HIRING NURSES THAT DON'T EXIST:
IMPOSSIBLE STAFFING STANDARDS

The proposed staffing mandate from CMS, if finalized, would require that nursing homes hire close to 13,000 registered nurses (RNs) in just five years of implementation. These are new positions.

Where are these 13,000 RNs going to come from? How will a publicly underfunded sector pay for them?

THE U.S. SHORTAGE OF REGISTERED NURSES HAS REACHED CRISIS PROPORTIONS

- There are not enough nurses in the United States to fill the positions that are currently open.
- The Nation's nursing schools are not graduating enough nurses to fill the positions that are currently open, not counting expected new positions.
- RNs are leaving the workforce, leaving the profession, and retiring. 100,000 RNs left the workforce due to the pandemic. Another 20% of currently working nurses (800,000) report they plan to leave nursing by 2027. (National Nursing Workforce Study, National Council of State Boards of Nursing)
- From 2022 - 2032, the U.S. Bureau of Labor Statistics predicts employment of RNs will grow by 6% (from 3.1 to 3.3 million) faster than the average for all occupations. (Registered Nurses: Occupational Outlook Handbook: U.S. Bureau of Labor Statistics)
- Approximately 193,100 openings for RNs are predicted each year on average over the decade simply to replace existing RNs who move to different occupations or leave the workforce (including retiring). (BLS)
- The total number of nursing positions to be filled in 2022 was 213,000.
- In 2021, 181,000 newly graduated RNs entered the workforce. There are not enough graduates to fill the current jobs being vacated. When you add on the BLS's anticipated growth in new positions, the shortage gets even worse.

NURSING PROGRAMS IN THE U.S. DON'T HAVE THE FACULTY TO PRODUCE MORE NURSES

- In 2022, U.S. nursing schools turned away over 91,000 qualified applicants. (American Association of Colleges of Nursing)
- Nursing schools have a current vacancy rate of 8.8% (AACN)
- Average nursing school faculty earn about $30,000 a year less than comparably educated peers working in clinical sectors.
- There are insufficient clinical sites, including long-term care settings, for RN students.

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MOST REGISTERED NURSES CHOOSE TO WORK IN HOSPITALS AND PRIMARY CARE SETTINGS

- RNs typically choose to work in environments that are not long-term care for several reasons:
  - The average salary of an RN working in an acute care setting is $90,600; their counterpart in skilled nursing settings earns an average of $77,000 annually. (Registered Nurses)
  - Perception that nurses are more likely to be working alone.
  - Perception that long-term care nursing is the "last stop before retirement."
  - Less predictable schedules.
  - Fewer opportunities for professional development.
- The proposed rule is not accompanied by additional funds to pay RNs comparable or higher wages to work in long-term care.
- The percentage of RNs working in rural areas declined from 17% in 2005 to 14.4% in 2018. The requirements of the proposed staffing standards will have an increasingly disproportionate impact on rural nursing homes.

TRAINING 13K NEW NURSES WOULD COST APPROXIMATELY $1.3 BILLION—CMS IS ALLOCATING $75 MILLION TO HRSA TO TRAIN

- In 2022, most RNs (71.1%) entered the field with a bachelor's degree. (AACN)
- The cost (tuition, books, supplies, etc.) of training new RNs is wide-ranging:
  - An associate degree in nursing at a public college costs $6,000 to $40,000.
  - An associate degree in nursing at a private college costs $30,000 to $40,000.
  - A Bachelor of Science in nursing costs $40,000 to $200,000.
- Estimating an average cost of $100,000 per nurse, the cost to train 13,000 new nurses would be $1.3 billion. Considering that CMS has moved $75 million in CMP funds to HRSA to support loans and tuition assistance for new RNs, the cost would be reduced to $1.225 billion. No additional funding has been proposed or made available.
- The regulatory impact analysis (cost-benefit analysis) of the rule does not take into account the cost of training 13,000 additional new nurses on top of an environment where the country's nursing schools are unable to accept and graduate enough individuals to meet the current need for RNs (before the proposed nursing home standards are in place).

THE PROPOSED RULE COULD LEAD TO MASS LAYOFFS—LICENSED PRACTICAL NURSES MAKE UP THE LION'S SHARE OF THE LONG-TERM CARE LICENSED NURSING WORKFORCE

- There are 697,510 Licensed Practical Nurses (LPNs) working in the U.S. 13.06% (approximately 209,440) of LPNs and Licensed Vocational Nurses (LVNs) worked in nursing homes, and 5.6% (or 53,290) in residential care and continuing care retirement communities in 2022. (Licensed Practical and Licensed Vocational Nurses)

- LPNs make up a large proportion of the nursing home nursing workforce. In the first quarter of 2023, RNs made up 15% of the nursing workforce, LPNs 23.7%, and CNAs 61.3%. (Analysis of CMS PBJ data)
- LPNs/LVNs have a significant impact on resident experience, strengthening quality of life and quality of care, but have not been included in the ABT research underlying the proposed staffing mandate.
- Skilled nursing communities provide living wages and career pathways for LPNs/LVNs. In nursing homes, LPNs/LVNs earn an average salary of $58,440, $6,000 more than their hospital counterparts.
- The proposed staffing mandates rule requires RN hours and CNA hours. To fill and support the 90,000 new RN and CNA positions, nursing homes will be forced to stop employing LPNs.
- Rather than require that LPNs either upskill to become RNs or leave their nursing home employment, CMS should allow LPNs to substitute for RNs or CNAs.

RELATIVELY OLDER WOMEN OF COLOR WHO ARE LPNS ARE HARMED DISPROPORTIONATELY BY THE RULE—THIS RULE, AS OUTLINED—WILL FORCE THEM OUT OF NURSING HOMES

- 37% of LPNs are people of color and 88.9% are women. Comparatively, 26% of RNs are people of color (a similar proportion are women). ([Employed persons by detailed occupation, sex, race, and Hispanic or Latino ethnicity: U.S. Bureau of Labor Statistics (bls.gov)](bls.gov))
- It takes one to two years to "train up" from an LPN to an RN.
- LPNs/LVNs may not choose to "train up" to RN. Nearly a third of LPNs/LVNs are within 10 years of retirement.
- Nursing homes will be forced to let LPNs go to free up funds to hire RNs. This will reduce the total number of licensed nursing staff (RN + LPN) in many organizations. Furthermore, many LPNs/LVNs with long tenures and deep knowledge of the nursing home and its residents will be among those who leave.