



# LONG-TERM CARE POLICY PRINCIPLES

During COVID-19  
and Beyond the  
Immediate Crisis



# Long-Term Care Policy Principles During Covid-19 And Beyond The Immediate Crisis

California, Oregon and Washington's role in building a sustainable long-term care industry that employs millions of people in quality union jobs providing high quality care.

While California, Oregon, and Washington have among the strongest long-term care systems in the country, the COVID-19 pandemic has exposed significant weaknesses and vulnerabilities for providers, caregivers, residents, and clients. Long-term care facilities have been at the epicenter of the crisis, and outbreaks in numerous LTC facilities have been tragic and had numerous repercussions in the outside community. As our states look towards re-opening our economy we need to ensure that we have resilient and sustainable long-term care services that can protect against a resurgence of the virus and ensure quality care for consumers. States have an essential duty to ensure the people who make up the long-term care workforce are protected, paid a living wage and have adequate benefits including healthcare and sick leave. State's must also ensure that consumers have access to high-quality long-term care regardless of income and must ensure long-term care providers have a sustainable rate structure that allows them to deliver high quality care to consumers.

**Some key problems with our long-term care system that have been vulnerabilities during this crisis include:**

**Inadequate Staffing In Nursing Homes:** Nursing home residents and workers have been at the epicenter of the COVID-19 pandemic. From the first outbreak at Life Care Center Kirkland in Washington, where 37 people at one facility died of COVID-19, to the now national crisis of COVID-19 spreading through upwards of 650 long-term care facilities, the shortage of workers and unsafe staffing levels at these facilities is directly linked to the lack of infection control procedures, which is enabling the rapid transmission of COVID-19 through these residential settings.<sup>1</sup> One stark example of the staffing shortage exacerbating the spread of COVID-19 is one woman who works as an LPN in a long-term care facility reporting she barely had time to wash her hands trying to care for the overwhelming number of residents in her charge.<sup>2</sup>

**Lack Of Personal Protective Equipment:** Nursing home workers across the country report that they do not have the masks, gloves, gowns and other PPE needed to protect themselves and the residents they care for from COVID-19, and some are resorting to making their own from trash bags and other household items.<sup>3</sup> Home care workers who are doing intimate care work for some of the most at-risk and vulnerable people in our communities also do not have access to the PPE necessary to keep themselves and the people they care for safe.<sup>4</sup>

**Inadequate Testing:** The lack of testing in nursing homes has been well documented as a contributing factor to the widespread COVID-19 infection rate in long-term care facilities.<sup>5</sup> The inability for public health departments to widely test residents and staff during this outbreak is contributing to clusters of infections and high death rates at long-term care facilities.<sup>5</sup>

**Lack Of PTO:** Like many low-wage workers, individuals working in nursing homes don't have access to paid time off (PTO). Workers who get sick, or live with a sick loved one, are often forced to choose their



own physical health and financial well-being. Congress recognized the importance of PTO when they passed the Family First Coronavirus Response Act (FFCRA), which provides two weeks paid leave for workers exposed to or who contract the coronavirus. However, as "health care providers" most nursing home workers were excluded from the provision. Many also work for companies with more than 500 employees and are also exempted.<sup>6</sup>

**Overall Long-Term Care Workforce Shortage:** The shortage of long-term care workers including Certified Nursing Assistants (CNAs), Personal Care Aides (PCAs), and Home Health Aides (HHA) existed before COVID-19 rampaged through long-term care facilities and communities nationwide. These shortages in the absence of a pandemic result in the people who require care, our growing aging population and people with disabilities, unable to find care providers. This shortage of a trained

and licensed workforce has exacerbated the COVID-19 impacts on the long-term care industry, including the unsafe staffing at facilities which can lead to substandard care and a pattern of ineffective infection control. By 2026, it is projected that California, Oregon and Washington will need to fill 1,694,100 direct care jobs.<sup>7</sup>

Nursing home residents and workers have been at the epicenter of the COVID-19 pandemic. Outbreaks in numerous LTC facilities have been tragic and had numerous repercussions in the outside community. While the extent of the pandemic's reach into home-based care is not precisely known, the nature of the work creates a risk for providers and consumers. Homecare consumers largely fall into the highest risk groups for chronic diseases and infections, and homecare workers provide intimate care that puts them in close, sustained contact with consumers in their homes. Social distance is not possible for long-term care workers.

