

February 8, 2023

RE: HB 2049 / Reducing training requirements for certified nurse aides (CNAs)

Rep. Landwehr and members of the House Committee on Health and Human Services, thank you for the opportunity to testify today in opposition to HB 2049. I am Dan Goodman, executive director of Kansas Advocates for Better Care. KABC is a statewide not-for-profit organization whose mission is to improve the quality of long-term care for elders in nursing and assisted facilities and in-home. KABC receives no state or federal funding.

A little history to explain our strong opposition to this bill.

Since 1975, KABC has advocated for quality long term support and services for older adults. Today, we continue to be a resource to families looking for help navigating long term care options for their loved ones. Our conversations with older adults, families and aging advocates guide our advocacy as we track the needs of older adults and quality of their care options.

In the late 1960s, moved by the poor care she observed in nursing homes, KABC founder Petey Cerf, began a crusade to put standards in place to improve conditions for both nursing home residents and staff. Elected leaders listened and Kansas enacted the 90-hour training requirement for certified nurse aides. The same standards under consideration today. Kansas served as a model several years before the passage of the federal Nursing Home Reform Act.

Despite significant changes in the health care needs of adult care home residents and improvements in the way care is delivered, the hours required for CNA training have remained at 90 hours for 46 years. Federal requirements require 12 hours of in-service for CNAs who work in nursing facilities but there are no state requirements for continuing education. There is no regular certification renewal process. A refresher course must be taken by a CNA who has not worked at least 8 hours in a two-year period. The requirements have remained unchanged since 1977.

Supporters say the aim of the bill is to match State requirements with those required by federal agencies. However, that is not what this bill does. It does not reference federal law, but instead prohibits the licensing agency from adopting guidelines that require more than 75 hours of CNA course instruction. Under the language proposed in HB 2049, if federal requirements increase, Kansas training requirements are out of compliance.

The new language proposed also does not take into consideration the federal requirements require only 16 of those 75 hours must be spent in a clinical setting. Kansas students must spend 45 of their 90 hours of training in a clinical setting. Strictly following federal minimums will significantly diminish the hands-on training that CNAs say is important.

A quick overview of the Kansas requirements which break CNA training into two components:

Part I Training – A Nurse Aide Trainee may not be employed by a facility in direct care capacity.

Part I training consists of a combination of:

- 20 hours of classroom instruction (also called “didactic”)
- 20 hours of supervised laboratory and clinical instruction

Part I provides trainees with experience in performing basic nursing skills. Part I subject content includes: an introduction to residents of a licensed adult care home and their needs, role, and responsibilities of the CNA, meeting resident needs in the areas of communication, infection prevention and control, mobility, the resident’s personal living space, safety, personal care and grooming, nutrition and fluids, elimination, and measuring and recording vital signs.

During Part I, the provision of direct care to residents by a nurse aide trainee is strictly limited to supervised clinical experiences for teaching and learning basic nursing skills, and the approved nurse aide instructor must be in the resident’s room at the side of the Trainee I to provide individual one-on-one clinical instruction. The CNA Instruction Manual states “use of this type of clinical instruction should NOT be done on a routine basis.” This type of supervised clinical instruction would be appropriate for observing a specialized treatment or procedure. The majority of supervised clinical experience for a Trainee I takes place in a simulated laboratory setting. Once Part I and the task checklist is completed, the student is classified as a Nurse Aide Trainee II.

Part II Training

- 25 hours of classroom instruction
- 25 hours of clinical instruction in a licensed adult care home environment (may be done at the completion of the classroom work) *Per 42 C.F.R 483.152 (a)(3) a minimum 16 hours of the 25 required in Kansas must be hands on with an actual person. This could be a fellow student, instructor, or volunteer.*

Trainee IIs are eligible to provide direct individual care to residents under the supervision of a licensed nurse of a licensed adult care home, or to work as Paid Nutrition Assistants. Trainee IIs should not be expected to perform nursing tasks that have not yet been adequately covered during the didactic/classroom training hours and should be instructed to respectfully decline to provide the service if requested. Part 2 clinicals must be completed in a long-term care setting.

Legislation adopted in 2022 increased the facility types eligible to be CNA course sponsors. Those settings now include hospitals, hospice sites and Program of All-Inclusive Care for the Elderly (PACE) programs. All training sites must meet the 90-hour CNA course curriculum and must be geared toward aides who will provide direct care residents living in Kansas adult care homes.

According to KDADS, to date only three hospitals have indicated an interest in becoming a clinical training site and two eventually withdrew their applications, leaving only one new training setting. No PACE or hospice programs have applied.

