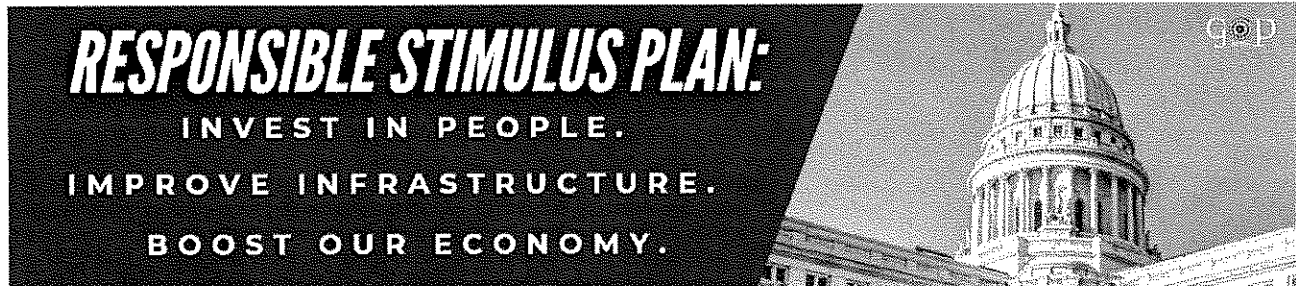




HOWARD MARKLEIN

STATE SENATOR • 17TH SENATE DISTRICT



April 7, 2021

**Assembly Committee on Aging and Long-Term Care
Testimony on Assembly Bill 236**

Thank you Chair Gundrum and members of the committee for the opportunity to testify in favor of Assembly Bill (AB) 236. This bill is a part of our Responsible Stimulus Plan and I appreciate the opportunity to support our efforts on behalf of the people of Wisconsin.

The Responsible Stimulus Plan reflects the legislature's priorities to invest in people, improve infrastructure and boost our economy as we recover from the COVID-19 pandemic. It is a thoughtful, thorough plan to work with the Governor to dedicate massive Federal investments from the American Rescue Plan Act (ARPA) into the things that matter most to the people we serve.

Both houses of the legislature have spent considerable time and effort to develop a real plan after listening and understanding the needs of our people, communities and industries. This plan provides relief and investment to all communities, of all sizes, statewide. Our plan puts money back into the hands of the people.

AB 236 dedicates \$150 million from ARPA funds to make grants available for long-term care facilities and nursing homes to bonuses for their staff, capital projects and to update the statewide health information exchange system for record-keeping modernization. The nursing homes and assisted living facilities in Wisconsin have been on the front lines of the COVID-19 pandemic.

Again, please accept this testimony in support of legislation that will support the people of our state who are working to recover and move forward after the last unprecedented year in our history. I believe this bill will make a real difference. I apologize that I was not able to attend in person due to a meeting of the Joint Committee on Finance (JFC). However, I appreciate the opportunity to testify in support of this bill.



Wisconsin Assembly Committee on Aging and Long-Term Care

Assembly Bill 236

Testimony Submitted by:
John Sauer, President/CEO
LeadingAge Wisconsin
April 7, 2021

Good afternoon Chairman Gundrum and members of the Assembly Committee on Aging and Long-Term Care. My name is John Sauer and I have the privilege of serving as the President/CEO of the LeadingAge Wisconsin, a statewide Association representing mission-driven nursing homes, assisted living facilities and other community-based providers in Wisconsin. In total, the Association represents over 550 nursing home, assisted living, senior housing, and other community-based providers serving older adults and individuals with a disability throughout the State.

We appreciate this opportunity to testify in support of Assembly Bill 236 and the provisions to provide much needed financial assistance to the long-term care provider community. The infusion of \$150,000,000 would undoubtedly prove extremely helpful to providers struggling to overcome the long-term care workforce crisis, insufficient Medicaid/Family Care payments and the ravages of COVID-19, among other challenges.

