Meeting Summary

Joint Task Force on Hospital Discharge Challenges
Meeting #6
Link to Task Force on OLIS

LPRO
LEGISLATIVE POLICY AND RESEARCH OFFICE

Date/Time	March 28, 9-1pm (link to recording)
Attendees	Chair Jimmy Jones Vice-Chair Elizabeth Burns Sen. Deb Patterson Phil Bentley Daniel Davis Felisa Hagins Trilby de Jung Kathleen LeVee Alice Longley-Miller Jesse Kennedy Joe Ness Sarah Ray April Rohman, on behalf of Rachel Currans-Henry Jonathan Weedman Jane-ellen Weidanz Excused: Rep. Christine Goodwin Jeff Davis Jonathan Eames Eve Gray Raymond Moreno Leah Mitchell
Opening Remarks and Roadmap (staff slides)	Chair Jones offered opening remarks. Staff reviewed the meeting roadmap. The agenda for this meeting was developed based on member discussion in previous meetings. Members commented that the Task Force's workforce discussion should focus on near-term barriers related specifically to the post-acute care workforce, and that the Task Force may direct guidance toward existing workforce efforts. Staff highlighted additional topics related to workforce that are anticipated in remaining 2024 meetings.
National Trends in the Post-Acute Care Workforce (slides) ATI Advisory • Fred Bentley • Cleo Kordomenos	ATI Advisory is a health care research and advisory firm with expertise in post-acute and long-term care. In future Task Force meetings, ATI Advisory will share analyses and policy options with the Task Force, including a survey of long-term care providers, insights from interviews with hospitals and agencies, and qualitative and quantitative analysis of Oregon's long term care coverage and reimbursement system. At the request of Task Force chairs, ATI was invited to this meeting to provide an overview of national workforce trends affecting the post-acute care sector. Placement of patients who are hospitalized and awaiting discharge is a challenge with unique features in every state, including Oregon. The

challenge of post-acute discharge is present in states across the country. Many of Oregon's challenges parallel those at the national level.

Each different post-acute care setting—nursing facilities, assisted living residential care, and home and community-based settings—features a workforce with different kinds of licensure requirements. Most of the care in nursing facilities is provided by Licensed Practical Nurses (LPN) s/Licensed Vocational Nurses (LVN) and Certified Nursing Assistants (CNA). Task Force members noted that while this is true for Oregon's skilled nursing facilities, assisted living and residential care facilities typically provide care from direct care workers who are not required to be licensed.

ATI reviewed several factors impacting the post-acute workforce:

1. From 2019 to 2022, the ratio of certain kinds of health care workers to Oregon's population has changed, according to data from the Bureau of Labor Statistics. While the ratio of registered nurses to the population remained relatively constant, the ratio of LPNs and CNAs to Oregon's population declined. This is consistent with trends across the country. Task Force members noted that the increasing complexity of care needs of people in care requires providers with higher levels of training, including physicians.
2. An aging population is increasing demand for care. The population is getting older and more medically complex, with additional challenges related to behavioral health. For individuals moving out of the hospital and into post-acute settings, meeting behavioral health needs in post-acute care settings is a key challenge.
3. As demand for care has outpaced supply, labor costs for post-acute care providers are outpacing reimbursement rates. Even as post-acute care providers have increased reimbursement, they have struggled with staffing and turnover rates. Changes in Medicare nursing home reimbursement methodology coinciding with the COVID-19 pandemic added to the challenges facing facilities. In states other than Oregon, new federal rules for nursing home staffing may increase staffing minimums, which may have an impact on Oregon's workforce.

Task Force members asked the following questions:

Q: Do we have an analysis of supply and demand for home care workers? Has ATI studied wages relative to cost of living in certain markets?

A: ATI has not done these analyses but they have been done elsewhere.

Q: Was culture change in facilities that changed ownership a factor in staff leaving?

A: Surveys have identified this trend. Another factor is that prior to the COVID-19 pandemic, workers did not have as many options. Currently, post-acute care workers can earn more in other jobs, with less stress.

