

TESTIMONY

FOR THE

Department of Health Budget Hearing for Fiscal Year 2012

BEFORE THE

COUNCIL OF THE DISTRICT OF COLUMBIA

COMMITTEE ON HEALTH

THE HONORABLE DAVID CATANIA, CHAIR

SUBMITTED BY

Judith Levy, Coordinator

THE DISTRICT OF COLUMBIA LONG TERM CARE COALITION

IN THE COUNCIL CHAMBERS (ROOM 550)

May 5, 2011

Location: John A. Wilson Building

Good morning Chairperson Catania and members of the Committee on Health. My name is Marla Lahat and I am representing the District of Columbia Long Term Care Coalition and have been a member of the Coalition since the 1990s. I request that my entire statement be included in the record although in the interest of time, I will only read the highlights. I am pleased to testify regarding the District of Columbia Department of Health Budget for 2012. Today I will focus on the Health Regulation Licensing Administration which is responsible for licensure of home care agencies and the District of Columbia Board of Nursing, both, of which perform a vital role in protecting the community and promoting quality services.

The DC Coalition on Long Term Care has worked with the DC government for over 16 years to develop and implement home and community care options for low-income DC residents with chronic care needs. Its consumers, advocates and health care providers have assisted in the development and implementation of expanded Medicaid home care; the regulations of assisted living residences and home care agencies and the improvement of the workforce essential to these programs. To improve and expand the health care workforce, the Coalition has concentrated on increasing wages, health care benefits, training and monitoring.

### **Improvement in Quality and Oversight of Home Care Services.**

The Coalition continues to support the shift of care of the aging and disabled community to home and community based programs. As these programs expand, it has been clear that the Home Health Licensure Regulations of 1984 are not reflective of current practices. Agencies that provide non-medical home care are being held to standards which mirror federal Medicare standards and are not applicable to the work they do. Since a number of our members are providers of these services we were encouraged to make recommendations for changing this legislation.. A subcommittee of stakeholders submitted recommendations by October 1, to the Committee on Health and the Health Regulatory Licensing Administration. We will continue to track the progress of this legislation.

### **Workforce Development**

Legislation enacted in 2009 authorized the DC Board of Nursing to register, regulate the standards for education and experience --including supervision and performance of -- nursing assistive personnel (NAP). NAPs are defined as persons who provide hands-on care in all health care settings. These settings include, but are not limited to, hospitals, nursing homes, home care, dialysis centers and supportive community housing.

The goal of the regulations is to assure that consumers receive quality services from well-trained persons in all health care settings and that health care personnel have the opportunity to develop and increase skills and career opportunities through a unified system of training. With this system in place, the expanding DC health care industry would be able to relieve the current shortage of well-trained health care personnel.

To assist the Board in developing a model for the training and career development of these health professionals, the DC Coalition on Long Term Care worked with the many stakeholders affected by the legislation, including home health care agencies, acute care hospitals, dialysis centers, training schools and others. This inclusive process resulted in a model set of regulations, which the Board of Nursing is now finalizing.

As with any change, however, there are associated challenges. One of the most significant is the increased cost to the Board of Nursing (BON) associated with regulating a new set of workers, and the increased costs to training programs and students to meet the new curricular requirements. To accomplish the important goals of the original legislation of improved care and expansion of job opportunities for the nursing assistant workforce, a number of steps are required:

1. Approval by the Mayor and the Council of the proposed rules in the form finalized by the Board of Nursing. These rules were created with substantial input from a large variety of stakeholders.
2. Utilization of current licensing fees for the Board of Nursing to administer the rules, which will apply to individuals, and training programs. In order for the BON to manage this new program, it will need to expand staff to monitor the quality of the training schools and administrative staff to process the estimated 8000 applicants.

3. Access to training funds for NAP trainees available through the Workforce Investment Act and other programs administered by the Department of Employment Services, the Federal stimulus package and expected new job programs;

programs by 4. Funding that will account for growth of programs such as oversight of training the  
Board of Nursing and increase in the direct care workforce in general

### The Regulations and the NAP Workforce

This model is founded on a core of basic training and supervision of this vital workforce and the initiation of a career ladder in the expanding health care industry. The Board's rules will lay the foundation for organizing the District's training into an integrated system based on building blocks of training so that each person has an opportunity to qualify for more skilled jobs with higher pay.

The NAP workforce largely consists of women who are single heads of their households and many are recent immigrants. The cost to the individual of training, license fee and national FBI background check can range up to \$1000. This out-of-pocket expense unfortunately put these job opportunities outside the reach of many of the working poor in the District who need and want these jobs. The Coalition respectfully urges the Committee to work with other Committees to access funding for tuition and related expenses. With quality training in affordable schools, these workers can improve the care provided to clients, maintain themselves and their families, and relieve increasing shortages of trained health care professionals in the District.

The Coalition is deeply grateful to this Committee for initiating this important program. Not only will this program benefit low-income workers and the currently unemployed including their families, but also the growing number of DC residents in need of quality health care will be aided.