Since March of last year, our providers have been on the frontlines of this battle against the pandemic, courageously fighting COVID-19 while working 24/7 to protect residents and their caregivers from a virus that has proven to be especially pernicious to older adults. The pandemic has sharply increased COVID-19 related expenses (staffing wages/benefits/hours, PPE, supplies, and capital improvements) and fueled revenue losses caused by declining admissions and census.

While it appears we are turning the corner in our efforts to stop and mitigate the spread of the virus, thanks in large part to the accelerated vaccination rates, providers are far from arriving at a sound and sustainable future.

As you know, Wisconsin providers are facing an unprecedented workforce crisis that has been exacerbated by the pandemic.¹ Already facing a 23% direct caregiver vacancy rate, the pandemic has imposed even greater challenges on our long-term care organizations as they struggle to attract and retain caregivers and related staff.

Expanding the world of possibilities for aging.

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¹ <https://leadingagewi.org/media/96062/2020-workforce-reportfl.pdf>

Moreover, the financial foundation of many long-term care providers has been further eroded due to the historically poor provider rates paid under the Medicaid and Family Care programs. The attached issue papers note these challenges which have been previously documented by the long-term care associations.² In short, nursing homes continue to incur losses of more than \$74 per day for each Medicaid resident served (one of the highest Medicaid losses in the country) and many organizations have not received a provider rate increase from the Family Care Managed Care Organizations in years. In fact, amid the pandemic, one MCO announced its intent to implement a 9% rate cut for 80% of its assisted living clients (the announced rate cut was later reduced to 6-7%). We hope the Department of Health Services (DHS) will take steps to stop or reverse these cuts and our discussions with these officials are ongoing.

Providers have financially been supported over the past twelve months largely by the award of federal payroll protection program and related funding, and also by DHS' allocation of federal CARES Act funding. Without these dollars, many providers would not have been able to continue to operate or take steps necessary to award caregivers much deserved hero pay or cover other heretofore mentioned expenditure increases and revenue losses. However, most providers report these one-time dollars have now been depleted and operating challenges are intensifying.

For all these reasons, LeadingAge Wisconsin supports the funding increases authorized under AB 236. Assembly Bill 236 would enable providers to use the one-time funding to cover bonus awards to staff, pay for capital improvements, invest in health (resident) information systems, and cover other expenses. These dollars would serve as an immediate "bridge" to assist providers until more permanent Medicaid and Family Care funding is provided under the 2021-23 biennial budget. We would very much welcome and appreciate these increases.

Given the one-time nature of the funding contained in the bill, we further encourage the Committee to support the significant and critically needed nursing home and Family Care funding increases contained in Assembly Bill 68/Senate Bill 111, as advanced by the Governor. Permanent funding increases are required to create a sustainable Medicaid and Family Care long-term care provider network to ensure older adults and persons with a disability have access to the high-quality care and services they need and deserve.

Again, thank you for the opportunity to share my remarks today. I am happy to address any questions you may have or provide additional information to the Committee as requested.

² <https://leadingagewi.org/media/95773/skilled-nursing-advocacy-materials.pdf> and <https://leadingagewi.org/media/95887/2021-23-fc-ask-final.pdf>

Budget Request for Wisconsin's Nursing Facilities

The [Governor's Task Force on Caregiving](#) overwhelmingly voted to support linking nursing home reimbursement rates to the actual cost of care (i.e., rates should be set at payment standards based on the statewide median (50th percentile) plus an additional percentage, for the cost of Direct Care and Support Services.

Building on the recommendations of the Task Force, the Governor proposed an investment of **\$94.6 million GPR** in funding over the biennium to support nursing homes. This would result in funding increases for nursing homes rates of 11.5% in fiscal year 2022 and additional 11.7% increase in fiscal year 2023.

