

Opponent Testimony on House Bill 2049
Committee on Health & Human Services

Submitted by:

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Madam Chairwoman and members of the House Committee on Health & Human Services, thank you for allowing me the opportunity to offer opponent testimony on behalf of HB 2049 – changing the length of the nurse aid course required for unlicensed employees in adult care homes to 75 hours.

My name is Dustin Baker, and I live in Ottawa, Kansas. I am a Nurse Educator, with over 24 years of healthcare related experience to include educating CNAs and nursing students in both skilled nursing and acute care settings. In 1999, I obtained my Certified Nurse Aide certificate in Kansas, before moving on many years later to obtain my nursing degree. It was through my six short months as a CNA in a long-term care setting that I knew I was ill prepared for the challenges that arose. If I had been adequately prepared, I would have likely stayed in long-term care as a CNA instead of moving to the acute care facility.

If you are not familiar with CNA education in Kansas it encompasses a total of 90 hours, with 45 of those hours being hands on clinical experience in a long-term care setting. There is twenty-five units in the curriculum that encompass roles and responsibilities, communication, infection control, mobility, personal living space, safety, personal care and grooming, nutrition and fluids, elimination, care plan, observing, reporting, and documentation, physical changes with aging, sexuality in aging, comfort and rest, end of life care, restoring nutrition and elimination, maintaining and restoring mobility, dementia and behaviors, first aid training and additional resident care procedures necessary for caring for an aging population (KDADS, 2012).

In 1977, the legislative body set in motion the required 90 hours of education to become a CNA in Kansas to help increase competent workers caring for our aging citizens. Across the US requirements for CNA training programs range from 75 to over 150 hours. States like Missouri require CNAs to have 175 total hours with 100 of those hours dedicated to clinical. Texas requires 100 hours with 40 being clinical. Even the frontier state of Alaska requires more hours than the federal requirement, with a total of 140 hours and 80 dedicated to clinical.

Clinical studies have found that states who require higher than the federal minimums have significantly lower adverse outcomes, particularly with falls (Trinkoff, Storr, Lerner, Yang, & Han, 2017). In 2004, the U.S. Department of Health and Human Services conducted a survey

that found 37% of CNAs reported feeling inadequately trained initially to care for our aging population (Levy-Storms & Mueller-Williams, 2022). This finding still rings true today. Many of my nursing students who were CNAs prior to the program report they felt ill prepared in their program. They wished they had more hands-on clinical training, such as person-centered care, dementia, and caring for a resident with communication difficulties.

Our focus should not be about how fast can we get a product through the production line, but rather how can we create a product that will want to stay within an organization? If we are going to cut curriculum hours from the program, what training will be removed? Perhaps infection control? Maybe safety? Or even how to care for a resident with dementia? By reducing the number of hours will that increase the workforce? Would you want to be a CNA with less training?

How are you going to ensure they have the proper training and education to do their job? Before you decide to reduce the number of hours in Kansas to become a CNA, look at the outcomes related to lower training standards. Kansas has tried lowering its clinical hours before, by offering the TNA position. Did you know a TNA was found to physically abuse a resident in Kansas? Right here in my county, during the height of the wild west pandemic a resident was assaulted five times, when he/she was repeatedly slapped across the face. The nursing home failed to remove the worker and report the incident to KDADS, until the CNA's agency administrator reported.

So, I rise and ask that you vote no on HB2049, as the bill will not increase the workforce in Kansas as intended. But rather harm our vulnerable seniors.

References

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