

Good day.

Members of this committee, fellow nurses, and guests:

I am Jill Hart, a Kansas licensed IV-certified LPN of 14 years. The Kansas nursing legacy in my family goes back more than 50 years. My grandmother, Elizabeth Priest, was the first family planning nurse in this state—most definitely a pioneer. My paternal grandmother, Marcella Shuman, was a certified nurses assistant in Hutchinson in the 1960s and '70s. Both my aunt and mother obtained their RN licenses in the 1970s, as well, serving their communities in multiple capacities, most notably as the supervisor of the ER at Wesley, and the Director of the McPherson Co. Health Dept and nurse supervisor of Assisted Living at The Cedars, respectively. My father was the administrator/CEO of The Cedars Retirement Community in McPherson, KS for 30 years before his retirement. After that, he assisted several facilities in the central Kansas area by serving as interim administrator, upon their request. Needless to say, I grew up in the nursing services environment, which ultimately led to my decision to follow in my parents' footsteps.

House Bill 2524, if enacted, will insure the disruption and destruction of an entire sector of the healthcare industry, that being our long term/skilled nursing genre, as I will outline, in detail. Allow me to first address specific sections/subsections of this bill. First, Section 2, in its entirety. These guidelines are already in place in Kansas. Facilities are surveyed annually. Any deficiencies found are tagged and the facility submits and implements a plan of corrective action. KDADS also has procedures in place to investigate complaints of all types concerning the facilities themselves, and the staff working in them. My agency keeps records of the facilities our employees work in, most notably through our scheduling/staffing solution, and in cooperation with the facilities themselves. We address any complaints/concerns regarding our staff immediately, and work with the facility AND the staff member to determine the proper course of action. Our staff are governed by the same state guidelines as facility staff, and subject to the same disciplinary actions. An agency CNA carries the same certification that a staff CNA does, they are certified in the same way, perform the same tasks. To require additional

documentation specifically for “supplemental nursing agency staff” will do nothing more than require unnecessary, excessive and redundant paperwork to be completed, hence wasting time and resources that are already in short supply.

Moving on, Section 3 is another redundant area of this bill. Supplemental nursing agencies in Kansas are already registered as business entities in this state. To require a separate registry for only agencies would be futile. “Supplemental nursing agencies” in this state, again, are subject to the same audits, procedures, and investigations that the facilities themselves are. My agency pays/deducts all applicable taxes as required by state and federal law, and also carries the required insurances. Again, more redundancy contained in Bill 2524. Malpractice insurance is NOT required at this level, and is most often carried by practitioners involved in diagnosing and treating health conditions, performing surgeries or other invasive procedures, and/or prescribing medications. Our employees do none of those things, and have no need for this insurance as relates to their daily activities. Another unnecessary component of this bill. A fund also already exists that facilities pay into when fines are issued by KDADS for cited violations or noncompliances, again in accordance with state guidelines already in place.

Section 4 of this bill attempts to regulate fair market competition in the workplace we are discussing today. This is known to all of us as a buy-out clause. I can only speak for Trinity United when I tell you that we do not recruit facility staff, and our employees are prohibited from doing so. Agencies do not/can not control the initiative any person may take in seeking a career change. Any person, any employee anywhere in this country can choose to work wherever they wish whenever they wish. I assert that any lobbyist group or entity that would suggest otherwise does not understand free enterprise.

I now move to address the “elephant in the room”, that being wages and flexibility.

First, and most importantly, agency nurse staffing is not meant to be a permanent solution to a facility's staffing issues. Just as many folks go to the doctor's office for routine care, there are times when one must go to the emergency room when a need arises and the "routine" physician is not available. Agency staff are the "emergency room" for such situations. Yes, emergency room visits do cost more than seeing the routine doctor, but also provide an immediate solution in a time of need. A TEMPORARY solution. Additionally, nurse staffing agencies provide considerably more flexibility in scheduling than do facilities. Trinity's employees self schedule, which allows them to first schedule appointments, parent-teacher conferences, college classes, etc, and then schedule their work around those priorities, as opposed to an inflexible facility schedule that often requires the employee to "jump through hoops" when time off is needed. This flexibility, combined with the payment of an honest, living wage, is what draws many to agency staffing. And rightfully so. But let's get to the crux of that issue. The sponsors of this bill want to drive down the wages of our caregivers; so much so that many of them will be forced to leave the industry simply in an effort to just survive. Something is very, very wrong in our society when fast food workers are paid a higher hourly wage than our healthcare workers.

I was a facility staff nurse for the first 8 years of my nursing career. I have been an agency nurse/nurse manager since then. I cannot tell you how uplifting it is to see a single mom better herself with education, a safer, more secure home, a more reliable vehicle to transport her children. Simply because she was paid a reasonable, living wage. Facilities pay lower wages for several reasons. The two most notable are an unrealistically low CMS reimbursement rate, and ridiculously inflated CEO salaries. So much improvement could be made in these two areas that would allow facilities to pay their staff a realistic, living wage and draw healthcare workers back to the field. The sponsors of this bill appear to support keeping facility staff working for poverty-level wages while they themselves are unwilling to do so. Is it any wonder that staff leave facilities in search of something better?