LeadingAge Wisconsin and the Wisconsin Health Care Association requests the funding proposal be included in the 2021-2023 biennial budget. Here's why:

Diminishing Access to Care:

- Access to quality nursing home care has been threatened and compromised due to reductions in bed capacity and availability.
- Since 2016, 41 nursing homes have closed; during the most two recent calendar years, more than 3,000 nursing home beds were lost, reducing nursing home bed capacity by approximately 10%.
- As a result, hospitals report difficulties in securing post-acute care placements for their patients and some communities are without a long-term care facility. This affects not only access to care, but also employment opportunities and economic growth for residents and other businesses.
- A 2019 LeadingAge Wisconsin [Nursing Facility Access Study](#) projected that nearly every Wisconsin county will experience a nursing home bed shortage by the year 2027.

Ongoing Workforce Crisis:

- [The Long-Term Care Workforce Crisis: A 2020 Report](#) showed that 1 in 4 direct caregiver positions in Wisconsin's nursing homes and assisted living facilities were currently vacant.
- The 2020 provider survey found there were as many as 20,655 job openings in long-term care (LTC) facilities across the state.
- Thirty-three percent of survey respondents reported they were unable to admit new residents or tenants due to the inability to fill caregiver job vacancies.
- The ongoing workforce crisis is forcing many providers to either limit admissions or rely on current caregivers to work double shifts or overtime, which is leading to caregiver burnout, and an inability to retain and attract staff.

Covid-19 Created the Perfect Storm:

- Wisconsin's Medicaid nursing home reimbursement continues to be one of the worst in the country in terms of paying for the actual cost of care. A national accounting firm's 2020 study reported Wisconsin nursing homes had a median net operating margin of *negative 2.7% prior to the pandemic*.
- The federal Center for Disease Prevention and Control (CDC) has identified nursing home and assisted living residents as having the highest risk of dying from COVID-19.
- LTC facilities continue to experience substantial expenses for PPE, testing, supplies, and enhanced infection prevention measures.

For more information contact:

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The Underfunding of Nursing Facility Resident Care

\$294,000,000+

Medicaid was underfunded by more than \$294 million in 2019-20.

\$74.53-\$78.55 per day loss

Average amount facilities lose for each Medicaid resident, each day, for providing their care.



41
Nursing Facilities
have closed
since 2016



Decreasing access to care is happening while we have an increasing demand due to changing age demographics



The workforce crisis is intensifying due to wage suppression brought on by insufficient Medicaid rates.



COVID-19 costs and complications have exploded

- In the 2019-2020 payment year, the difference between the total cost of the care facilities provided their Medicaid residents and the Medicaid reimbursement they received for providing that care, referred to as their Medicaid deficit, was estimated to be at least **\$294,000,000**, according to two association studies of 2019 Medicaid Cost Reports.
- All but one nursing facility in Wisconsin experienced a Medicaid loss; proving this is a systemic underfunding and not a facility-specific operational issue.
- To help combat the Medicaid underfunding, private pay residents are forced to pay more for the same care. On an annual basis, private pay residents pay \$37,000 more per year. This hidden tax on a private pay resident results in depletion of assets and lost homes.
- Wisconsin nursing facilities, on average, **lose between \$74.53 and \$78.55 per day** for each Medicaid resident they serve. This growing loss number is creating added pressure on the viability of nursing facilities.
- The proportion of Medicaid residents in nursing facilities is rising. With fewer residents to cost shift the Medicaid loss burden to, many nursing facilities have downsized their bed capacities, while other facilities have been forced to close as the only option. This has resulted in fewer nursing facility beds being available in Wisconsin, and fewer options for local employment, particularly detrimental in rural areas.
- **41 facilities have closed since 2016.** The Medicaid losses that facilities sustain are a significant contributing factor to these facility closures.
- The 85+ year old population demographic is set to increase by more than 110% from 2020 to 2040. These individuals most often access the critical care offered in nursing facilities. This demographic change will require more available nursing facility beds, not further reductions in access.
- These losses are in addition to the operational and financial stress that have been exacerbated by the COVID-19 pandemic.
- This underfunding, in addition to fueling the flame of decreased access to care, is also suppressing what nursing facilities can pay their workforce. With less funds available to pay staff, more health care heroes are leaving for other work. We need to retain these workers so this vital service can remain viable. Increased funding is imperative!