Q: Are there national trends around bringing in behavioral health workers to meet acuity needs of patients?

A: This will be a focus of ATI's work in Oregon. Nationally, there is a trend toward growth in behavioral health care in post-acute care facilities. This will be a discussion in future meetings.

Additionally, members noted the interaction of Medicare reimbursement rates with cost neutrality requirements, resulting in downward pressure on reimbursement to providers.

Postsecondary Health Care Education Shortage in Oregon (slides)

Dr. Jesse Helligso, Senior Research and Data Analyst, Oregon Longitudinal Data Collaborative

The Oregon Longitudinal Data Collaborative (OLDC) collects data from postsecondary institutions and employers in Oregon in other states. It is housed within the Higher Education Coordinating Commission (HECC). At the direction of its Executive Governance Committee, the OLDC in 2023 produced a report, "Post Secondary Health Care Education Shortage in Oregon" (link to report).

In its study, the OLDC measured how Oregon compares to other states. Oregon produces non-nursing health care professionals at rates slightly below the national median. This includes home health and personal care aides, which is the largest category of health care workers. In contrast, Oregon produces more mental health providers than the national median.

Oregon has fewer registered nurses, licensed practical nurses, and certified nursing assistants than the national median. Among states, Oregon produces the fewest nursing graduates per capita from its public institutions (this does not account for nurses graduating from private institutions or for Oregon-based students who graduate from programs administered in other states). Oregon's public nursing programs accept the lowest rate of qualified nursing applicants among states. In different regions across Oregon, access to bachelor's level nursing programs varies. Nursing education programs in different parts of the state have differing capacities to accept qualified applicants. Nursing education program capacity is constrained by two factors: 1) salaries for nursing faculty and 2) clinical placement limitations.

Nursing Faculty Salaries. In Oregon, the mean salary for registered nurses is more than the mean salary for nursing faculty. The gap is widest for the top quartile of nurses who are practicing compared to the top quartile of nursing faculty. This problem is more acute for Oregon than other states. By examining causal pathways, , the OLDC found that Oregon's nursing graduate shortage is the primary driver of Oregon's overall nursing employment shortage and has caused an increase in the disparity between nursing faculty pay and master's level nursing pay, increasing the difficulty of finding faculty.

Clinical Placements. Another main cause of nursing education program constraints is clinical placement limitations. Nursing programs reported

denials of their requests to place nursing students, with denials occurring more often in rural settings.

Recommendations from the OLDC study include forming a workgroup to address the salary disparity for nursing faculty. This workgroup should have a statewide lens and include key institutions to focus on increasing the overall pool of faculty rather than institutions competing for the limited pool of existing faculty. Another recommendation is for Oregon to establish a statewide clinical placement system to reduce competition between programs and hospitals for clinical placements. The goal of a statewide placement system would be to increase opportunities for students by allowing them to locate to areas with higher need.

State Workforce Investment Updates (slides)

Chris DeMars, Director, Delivery System Innovation Office, Oregon Health Authority

The Oregon Health Authority's Health Care Work Force Committee exists to coordinate statewide efforts to recruit and educate health care professionals and to retain a quality workforce. The Committee spent 2023 drafting a strategic framework based on Oregon's Health Care Workforce Needs Assessment (link to needs assessment).

Additionally, ongoing efforts in Oregon include:

- **Clinical placements and apprenticeships**: the legislature made investments in clinical placements and apprenticeships within HB 3396 (2023). OHA is seeking approval from Centers for Medicare and Medicaid Services for matching funds for these programs.
- **Future Ready Oregon**: with SB 1545 (2022), the legislature invested in economic development and workforce strategies across sectors using grantmaking and strategic initiatives. This includes funding to bring priority populations into health care professions, including nursing career pathways, behavioral health workers, traditional health care workers, etc.

