

Nursing Homes

Prevent Access Barriers to Nursing Home Care

Nursing homes face persistent workforce shortages that echo across aging services. The current availability of registered nurse (RN) staffing across the healthcare sector is at a deficit of 8% according to the Health Resources and Services Administration (HRSA) and this trend is anticipated to persist well into the future. Long-term care is rarely the first choice of RNs entering the workforce and inadequate long-term care funding further disadvantages nursing homes trying to compete with hospitals and other settings for the limited supply of nurses.

Efforts to establish minimum staffing standards in nursing homes pose a threat to nursing home care access for older adults. Nursing homes that are unable to meet minimum standards, regardless of the competencies and skills sets of existing staff, would be forced to choose: take a financial penalty, further complicating efforts to meet staffing standards, or reduce the number of residents served.

- The *Nurses Belong in Nursing Homes Act* (S 3886) and the *Safe Staffing Saves Lives Act* (HR 8100) both seek to establish minimum staffing standards for nursing homes, but neither bill addresses the critical barriers to improved staffing: workforce and reimbursement. Without timely investment in workforce development and fair reimbursement rates with which to recruit and retain qualified staff, federal minimum staffing standards are unrealistic and unattainable.

Fix the Nursing Home CNA Training Lockout

Certified Nursing Assistants (CNAs) are an integral part of the aging services workforce – and strong training programs are critical to providing the quality care older adults deserve. Unfortunately, CNA training programs in nursing homes are subject to suspension due to an outdated provision in federal law. For almost 40 years, nursing homes that have received civil money penalties above a certain threshold on their surveys have automatically lost the ability to train CNAs for two full years. These suspensions are required even if the fines are unrelated to the quality of care provided to residents, are unrelated to the quality of the training, or were caused by situations outside the nursing home's control. Suspensions are required even if the nursing home promptly identified and addressed the issue to minimize impact and prevent recurrence.

Congress must protect this critical workforce pipeline by preserving access to CNA training in quality nursing homes.

- The *Ensuring Seniors' Access to Quality Care Act* (HR 7096) would change the two-year CNA training lockout by allowing nursing homes that have resolved their compliance issues to continue their CNA training programs as long as their penalties are not related to the quality of care provided to residents.

Expand Workforce Options for Clinical Care in Nursing Homes

Workforce shortages in healthcare are not limited to nurse staffing; shortages exist among physicians as well and are anticipated by HRSA to worsen over the next few years. Non-physician practitioners such as physician assistants, nurse practitioners, and clinical nurse specialists, can help offset these shortages to deliver quality care in nursing homes while remaining within their scope of practice. However, provisions in federal law place restrictions on a physician's ability to delegate these tasks. Not only does this create unnecessary obstacles to supporting the physician workforce, but it also restricts a resident's right to choose the practitioner from whom they receive care.

- The *Enhancing Skilled Nursing Facilities Act* (HR 7106) would allow nurse practitioners, physician assistants, and clinical nurse specialists to provide certain care in nursing homes where provided by scope of practice laws. This would help to streamline care, reduce delays, and improve access to services.

Ensure Medicare Coverage of SNF Care

Medicare beneficiaries must have an "inpatient" hospital stay of at least three consecutive days to receive coverage for skilled nursing facility care after discharge. However, hospitals sometimes fail to classify patients as "inpatient," instead keeping them in outpatient "observation status" for more than the standard "two midnights." As a result, these individuals are ineligible for having necessary skilled nursing facility care covered by Medicare, even if all other criteria for skilled care are met. These individuals are then faced with a choice: pay out of pocket, or forgo the care they need and which they should be entitled to receive.

- The *Improving Access to Medicare Coverage Act of 2025* (HR 3954), which would apply hospital outpatient observation days toward the three-day qualifying hospital stay requirement so Medicare patients who spend three days in a hospital, regardless of inpatient or observation status, can access post-acute care in a skilled nursing facility.