FOR MORE INFORMATION CONTACT:

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Budget Request for Wisconsin's Family Care Long-Term Care Providers

Wisconsin's Family Care providers thank Wisconsin's elected officials for their continued commitment to investing in the long-term care workforce.

Family Care is a long-term care program which serves frail elders and adults with disabilities and is in need of major investment to maintain quality care. As of December 1, 2020, there were over 50,000 people enrolled in the program. Our direct care workforce crisis has only worsened under COVID-19 and reimbursement does not cover costs of care.

OUR REQUEST:

Funding: Wisconsin's long-term care provider community is asking the Legislature to invest an additional **\$15 Million GPR annually in the 2021-23 biennial budget** for a fixed-amount increase to *direct care and services* for Family Care managed care organizations (MCOs). We ask that these funds be added to the current Direct Care Workforce Fund program.

Reimbursement Modernization: Most long-term care providers were forced to take rate cuts when the Family Care program was first implemented and for years, many have experienced little to no rate increases in the program despite rising costs. The Department of Health Services (DHS) should be directed to develop and implement by January 1, 2024 a new reimbursement methodology using a statewide minimum rate band (fee schedule) to be adopted by Family Care, IRIS (Include, Respect, I Self Direct), and other Home and Community-Based System (HCBS) long-term care programs. **New provider reimbursement methodologies are needed to reflect transparency and accurately reflect the actual cost of care and the rising expenses that occur year-after-year.** A new system needs to be developed collaboratively with long-term care providers and should be facilitated by an independent outside entity.

As you know, Wisconsin continues to face a crisis in the shortage of available caregivers, with 1 in 4 caregiver staff positions remaining vacant.¹ This serious shortage directly impacts all Wisconsin care and service organizations serving Family Care members. Some of the factors causing this serious shortage are:

- Wisconsin continues to experience high levels of caregiver vacancy rates in long-term care programs: average caregiver **vacancy rates are 23.5%**. There are an estimated **20,655 vacant caregiver positions** in Wisconsin assisted living and nursing facilities.
- On average, nearly 80% of a long-term care provider's operating budget is focused on workforce expenses. Providers have limited options to absorb reimbursement reductions and/or the lack of reimbursement increases.
- While providers are thankful for the Direct Care Workforce funding increases in the 2019-21 state budget, those increases do not offset the rate cuts or freezes that providers have experienced.

A continued investment in the long-term care workforce is necessary so providers can compete in the marketplace to recruit and retain quality caregivers. The additional \$77.8 million (All Funds) investment will ensure that more is done to address the long-term care workforce crisis. ***To reflect the state's continuing commitment to the Family Care program, the \$77.8 million would build on the direct care workforce funding provided in the last budgets.***

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Christian Community Homes and Services, Inc.

Serving Hudson and Osceola

To the Wisconsin Assembly's Aging and Long Term Care Committee Members April 7, 2021

From: Dan C Goodier; Executive Director of Christian Community Homes and Services (CCHS) and Chair of LeadingAge Wisconsin

RE: AB 236

Greetings to all Committee members and thank you for the opportunity to speak in favor of Assembly Bill 236.

The heroic front-line staffs of LeadingAge WI's member organizations have stood strong and steadfast in the face of the COVID 19 pandemic, as they continue to care for Wisconsin's most frail and clinically complex residents.

Though this has been an incredibly challenging time, I say with great confidence that we will persevere. That said, we need your help as never before. We are all extremely grateful for the work that has already done, and now we look with great optimism for this new and essential funding bill. We realize that this bill is an expression of your confidence and respect for the important work that our care givers do every day.

