

Statement of Sen. Chuck Grassley
Forum, "Nursing Home Residents: Short-changed by Staff Shortages?"
Wednesday, Nov. 3, 1999

Good morning. I am pleased to welcome all of you here today, especially those of you who have traveled to be here.

For more than two years, the Special Committee on Aging has worked to improve the quality of care in nursing homes. We've worked to change the system. We've had a series of hearings and forums. We've secured millions of additional dollars for the enforcement system. We simply wanted to end bedsores, malnutrition and dehydration.

Until now, we've focused on those who receive nursing home care. Today we'll focus on those who provide it.

We'll hear that nursing home residents are not alone in their suffering. Nursing home staff will tell us about their own set of hardships.

Before we begin, I'd like everyone in the audience to think about getting ready for work this morning. We all got ourselves out of bed. We showered, dressed and ate breakfast. Imagine performing the same tasks with severe physical impairments, dementia and a host of medical needs. Of course, we would need help with each routine activity. It would take us much longer to move from bed to breakfast than if we were healthy and mobile.

Keep this image in mind, and repeat it many times. That gives you a sense of what certified nurse aides do in nursing homes each day.

Certified nurse aides perform at least 80 percent of the care for 1.3 million nursing home residents. They say they have too many mouths to feed, too many bodies to bathe and too many beds to change per shift.

Under the best of conditions, their jobs are physically and emotionally demanding. They constantly must lift and turn fragile nursing home residents who may resist their efforts. At times, they are punched or kicked. Residents with dementia can verbally abuse their caretakers. Witnessing the incremental decline of aging patients day after day is tough.

Compounding these difficulties is very low pay. The average hourly wage for certified nurse aides is \$6.94. Their high turnover is well-known. In most parts of the country, the turnover rate hovers between 80 percent and 90 percent each year.

Yet there are those who endure these conditions out of a pure mission to care for our elders. An aide featured in *The Washington Post* this week buys her patients lotion and perfume out of her salary of \$240 a week. She sticks with her work to protect the dignity of some of Washington, D.C.'s most vulnerable citizens.

How do we attract more nursing home employees like this dedicated nurse aide? How can we determine how much staff is enough per nursing home shift? How can we quantify the link between staff shortages and poor quality of care?

There are proposals to address these problems. Some advocates want to see the federal government impose nursing home staffing ratios. A number of states have taken other approaches, some calling for a

direct link between staffing and reimbursement. The success of such proposals is mostly undetermined.

The nursing home industry on the whole is opposed to such strict guidance from the government. Industry representatives say they don't have enough money to hire enough qualified staff. It is true that this is an era of extremely low unemployment. The unemployment rate is under 3 percent in much of Iowa. When there is a labor shortage, employees have more opportunities for better-paying jobs than nursing home work.

Does nursing home work have to pay so poorly? Before we go any further, I want to learn more about the nursing home industry's finances. This industry will receive \$39 billion this year from the federal government to care for the nation's nursing home residents. I haven't done the math, but \$39 billion is a lot of money. It seems that it should buy us adequate care from sufficient staff.

I've asked the General Accounting Office to explain how nursing home finances work. I want to know how much of that \$39 billion goes to staff, to equipment and supplies, to administrative expenses and to industry profit. Every cent of that \$39 billion is taxpayers' money. The taxpayers have a right to know where every penny goes.

Problems associated with inadequate nursing home staffing are not new. It's discouraging that so little progress has been made. I hope the money trail will lead to a solution.

Before turning to Congressman Stark, I am pleased to introduce today's moderator, Dr. Charlene Harrington. She has testified before this Committee before and has excellent insight into the area of staffing. She is a Professor in the Department of Social and Behavioral Sciences at the University of California, San Francisco. She has been involved in nursing home quality since 1975. Dr. Harrington has published extensive research in the area of nursing home quality. The Health Care Financing Administration on several occasions has contracted with Dr. Harrington to develop, design and implement studies on its behalf.

First, Dr. Harrington will make remarks and introduce the panelists. After each witness presents five minutes of testimony, Dr. Harrington will lead a question and answer period. There are a number of key questions that we want to present to today's witnesses.

Now, I am happy to turn to Congressman Stark. He has a long record of effectively working to provide improvements to nursing home quality of care and improved quality of life for nursing home residents. I am encouraged by his continued interest and dedication to this important project.