Homecare and nursing home workers have extensive contact with the community at large. Many nursing home workers work in more than one facility to make ends meet, most homecare workers have more than one consumer, and many homecare workers shop and run errands for their consumers.

As we witness the many ways in which the worst impacts of COVID-19 are unfolding disproportionately in communities of color, we know that care providers in nursing homes and homecare are often women and people of color and disproportionately low wage workers.<sup>8</sup> Support for long-term care workers is a critical component of mitigating racial and economic disparities in this pandemic. Support for long-term care workers means giving them the opportunity to protect their own health through robust leave benefits and adequate wage replacement — benefits that will also safeguard the health of those they give care to and the communities they go home to.

Large and systemic issues in long-term care settings must be resolved to protect providers, consumers, and the community as the economy reopens.

## COVID-19 Short-Term Policy Recommendations

### 1.) Invest In The Long-Term Care Workforce

- **Two Weeks Minimum Paid Time Off**

Ensure that all long-term care workers have a minimum of two weeks of paid sick leave if they start exhibiting symptoms of COVID-19, test positive, or have been exposed to someone with COVID-19. This must be in addition to any existing paid sick leave policies that workers currently have. There must also



be no retaliation against workers who utilize paid sick leave during this time. States should either recognize that their state paid homecare workers are covered by the Families First Coronavirus Response Act benefits or should provide equivalent benefits. States should require and provide funding for private long-term care employers to provide adequate sick leave.

- **Pandemic Hazard Pay For All Long-Term Care Workers**

Nursing home facilities operate at very slim margins and are often understaffed. To help maintain adequate staffing during this crisis, the state should earmark a portion of the increased federal Medicaid match rate to increase wages of nursing home workers, both current and new.

Similarly, a portion of the federal Medicaid match percentage (FMAP) rate should be allocated to provide Pandemic Hazard Pay to homecare workers, personal support workers and other long-term care workers.

- **Increase Staffing & Training Specific To The Care Needs In The Covid And Post-Covid World**

All long-term care workers should receive a paid standardized training that follows Centers for Disease Control (CDC) guidelines for working under conditions of pandemics and/or infectious diseases. When possible training should be provided through joint Labor-Management partnerships.

## **2.) Personal Protective Equipment For All Long-Term Care Workers In Home, Community And Facility Settings**

- All long-term care facilities should have adequate PPE to handle outbreaks and to make sure that PPE is accessible even if there is not an outbreak to keep staff and consumers safe.
- Homecare workers must have accessible PPE to make sure they can change PPE between consumers to keep staff and consumers safe.
- Nursing home workers must have sufficient PPE to change according to public health recommendations between residents and shifts.
- States should purchase sufficient PPE for long-term care workers not only for short-term use but for anticipated future outbreaks.

## **3.) Access To Covid 19 Testing**

- A recent study in *Nature Medicine* found that people with the virus may be most contagious immediately before they develop symptoms.<sup>9</sup> Since consumers of long-term care are the most vulnerable and COVID outbreaks in facilities have caused a large portion of all deaths on the west coast, there must be regular and consistent access to testing.
- The state should create a contract that gives access to testing for homecare workers and workers in long-term care facilities and help with any costs that are not covered by insurance companies.
- Testing should be done universally at long-term care facilities that have had at least one positive case of COVID-19.
- Tests should be provided to all workers who want one, including homecare workers, regardless of whether they have exhibited symptoms of COVID-19, via a simple process with quick results.

# Systemic Overhaul: Long-Term Policy Recommendations

## 1. Comprehensive Workforce Development

The state should work with stakeholders to develop a comprehensive plan for long-term care workforce development. This should include universal standards for training and the creation of a unique and universal provider identification number.

## 2. Higher Staffing Levels In Ltc Facilities

Minimum staffing levels must be established by statute and enforced. States should consider establishing a minimum direct care staff-to resident ratio, like Maine's standards: 1:5 on day shift, 1:10 on evening shift, and 1:15 on night shift.<sup>10</sup> An additional standard that exists in Oregon and to consider in California and Washington is to establish minimum ratios specific to CNAs. This ratio should be specific to each shift and may be similar to Oregon's standards, such as: 1:7 on day shift, 1:10 on evenings, and 1:17 on nights.<sup>11</sup>

## 3. Higher Wages And Better Benefits

The risks and value inherent of long-term care work do not begin or end with this pandemic. Long-term care workers are at the helm of what is needed in terms of both prevention and care needs. In order to adequately compensate long-term care work and ensure that the industry remains an overarching social priority, we need to support a higher set of baseline standards for workers. Higher wages and benefits (especially affordable health care, paid time-off, and secure retirement benefits) are integral to the development of a professional LTC workforce. Jobs caring for our most vulnerable must be good jobs.