Point 1: AB 236 lands squarely on supporting our current workforce; namely those who have courageously served throughout the COVID 19 pandemic period. Workforce shortages represent the most significant issues that threaten our ability to serve. Most realize that this problem was extreme even before the pandemic.

Without adequate numbers of qualified caregivers, we are forced to turn away admissions who we would otherwise gladly serve. The concept of 'staffing based census' management is the new norm.

AB 236 will help prevent further erosion of our staffing levels.

Point 2: We could not have survived without the help we have already received. Early on, Christian Community Homes and Services (CCHS) was granted a federal PPP loan which we used to pay all employees a \$6 per hour bonus for all hours worked. Without that support it is likely that we would have lost critical employees due to the challenging work conditions, long hours, and unknown threats we faced. The PPP loan helped to stabilize our staff. However, the CARES Act funding we received from DHS will be depleted before July 1, 2021.

AB 236 will shore up this problem and assist beyond July 2021.

Lifestyle Choices for Seniors... "Your Life, Your Style"

AB 236 will allow us to continue employee incentive bonuses and other time tested initiatives to support health care workers and their families.

Point 3: We are by no means back to 'business as usual'. We now realize that the workforce that is left represents some of Wisconsin's most dedicated health care professionals. However, we must build on their numbers so that we can return to the level of services we are capable of providing.

We look to the immediate future of senior care and housing armed with new knowledge and a new and stronger commitment to serving the citizens of Wisconsin who helped to build our state and everything we currently enjoy about living here.

Those of us who have spent every waking moment fighting this damnable virus since its onset have gone through some incredible experiences. I will hope to remember all of the people we protected from infection who are now getting vaccinated for a better future. What a proud victory for us all!

However, I fear that I will also remember for the rest of my life the many who did not survive the pandemic. This is what emboldens me to advocate so strongly and passionately for this important bill.

AB 236 represents an extremely timely and important boost during a period when we continue to struggle to field adequate care staff every day and every shift. If we are to compete with other sectors of the economy, we must invest now to insure a future of high caliber care as is Wisconsin's history.

Now is the time to ask you for your support. Though we are tired, we are not beaten. We are stretched beyond all previous limits, but we will never give up. We are humbled but we are not afraid.

Thank you for your leadership as I express strong support for AB 236. Even as we consider this important bill, I am compelled to point to the critical and growing need for our state's 2021-23 budget to include meaningful funding to sustain the ongoing needs of the people we serve. Though the immediate help derived from AB 236 is needed badly right now, we cannot assume that this will solve the longer term problems of Medicaid underfunding.

Thank you for examining this issue in its entirety.

Sincerely



Dan C Goodier for the Leading Age Wisconsin Board of Directors



Skaalen Retirement Services • 400 North Morris Street • Stoughton, WI 53589
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Affiliated with the Evangelical Lutheran Church in America

Wisconsin Assembly Committee on Aging and Long-Term Care

Assembly Bill 236

Testimony submitted by:

Kris Krentz, President/CEO

Skaalen Retirement Services

4/7/2021

Good morning Chairman Gundrum and members of the Assembly Committee on Aging and Long-Term Care. My name is Kris Krentz and I am the President/CEO of Skaalen Retirement Services in Stoughton and McFarland, Wisconsin. Skaalen Retirement Services is a faith based non-profit, affiliated with the Evangelical Lutheran Church in America and is comprised of a skilled nursing facility, three assisted living centers and three independent living condominium communities. Pre-pandemic we supplied housing or services to over 550 seniors daily.

