

**Oppose SB 453**

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Kansas State Nurses Association  
March 3, 2022

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Madam Chair and Committee,

My name is Jennifer Terrien. I have worked in the long-term care industry for over thirty years and have worked in every nursing capacity, including Assistant Director of Nursing and Infection Prevention Control Officer. My current contribution to serving our elders is that of educator. I teach multiple Certified Nursing Assistant (CNA) and Certified Medication Assistant (CMA) programs in Kansas. Having experienced the changes in long-term care and the disastrous impact of Covid-19 firsthand, I strongly oppose Senate Bill 453. Our elders are treasure troves of history and experience and deserve equitable and person-centered care by thoroughly educated and highly skilled professionals. Fast-tracking certified aides to care for our elders is not only reckless, but it is also unconscionable.

It has been my experience that CNAs are undervalued and underpaid. Many CNAs are leaving their jobs due to ineffective management and poor wages. These highly skilled and selfless individuals are the backbone of long-term care. As an educator, it warms my heart to watch my students grow and flourish in the clinical setting. I hardly feel the 90-hour requirement for CNAs is adequate; Many states in our nation have higher standards for their CNA programs (Registerednursing.org, 2022). I cannot fathom the concept that 40-hour certified aides solve long-term care staffing crises. Having worked in that capacity myself, it is hard work that requires clinical judgment, discernment, effective communication skills, and a comprehensive understanding of the aging process, all of which are not attainable through a forty-hour certified aide program! As an educator, I assert that forty hours of certified aide training places our elders'

lives at risk and yield poorer long-term care quality measures and even poorer clinical outcomes. The phrase "you get what you pay for" is also relevant to long-term care staffing.

Through my roles in nursing administration, I know that it is implausible to expect Licensed Practical Nurses (LPN) or Registered Nurses (RN) in long-term care to have sufficient time to train certified aides properly. Long-term care nurses have many responsibilities and cannot take time away from resident care to teach or oversee these programs. There are nursing shortages in long-term care as well. I can anticipate that this will result in two things; the training of the certified aides will be left to CNAs with nurses signing off and subpar quality of care being rendered to Kansas elders as a result. The current curriculum lacks structure and accountability.

CNAs are tasked with many responsibilities, including Hoyer lift transfers, managing dysphagia, feeding, trauma-informed care, and observation. The proposed certified aide requirements are inadequate, and by implementing this program, we place our Kansas elders at risk for aspiration pneumonia, falls, injuries, abuse, and even death. Furthermore, according to a published Norwegian study, a lack of managerial oversight of nursing assistants in long-term care may perpetuate psychological abuse of elders (Botngård et al., 2021). More supervision and training are indicated to prevent elder abuse in long-term care facilities (Touza & Prado, 2019). Additionally, more long-term care facilities care for individuals with psychiatric disorders. In a study by Kennedy et al., 2020, a higher proportion of psychiatric residents was associated with higher turnover, suggesting that better training, supervision, and mentoring in working with this population of residents could impact CNAs. Factoring certified aides into this equation is not the solution.

As the current requirements for certified aides are ambiguous, I must anticipate that they will be similar to the temporary aide training programs executed by Governor Laura Kelly on January 22, 2022. According to Executive Order 22-02, temporary aides must complete an 8-hour program per American Health Care Association (AHCA) (American Health Care Association [AHCA], 2022). Temporary aides must receive **two** hours of supervised training and complete a competency checklist (Kansas Department of Aging and Disability Services [KDADS], 2022). Surprisingly, this checklist provided by KDADS for the temporary aide does not require a signature or acknowledgment from an LPN or an RN (KDADS, 2022). This process insinuates that nurse supervision is not essential in training those who care for our elders. Again this is an act of gross negligence against Kansas elders. This level of carelessness is unacceptable. Do we value our elders so little that this lack of training and supervision is condonable? Kansas elders deserve better! Certified aides and temporary aides should not be allowed to provide skilled care to Kansas elders, period!

Poor performing facilities are not exempt from the proposed Kansas certified aide or temporary aide programs. There are approximately 340 long-term care facilities in Kansas (KABC, 2020). Out of these 340 facilities, approximately 35 of them are chronically poor-performing, receiving multiple health and safety deficiencies on each of the facility's last three annual inspections (KABC, 2020). Of these facilities, 22 were cited for severe health safety violations during the facility's most recent annual inspection, including mistreatment of residents, 'actual harm' to residents, or which put residents in 'immediate jeopardy' of being harmed (KABC, 2020). There is currently a long-term care facility in Overland Park, Kansas, that received 55 deficiencies on their last annual inspection (KABC, 2020). Allowing such facilities to oversee certified aide programs is reckless and contemptible. By implementing the certified

aide program in Kansas, we are not only condoning subpar care, but we are also perpetuating care issues state-wide.

Lowering the standard of care in Kansas long-term care facilities is not the solution to staffing crises. According to Anwti & Bowlblis (2018), high CNA turnover is related to resident mortality, lower spiritual well-being, worse patient safety culture, and more quality of care deficiencies. Perhaps our efforts would be better directed to improving the safety and quality of care in long-term care facilities? As an elder advocate and a Kansas registered nurse, I implore you to reconsider your stance on Senate Bill 453. Our collective and moral obligation is to advocate and protect Kansas elders at all costs.

Respectfully,

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