## 4. Maintenance Of Infection Control Procedures And Availability Of Adequate Supplies Of PPE

A long-term solution cannot require that families are separated and that no visitors are allowed in long-term care facilities. We would like to see policies, procedures and resources put into place that would allow for more contact and better communication with loved ones in the case of a crisis.

## 5. Access To Early Vaccines & Treatments

The state should cover the cost of these for low-wage providers and their families.

## 6. Stronger Oversight Structures

The state should increase the budgets and staffing of licensing and survey units who ensure compliance with safety and care regulations.

On the west coast, a partial shutdown of the regional economy and other measures have helped contain the spread of COVID-19. However, the crisis has highlighted and exacerbated many of the chronic problems afflicting the LTC industry: inadequate staffing levels in nursing homes and facilities, high worker turnover across the industry, low wages, and inadequate safety precautions. A significant share of COVID-19 cases have occurred in LTC settings. Only by addressing these long-term problems can we prevent such a tragedy from occurring again.

<sup>1</sup> Cenziper, Debbie, "Hundreds of nursing homes with cases of coronavirus have violated federal infection-control rules in recent years," Washington Post, April 17, 2020, <https://www.washingtonpost.com/business/2020/04/17/nursing-home-coronavirus-deaths/?arc404=true>

<sup>2</sup> Ibid

<sup>3</sup> Covert, Bryce, "'The Reality Is, It's Incredibly Hard' Preexisting staffing shortages and dismal pay are colliding with a crisis that's testing the limits of the nurses and health aides caring for the sick and elderly," The Atlantic, April 14, 2020 <https://www.theatlantic.com/health/archive/2020/04/women-fighting-covid-19-are-underpaid-and-overworked/609934/>

<sup>4</sup> Cohen, Li, "Home health care workers are taking care of America's most vulnerable – and they're doing it without PPE," CBS News, April 4, 2020 <https://www.cbsnews.com/news/home-health-care-workers-are-taking-care-of-americas-most-vulnerable-and-theyre-doing-it-without-ppe/>

<sup>5</sup> Kenan, Joanne, "How public health failed nursing homes. At least hundreds of long-term care centers have infections — but public disclosure is spotty." Politico, April 6, 2020. <https://www.politico.com/news/2020/04/06/public-health-failed-nursing-homes-167372>

<sup>6</sup> "Families First Coronavirus Response Act: Questions and Answers" <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions> accessed April 23, 2020.

<sup>7</sup> Workforce Data Center - PHI <https://phinational.org/policy-research/workforce-data-center/#var=Employment+Projections&states=53,06,41> accessed April 23, 2020

<sup>8</sup> True, Sarah, et al, "COVID-19 and Workers at Risk: Examining the Long-Term Care Workforce," KFF, April 23, 2020, <https://www.kff.org/medicaid/issue-brief/covid-19-and-workers-at-risk-examining-the-long-term-care-workforce/>

<sup>9</sup> Arman Azad, "People might be most infectious with coronavirus before they show symptoms, study suggests," CNN, April 15, 2020, <https://www.cnn.com/2020/04/15/health/coronavirus-symptoms-infectious-study/index.html>

<sup>10</sup> Code of Maine Rules, Agency 10 Department of Health and Human Services, 10-144 General, Chapter 110 Regulations Governing the Licensing and Functioning of Skilled Nursing Facilities and Nursing Facilities, Chapter 9 Resident Care Staffing. <https://www.maine.gov/sos/cec/rules/10/ch110.htm>

<sup>11</sup> Oregon Administrative Rules, Chapter 411 Aging and People with Disabilities and Developmental Disabilities, Division 86 Nursing Facilities / Licensing – Administration and Services, 411-086-0100 Nursing Services: Staffing.<https://secure.sos.state.or.us/oard/viewSingleRule.action?ruleVrsnRsn=91083>