I am happy to be here today to provide testimony in support of Assembly Bill 236 by outlining the need of senior care organizations like Skaalen. Pre-pandemic, the nursing home suffered from poor Medicaid reimbursement, which makes up half of the seniors living in the nursing home. On average we lose \$197/resident/day due to the wages and benefits we pay and the way we staff the facility. Skaalen Nursing and Rehabilitation Center is a five star rated staffing facility. The pandemic has eroded the census in the nursing home. Today, we are off 25 patients from where we need to be to break even. Our staff positions have also dwindled over the course of the pandemic due to factors including better pay, easier working conditions, lower stress and lower risk of exposure to the virus elsewhere. I am

fearful for the future of the nursing home. If census should return to normal, I would need to recruit 30 full time equivalents to care for those additional residents. All in a time of a shortage of qualified workers that has only been exacerbated by the pandemic. The labor market was extremely challenging before, but now is downright scary. We have chosen to not fill management positions to balance all of the overtime and bonuses paid to front line staff to pick up additional shifts. If not for the provider relief funds from both the state and federal government, we would have been further challenged financially.

The only reason we have made it this far is due to the vigilance of our staff in maintaining no positive resident COVID-19 cases in the nursing home and only 24 staff testing positive during the whole pandemic. We were able to take admissions during the entire pandemic due to efforts of keeping the virus out and the residents safe. However, that was not enough to maintain the nursing home census as the media promoted fear of nursing homes and regulations mandated the implementation of quarantine units and restricted visitation that scared consumers. The additional dollars supplied by the state and federal government incentive payments were able to help balance our finances and our need for substantial personal protective equipment.

Over the course of the last year, I had to pursue refinancing of our outstanding debt due to our lender not waiving a bond covenant violation during the pandemic. I cannot tell you how stressful this was to deal with, on top of managing the daily pressures of the pandemic. I know many other organizations are in the same situation, where it comes down to how sympathetic your lender is going to be in viewing the effects of the pandemic on senior care organizations. We did find one institution that was willing to work with us, out of the fourteen we contacted, albeit at a higher interest rate. Based on my situation, I am fearful that lenders will chose not to partner with senior care organizations. This will have dire ramifications on access to capital for us to maintain and renovate existing buildings and meet the expectations of new stakeholders.

I want to thank you for all you have done, and will do, for the senior care industry over the last year, but our need has not ended. Not only do we need help during these continued challenging times like Assembly Bill 236, but need your continued support in finally solving the issues that have plagued the senior care industry over the past ten years; reimbursement, the labor market and regulation.

Again, thank you for letting me share my experiences today. I would be happy to take any questions you may have.



Wisconsin Health Care Association

Wisconsin Center for Assisted Living

Testimony by the Wisconsin Health Care Association/Wisconsin Center for Assisted Living (WHCA/WiCAL) on Assembly Bill 236 – Assembly Committee on Aging and Long-Term Care

April 7, 2021

Chairman Gundrum and Members of the Assembly Committee on Aging and Long-Term Care:

My name is Rick Abrams, and I have the privilege of serving as the President & CEO of the Wisconsin Health Care Association and Wisconsin Center for Assisted Living (WHCA/WiCAL). Our organization represents long-term care facilities across Wisconsin, including approximately 190 nursing facilities and more than 250 assisted living centers. It is a great pleasure to address you all today for the first time. I look forward to many more future opportunities to work with you on advancing quality care for our state's long-term care residents and I thank you all for your service to Wisconsin's long-term care providers and the frail elderly and individuals living with a disability who we proudly serve.

This past year has been very difficult for all of us, but particularly so for families who have lost loved ones and for our health care heroes. While so many of us were “running out of the burning building” and sheltering at home, our health care heroes “ran into the building” to care for and protect our most vulnerable. I am honored to represent so many selfless and caring long-term care providers.

WHCA/WiCAL supports Assembly Bill 236, which would invest \$150 million of a total of \$3.2 billion the state of Wisconsin is set to receive in American Rescue Plan funds in Wisconsin's long-term care sector. This COVID-19 relief funding would provide critical bridge funding to help long-term care facilities – including nursing facilities, community-based residential facilities, adult family homes, and residential care apartment complexes – maintain operations and continue to provide quality care to residents between now and the time that the 2021-23 biennial state budget takes effect.

