all read of and perhaps experienced some aspects of “The Great Resignation” across various industries.

The current workforce crisis pre-dates the pandemic and the pressures of the pandemic dramatically worsened the workforce shortage. The most recent Omicron surge of COVID-19 proved to us yet again that there is no individual hospital, nursing home, or physician’s office workforce – there is one singular healthcare workforce in Maryland. It is shorthanded, and we are all drawing upon it.

Going forward the length of this workforce crisis will be measured in years and not months. As we navigate forward, we must create pathways that ensure we have enough healthcare professionals to continue caring for Marylanders in need.

For these reasons, we request a favorable report from the Committee on Senate Bill 840.

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