Following presentations from OLDC and OHA, members commented:

- In Treasure Valley, retired providers worked with donors to create specialized behavioral health placements. However, barriers remain for reimbursement when beds are not filled.
- Faculty in other professions, such as engineering, do not face the same challenges in terms of salary disparity between clinical practitioners and faculty. It is important to consider whether gender is a factor in lower pay for faculty in majority-female professions such as nursing.
- It might be helpful to consider how to expand clinical placements outside of hospitals, and whether community colleges could provide higher levels of nursing education.
- It would be helpful to examine workforce impacts of changes to requirements for nurses educated in other countries to practice in Oregon.
- In Oregon and other states, faculty are paid higher when they participate in collective bargaining arrangements. Rather than

assuming that collective bargaining limits faculty earnings, it is important to consider the resources that community colleges may or may not have to pay faculty.

- It would also be helpful to learn where nurses go when they leave practice in Oregon, whether it is to other states or professions.
- OHSU has partnerships around the state, including with Southern Oregon University, and continues to seek partnerships.
- Given recent legislative investments and OHA actions to support clinical placements, it will be important to measure whether the number of denials of clinical placements decreases across time.
- Allowing nurse practitioners at the state hospital to teach might also create additional clinical placements.
- Wages for health care professions are in competition with other professions that pay competitively with less stress.
- The OLDC's recommendations would be a helpful start toward addressing nursing faculty and clinical placement challenges.
- Students in bachelor level nursing programs work just as hard as students in programs for nurse practitioners but the difference in eventual pay is wide

Advanced Roles and Apprenticeships for Direct Care Workers

Dr. Kezia Scales, Vice President of Research and Evaluation, PHI National (slides)

Dr. Betsy White, Assistant Professor, Brown University School of Public Health

Brian Rüdiger, Executive Director, Oregon RISE Partnership (slides)

In Oregon, approximately 45,000 workers support older adults and people with disabilities across settings. The median hourly wage is $16.86 for personal care/home health aides and $19.88 for certified nursing assistants. This workforce is expected to continue to grow at higher rates, meaning that Oregon will need to fill 65,000 jobs by 2030.

"Advanced roles" for direct care workers are opportunities for workers to specialize or advance to higher levels of responsibility and compensation as direct care professionals. This is a way to build the skills and capacity of workers, to encourage job seekers to enter the profession, and to increase job satisfaction and retention. Examples of advanced roles include peer mentors, assistant trainers, condition-specific specialists, senior aides, transition aides, health coaches, and family coaches and educators.

A pilot project in New York with CNAs working on interdisciplinary teams resulted in 8% fewer emergency room visits for patients. Tennessee's QuiLTSS program offers an example of stackable trainings toward advanced roles for direct care workers.

Another advanced role, transition assistant, positions direct care workers to form a relationship with the patient in the hospital and then to stay connected to the patient as they transition out into a facility and/or into the community.

Other advanced care models are tailored specifically to Certified Nursing Assistants (CNAs). This can include specialized training in different areas such as dementia, behavioral health, or end of life care. A challenge for advanced CAN roles is that most programs start from the ground up and have different tiers and credentials, limiting their portability and replicability.

CAN career pathway programs includes models with and without apprenticeships. Apprenticeship programs are industry-led, paid jobs.

Registered apprenticeships allow for portable credentials, with standards that can be replicated across employers. States can support registered apprenticeships by simplifying grant applications, creating user-friendly portals for submission and tracking, offering technical assistance to employers, and strengthening relationships with industry intermediaries to support administrative aspects of partnerships. State reliance on one-time grant funding to support apprenticeships can be an administrative burden for post-acute employers.

Oregon's RISE Partnership is a labor management trust/partnership between union members and employers. It provides new employee training, continuing education, and benefits, including health care cost assistance, dental and vision care, and paid time off. RISE has identified that pathways to career growth incentivize direct care workers to stay in the profession.