The LTC bridge funding included in AB-236 will help providers address immediate health emergency challenges, including staffing shortages, infrastructure needs, and substantially higher operational costs due to the implementation of necessary, ongoing COVID-19 infection control protocols. It is important to emphasize that this funding is meant to address an immediate need related to increased costs due to COVID-19, and providers will also continue to advocate for skilled nursing Medicaid reimbursement increases and Family Care funding increases as the Legislature considers 2021-23 state budget priorities. Emergency LTC funding through the American Rescue Plan funds, along with investment through the state budget to address systemic needs, will ensure that providers are able to continue offering quality care to our state's most vulnerable residents now and into the future.

Thank you for your consideration of support for this bill.

William R. Abrams
President/CEO
WHCA/WiCAL
rick@whcawical.org

Good afternoon.

Glad to see everyone on this, our first committee meeting and pleased to testify on this Assembly Bill 236 relating to payments to certain long-term care facilities and the hardworking staff who have kept vulnerable residents safe during this challenging year.

Thank you, Chair Gundrum and Committee members for this opportunity. Why is this bill important? First of all, the facilities this \$150 million will assist, house a most vulnerable population. 45% of Wisconsin's deaths occurred in long-term care facilities. That equates to approximately 3000 souls. These are individuals who have been contributing, productive members of our state and deserve to be cared for with dignity and respect in the last years of their life here on earth. No less than 50 percent of the payment distributed to the nursing homes or assisted living facilities is to provide bonuses to those employees who have worked long hours to provide care to those residents.

Nursing home residents were forced into isolation where no family and friends were able to visit for months. Staff did their best to arrange virtual visits and phone calls, but missing were the hugs and affirmation of loved ones. I'd like to share my own story. After the primary in August, I traveled to VA to facilitate my 90 year old mother to a SNF. I returned to VA over Thanksgiving to disperse her apartment contents with my siblings, and visit my mother thru a barrier with masks and no physical contact. Within weeks, my mother was diagnosed with Covid. Her only symptom was profound fatigue which removed her appetite and when asked to sit in the chair, her reply would be "I am too tired." She still talked with me on the phone but that soon ended and communication was with my sisters who were very attentive over these weeks. I returned to VA the weekend of January 16th to attend my mother's funeral. Cause of death was listed as respiratory arrest due to COVID. I had had no physical contact with my mother since August. It is my understanding that approximately 20 residents in the nursing home she was in died from COVID related causes. While my mother resided in VA, this scenario was heard all over our state in 2020.

I was disappointed that less than 10% of the Cares Act funds the governor had discretionary use of went directly to LTC facilities. This bill creates an opportunity

now with these additional monies, to take care of our most vulnerable and those who cared for them over these months.

As many of you know, I serve on the Wood County Board of Supervisors, and am chair of the Health and Human Services Committee. Edgewater Haven, not-for-profit nursing home. We also have nursing home beds at Norwood Health Center for older individuals with behavioral health diagnoses. Both of these facilities are on the county tax levy, but without that, being able to stay open might have been difficult. We've had lost revenue because of low census and with poor Medicaid reimbursement, budget decisions needed to be made that were difficult. There was simply not enough money coming in to cover expenses. A box of gloves, which are an important part of protective gear in caring for residents, costs 3 times as much as a year ago.

Referrals were also down and NHs were only admitting those who could not receive care anywhere else. These residents came with higher acuity which increased the cost of their care.

Staff—difficult to find folks to work. Bonuses “hazard pay”

Testing payments—up in June, surveillance still important but this money will help pay for the testing

The Long-term care industry bore the brunt of the pandemic. By passing this bill, it shows our support and respect for this industry, helping them with much needed dollars for lost revenue and recognizing the hard work of the staff as they kept vulnerable residents safe.

Thank you for your affirmative, committee vote on this bill.