

I am in opposition of HB 2524. I am unable to attend today due to work obligations, but I am submitting my written testimony instead. My name is Ashley Garten. I am a Certified Medication Aide. I received my CNA license in 2003 when I was 17 years old, and my CMA license shortly after I turned 18 near the end of that year. I have worked in other industries, but I have roughly 9 years of experience in my field combined and have been working in healthcare this time since 2016. I was born and raised in rural Kansas, and although I left for many years, I returned here to raise my children. I am a single mother of two daughters. I am the only parent they have. Over the years, I have worked for many facilities directly, and I have also worked for a few nursing agencies. Currently I am traditionally employed by one agency, and a 1099 contractor for another. I would work directly for a facility if I could afford to do that, but the wages facilities pay are not even vaguely compatible with providing for a family in today's economy, nor are they reasonable when considering the physical and emotional toll this career takes on a person under the best circumstances, let alone in a global pandemic which has been ongoing for nearly two years with no end in sight. As it is, I work 50-60 hours a week to make ends meet, not including the significant amount of time I spend driving. I work these hours with hopes that I'll soon be able to pay off debts I've incurred and make needed repairs to our home, eventually being able to work fewer hours and have more time with my children.

Agencies have been painted with a broad brush to be predatory. Their employees money-hungry, and unreliable.

Do those situations exist? Absolutely. But do I believe that is the norm? No.

I live in Wichita. There are hundreds of available shifts within less than 20 mi of my house. But currently, I choose to work 3 nights a week in a facility in rural Kansas that is nearly 100 miles from my home. I've turned down shifts where facilities are offering nearly 3 times what I will make there, because I told them I'd be there. I was raised with rural Kansas values, and I pride myself on my work ethic, my word, and my reliability.

Yes, I did mention shifts that offer a large amount of money, but allow me to clarify. The agencies I associate myself with are not asking facilities for these sums, nor am I personally. The facilities are offering these amounts because they are desperate to fill needs. Their in-house employees are exhausted, and even using multiple agencies, there simply are not enough bodies to fill the empty spaces. Resident care is suffering. Agency employees are working overtime and exhausted at this point in the pandemic as well. And although sometimes the money can entice us (or an in-house employee, because they're being offered premiums as well) to pick up the shift, sometimes we just need a break, as anyone in our situations would. This results in the facility and agency employees at that facility working short-handed, which is even more exhausting and creates burn-out at an even faster pace. The cycle never ends.

Back to the facility I've been working at (as agency) and am scheduled at through at least the end of March... The first shift I worked there was in November. The administrator (who is also a CMA) explained to me that she was relieved I had picked up the shift because she had no staff

for night shift and was literally working 60+ hours a week night shift PLUS doing her day job and she was exhausted, and happy to have a night off. I felt appreciated and I saw someone desperate for help and told her I'd cover as much as I could for her. Every month, my agency calls and me and says, "The administrator is doing her schedule for next month and wants to know what days to put you on for." And every month, I tell them to put me on Sunday, Monday, & Tuesday (7 pm to 7 am) every week and I'll work everything else in my life around that. And I do. The facility is an Assisted Living. Therefore, there is no nurse in the building. If something is beyond my scope of practice, I have to call a nurse who is at home, sometimes miles away. On good nights, there's a CNA with me for the whole shift. But at least once a week, from 11 pm to 7 am, it's just me and 26 residents. If someone dies? I handle it. When there's a medical emergency? All me. What if there's a maintenance emergency? Me again, until someone from maintenance can arrive. Every single want and need 26 people have, from companionship to assistance with activities of daily living and every single medication they take? That's also all on me. On top of that, I do all the laundry for residents and the facility. I wash dishes. I clean. I prepare the drinks for breakfast and set the tables. I let the facility's dog in and out. I don't "work there," but right now, from my couch, I could mentally walk down the hall and tell you the name of every resident who lives there, and the 2 who have died since my first shift. I could tell you who has been in the hospital recently. Who has had surgery. I could probably list most of the bed time / early morning medications they take without looking at the Medication Administration Record. I can tell you that for breakfast, I need to pour 18 ice waters, and 4 without ice. 11 orange, 1 prune, 8 apple, and 4 cranberry juices, and a glass of milk. I can tell you what kind of music many of the residents enjoy. I can tell to you the names of their spouses, children, etc. I can tell you what they did for a living.

These things are not exclusive to this facility, I've been the same caregiver at facilities all over our state, since I was a teenager. Although I've learned and grown within the profession, the core of who I am has remained the same. This career shaped who I became as an adult. It shapes who I am raising my children to be. I have held the hands of the dying. I have laughed, and I have cried. I have smiled in the face of adversity. I have laid cool rags on the foreheads of the ill. Cleaned up more bodily fluids than I could ever account for. I've been a shoulder to cry on. I have sung to, and with, hundreds of residents as I put them to bed, or got them dressed for the day. I have kissed foreheads, and bandaged injuries. I have even done many of these things for my own great-grandmother, who was a resident at the facility I worked at as a teenager.

But if HB 2524 passes, this will all be over, for me and for every resident I've touched. It will be the end of agencies, and until facilities choose to raise their wages, I will not be able to afford to continue in this line of work. I'm not in this for the money, but there is a bottom line of what I can afford to make, and unfortunately, facility salaries fall below that line. Agency has never been the bad-guy in this situation. The problem is corporate greed. Capping nursing wages while CEOs make money hand over fist isn't going to solve the staffing problems, it will only make them worse.

I implore you to consider my story, and the hundreds more like it, as you consider the future of the residents I have cared for, and hopefully those I will care for moving forward past this staffing crisis and pandemic, as well as my future, and that of my children.

Thank you for your time.

Sincerely,  
Ashley Garten, CMA