

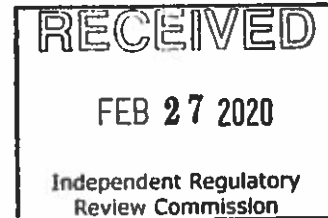


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Independent Regulatory Review Commission  
333 Market St, 14<sup>th</sup> Floor  
Harrisburg PA 17101



Via email: [irrc@irrc.state.pa.us](mailto:irrc@irrc.state.pa.us)

Re: State Board of Examiners of Nursing Home Administrators  
Regulation 16A-6219: Continuing Education

I am writing on behalf of the Pennsylvania Coalition of Affiliated Healthcare and Living Communities (PACAH). We represent a wide variety of entities in the long-term care field including 70 skilled nursing facilities. We represent the 20 county nursing facilities, and we also represent all of the state's veterans homes. Our membership is made up of public and stand-alone or small chain facilities whose focus is more frequently providing quality care to the safety net population, serving a disproportionately large amount of Medicaid consumers.

PACAH truly appreciates the work of the State Board of Examiners of Nursing Home Administrators (NHA Board). We are writing today because we are extremely concerned about the proposed regulations 16A-6219 of the NHA Board Continuing Education. We appreciate the change from the original draft reducing the required number of continuing education (CE) hours per biennium from 48 to 36 under the changes to the Biennial Renewal and Requirements, however we remain opposed to any reduction in this requirement.

It is no secret that nursing facilities provide care to individuals with the most difficult and complex healthcare needs. Nursing home administrators (NHAs), as the leaders of these facilities, are required to ensure that residents receive necessary care, that services meet stringent quality and safety standards, that families of residents are satisfied, and that the nursing facility itself is in compliance with a myriad of ever-changing and complicated federal and state regulations. In addition to the complex day-to-day requirements of an NHA's job, recently we have seen an increased focus on nursing facilities by the press, litigators, and legislators. Nursing home administrators are often the center of this focus, as they not only oversee the day-to-day business of the facility, but they are also responsible for the lives of their residents. Suggesting that there should be less education requirements for the NHAs in these critical roles is counterintuitive.

As PACAH pointed out previously, just three years ago the Pa. Auditor General released a report on the Pa. Department of Health's oversight of nursing facilities finding deficiencies in complaint handling, oversight of adequate staffing, and inadequate sanctions against poor performing facilities. Recommendations were made to correct these issues. The Patriot News, as well as other Pa. news organizations, began running articles highlighting issues in local nursing facilities. Nursing facilities, and their administrators, began to feel increased pressure to provide the best possible care and leadership in their respective facilities.

Shortly after the Pa. Auditor General's report was released, the Nursing Home Quality Improvement Task Force released their report in September of 2016 which increased the pressure on facilities and NHAs. As this report explains:

"While most of Pennsylvania's nursing homes provide excellent care, concerns have been raised about the variations that exist in the quality of care throughout select facilities. The quality of life for nursing home residents is especially important, with particular focus in the areas of autonomy and sense of self for residents. Because the quality of care and safety of nursing home residents is a top priority of the Wolf Administration and the Department of Health, the Nursing Home Quality Improvement Task Force (Task Force) was formed in 2015 to offer recommendations on enhancing this mission." *Nursing Home Quality Improvement Task Force Report, pg.2. September 22, 2016.*

The task force report goes on to recognize the increased use of nursing facilities and short-term rehabilitation facilities; the increase in the number of aging residents in Pa., and makes several recommendations regarding improving the care provided in nursing facilities. It is notable, for purposes of this discussion, that the report specifically states, "The current minimal educational requirements for certification as a Nursing Home Administrator (NHA) or Director of Nursing (DON) do not fully align with the demands of the jobs," and that, "An effective NHA must have the skillset to manage large, complex organizations that are providing daily living and medical care." *Nursing Home Quality Improvement Task Force Report, pg.20. September 22, 2016.*

In addition, one of the final recommendations of the task force, in part, is to develop a plan to, "advance the recruitment, continued development and retention of high quality leaders at nursing home facilities." *Nursing Home Quality Improvement Task Force Report, pg.21. September 22, 2016.*

Both the recent Auditor General's report and the Nursing Facility Quality Task Force Report indicate that Pa. needs to focus on improving quality of care within facilities. NHAs are feeling this pressure on top of their regular job demands. In light of this, it is extremely difficult for our association to understand why there would be a recommendation to reduce CE requirements for NHAs. There is an obvious correlation between quality of care and increased education in any field, but especially healthcare. With an increasing aging population, increasing acuity levels and increasing regulatory requirements, there is no logical explanation for decreasing educational requirements, especially if there is a desire to enhance the quality of care.

In addition, with all the changes that occur annually in the skilled nursing home industry, PACAH members have explained that they have no issue obtaining their 48 credit hours biennially. In fact, if they can, they exceed this number just to make sure they are up to date on industry standards. This year we have seen the implementation of Community HealthChoices as well as the implementation of the new survey process. These are just two of the many changes which require a significant amount of education to fully understand. It is also important to note for some NHAs, reducing the requirements would create a cap. Essentially, for some, CEUs equate to additional money and time away from the facility and there are CEOs and others in charge that would not allow for additional education once the minimum requirements are met, even if the NHA felt it was necessary.

CE requirements in other states are also relevant to this discussion; however, it is important to note that if Pa. only required 36 CEUs biennially, it would have one of the lowest CE requirements in the country. Given this, lowering CE requirements will attract individuals who are not interested in furthering their education, which should not be the goal. The requirements of some the surrounding states are as follows:

- Pennsylvania - 48 credits biennially
- Delaware – 48 credits biennially
- District of Columbia – 40 credits biennially
- Maryland – 40 credits biennially
- New York – 48 credits biennially
- Ohio – 20 annually (40 biennially)

It does not appear as though we are out of line with our neighboring states, and it bears repeating that having the lowest requirements regionally is not going to have a positive impact on quality of care in skilled facilities.

PACAH does believe there are improvements that can be made in the industry that would help attract new NHAs. We would be happy to discuss these suggestions at the board's convenience. However, we respectfully disagree with any

proposal to reduce CE requirements for NHAs. Education is always closely tied to quality, and at this time, we should be working together to increase the quality of care and enhance the leadership abilities of our NHAs.

Please feel free to contact me with any questions, and thank you for the consideration of my letter.

Sincerely,

A handwritten signature in black ink, appearing to read "Brinda Penyak". The signature is fluid and cursive, with a prominent initial "B".

Brinda Penyak, Interim Executive Director, PACAH