Staff shortages are undeniable. The lack of staff impacts quality, without a doubt. KABC has advocated for increased staffing levels to improve the quality of care in congregate settings. Supporters of the bill claim reduction in training hours will alleviate staff shortages without any evidence to show training hours are an obstacle to attracting long term care staff.

Testimony from the nursing home associations recognize the challenges faced by their members who have no one applying for their open positions. Employees today have many options in choosing a place to work or careers to pursue. Adult care homes recognize they are up against stiff competition for employees. Recent testimony by LeadingAge Kansas expressed the importance of workplace development and investments in workforce friendly policies such as the expansion of health care training programs, tuition assistance, and childcare assistance.

Supporters say HB 2049 will get students on the payroll faster. Currently, for employment purposes, Trainee II status begins upon the successful completion of the Part I task checklist and is valid for four months from the beginning date of the course. If the Trainee II is unable to fully meet the certification requirements within the four months from the beginning date of the course, the individual is no longer eligible to provide direct resident care services. A second four-month trainee period is not allowed. There is no need to reduce training requirements.

A nursing home provider who employs a nurse aide or makes an offer of employment prior to course completion must pay the full cost of the program up front. The nurse aide may not be charged for any portion of the program. State guidance says if a nurse aide pays for the cost of the training and is not employed or have an offer of employment, federal regulations allow the provider to reimburse the costs “over a reasonable period of time while the individual is employed as a nurse aide.” Since reimbursable costs can be prorated over 12 months, it is assumed a reasonable period of time would not exceed a 12-month period from the date a nurse aide completed the program.

According to federal law, If the nursing home provider has hired the nurse aide or made the offer of employment prior to course completion, the nursing home provider must pay the full cost of the training program. Only Medicare/Medicaid certified facilities are required to reimburse training costs. State regulations do not require State-licensed-only facilities (such as assisted living facilities, homes+, etc.) to reimburse CNAs for training.



Action is needed to attract health care workers in all settings, institutional and home-based. As the Kansas Adult Care Executives (KACE) recently noted in testimony, “health care has always been a competitive recruiting industry. However, now, we are competing with everyone, and applicants are simply not applying.”

As a state and a system, we should focus our attention and efforts on pursuing the recommendations of the Senior Care Task force, in the Workforce subgroup. We should explore these recommendations before taking a step back in time by reducing training for the staff that provides 90% of the direct care to residents in adult care homes.

We are at a crossroads of crisis proportion that requires the perspectives, collaboration, and input from all stakeholders, including students and long-term care employees to identify workplace improvements that value their contribution to the health care team. We need to amplify the voices of CNAs, their instructors and residents who benefit from well-trained staff as we look for solutions. HB 2049 is not that solution.

Thank you for the opportunity to offer our concerns. Reducing training hours is not the answer to the workforce shortage. We ask you to oppose HB 2049 and not pass it out of this committee.

Overview of other states' requirements Hours of training/clinical hours

Highest 7 states:

1. Maine – 180 hours of training/70 clinical hours
2. Missouri – 175/100
3. Oregon – 155/75
4. California – 150/100
5. Delaware – 150/75
6. Alaska – 140/80
7. Indiana – 105/75

9 states require 100 hours of training:

- Connecticut – 100/50
- Hawaii – 100/70
- Maryland – 100/40
- New Hampshire – 100/60
- New York – 100/30
- Rhode Island – 100/20
- South Carolina – 100/40
- Texas – 100/40
- Utah – 100/24

8 States require 120 hours of training:

- Arizona – 90/16
- District of Columbia – 120/75
- Florida – 120/40
- Idaho – 120/32
- Illinois – 120/40
- Virginia – 120/40
- West Virginia – 120/55
- Wisconsin – 120/32

3 states require 90 hours of training:

- Arkansas – 90/16
- **Kansas – 90/45**
- New Jersey – 90/40

5 states require 80-85 hours of training:

- Georgia – 85/24
- Washington – 85/50
- Louisiana – 80/40
- Pennsylvania – 80/37.5
- Vermont – 80/30

19 States require federal minimum of 75 hours:

- Alabama – 75/16
- Colorado – 75/16
- Iowa – 75/30
- Kentucky – 75/16
- Massachusetts – 75/16
- Michigan – 75/16
- Minnesota – 75/16
- Mississippi – 75/16
- Montana – 75/16
- Nebraska – 75/16
- Nevada – 75/16
- New Mexico – 75/16
- North Carolina – 75/16
- North Dakota – 75/16
- Ohio – 75/16
- Oklahoma – 75/16
- South Dakota – 75/16
- Tennessee – 75/35
- Wyoming – 75/16