RISE's CareWorks program is a yearlong registered apprenticeship that provides classroom instruction, stipend, preparation for the state exam, and job placement for direct care workers. It trained 87 apprentices in 2023 and may expand with additional funding and partnership from employers. RISE is continuing to scale its CAN apprenticeship program, intends to launch an LPN advancement program, and to strengthen the pathway for home-care workers to become CNAs. Following the presentations from Moving Forward Coalition and RISE Partnership, Task Force members commented:

- When considering safety for workers in direct care positions, it is important to consider liability both for workers and for facilities, including negative patient outcomes.
- Career lattices and stackable credentialing is important to think about across sectors, including in the acute-care workforce, and will be important to carry forward to recommendations.
- It's important to think about advanced roles in the context of requirements for clinical hours, and how these roles are overseen, including by the Oregon Board of Nursing.

Legislative Update, Licensure Concepts, Background Checks (staff slides, issue brief)

LPRO Staff

The Oregon Legislature passed 115 bills during the 2024 legislative session. Those bills included:

- Limited-duration funding for five additional public guardians. SB 5701 (2024).
- Funding for shelters, navigation centers, and project Turnkey sites. SB 1530 (2024).
- Funding for apprenticeship programs for behavioral health care workers. HB 4002 (2024).
- Removing assignment limitations for nonresident nurses. HB 4136 (2024).
- Connecting Oregon to the federal "rap back" system for background checks. HB 4122 (2024).

A "background check" is a review of different kinds of information, including information provided by applicants, criminal history reports, and verification of employment, training, or good standing by a professional board. Criminal

history checks may be performed using the applicant's name or their fingerprints. In Oregon, criminal history checks are required by statute for government agencies, licensing boards, and other qualified entities that care for children, older adults, and people with disabilities. Private employers have their own systems and processes for background checks.

State agencies and boards in Oregon are required to check criminal histories through the Oregon State Police (OSP), either by asking OSP to review history, or directly accessing OSP systems. The Oregon Health Authority and Department of Human Services has a shared office, the Background Check Unit (BCU), that reviews background check information.

Processing times for background checks varies across boards and agencies, depending on whether fingerprints are collected, on OSP response time, and on boards and agency review of background information, which may include employment history and other information in addition to criminal history. Delays to processing times may occur when a criminal history check identifies records that require further investigation or a response from the applicant. The investigation process when an individual has a positive flag or reports criminal history also varies by board. Most recently, the Oregon State Board of Nursing has reported decreased processing times.

Under existing law, fingerprints are not retained by OSP. HB 4122 (2024) directs Oregon agencies to make rules to participate in the federal "rap back" program for real-time information-sharing between state and federal agencies using fingerprints.

Ways to speed up background check processes include increasing staffing to process applications, upgrading online platforms for record submission, granting provisional licenses once fingerprint collection is scheduled, and reducing barriers to health care employment for people with positive flags in their criminal histories.

Member questions and comments included:

- Are applicants excluded from post-acute care employment based on arrest without conviction?
- Does Oregon allow post-acute workers to start or continue working while waiting for a background check?
- What are other states doing?
- Background checks are an equity issue. It's an issue that could be taken on by the Governor's Racial Equity Task Force and by Future Ready Oregon.
- Do we have data around how many people could be impacted by background check policies?
- How does drug testing or history of marijuana use impact the background check process?
- How many applicants are rejected or lost during the background check process, either for nursing or in general?
- Anecdotally, the background check process deters applications from people with arrests or convictions. We really need to know

	how those reviews work, and whether people are leaving the process. • In adult foster homes, a conviction from twenty years ago can be a barrier for people who are interested in working with people, for example, with developmental disabilities. • Restrictions on applicants with history of marijuana use are deterrents for potential workers. • It is important to ask specifically about the Department of Human Services and applicants being screened for unlicensed roles in post-acute care.
Public Comment	*None*
Meeting Materials	• January 2024 Meeting #5 summary (link) • National Trends in the Post-Acute Care Workforce (slides) • Postsecondary Health Care Education Shortage in Oregon (slides) • State Workforce Investment Updates (slides) • Advanced Roles and Apprenticeships for Direct Care Workers and CNAs (slides) • Oregon's RISE Partnership (slides) • Legislative Update, Licensure Concepts, Background Checks (staff slides) • Background Checks (issue brief)