



## STOP THE UNFUNDED STAFFING MANDATE

On Sept 1, 2023 CMS issued a proposed rule that would impose minimum staffing ratios on nursing homes throughout the country despite evidence that no single staffing level can guarantee quality care. 75% of nursing homes in America will not be able to meet this mandate.

### South Dakota Statistics

- Less than 10% of our nursing homes would be able to meet the 24/7 RN requirement
- 70% of our nursing homes will not be able to meet the CNA 2.45 HPRD mandate
- 15% of our nursing homes will not be able to meet the RN .55 HPRD mandate
- Only 5% of the RNs in South Dakota practice in a nursing home.
- 22% of LPNs in South Dakota work in nursing homes.
- As of September 6, 2023, South Dakota had 985 open RN jobs available.
- South Dakota graduates roughly 893 RNs per year, with 73% remaining in the state
- 15.1% of RNs are expected to retire in the next five years.
- 61% of nursing homes limit new admissions due to workforce issues.
- Since 2015, South Dakota has had 18 nursing homes close.
- Hospitals face challenges discharging patients to post-acute care due to lack of staffed nursing home beds. On average, SD has 125 patients per day awaiting discharge, costing hospitals an average of \$1,000/day to care for these patients.
- The estimated additional yearly cost to need the proposed staffing regulation in South Dakota is \$18,677,719, roughly \$190,489/nursing home.

## SAVE OUR NURSING HOMES

### Impact of Closures

- Fewer seniors (and upcoming baby boomers) will have **access** to nursing home care. Where will they go?
- Pressure on **hospitals** who are not able to safely discharge a patient to the appropriate level of care - adding uncompensated cost to hospitals and taking up acute beds.
- Pressure on **home health agencies** who also have workforce issues, travel constraints, risk of serving high-acuity patients, readmissions penalties and limited availability and inability to care for home bound patients long term.
- **Hospice patients** who lack family/caregiver once cared for in nursing facilities may be forced to be cared for in hospitals or at home without adequate support to ensure their safety and well-being putting extra strain on hospice providers and hospitals.
- Pressure on **Home and Community Based Services** that will be inundated with referrals to care for Seniors and those with serious illness in their homes for which they are not adequately staffed.
- Pressure on **caregivers** who may need to quit jobs or change living situations to attempt to care for Seniors at home, especially if their community is already resource scarce for care in the home.
- **Communities will suffer** by losing a business and it's supporting services, including employees and residents who may need to move away to find new work or support for a family member.

# SAVE OUR NURSING HOMES



## CALL TO ACTION

We need every resident, family member, healthcare worker, administrator, board member and supporting organizations to write an individual letter to CMS **BEFORE NOVEMBER 6.**

### **CMS should withdraw the proposed rule immediately:**

- The study is incomplete, lacks evidence, and disproportionately affects rural areas.
- The labor pool does not exist – this is not achievable.
- South Dakota lacks housing to support more labor in our small communities.
- Nursing homes already rely on expensive contract/travel staff to fill positions.
- Nursing homes operate on a very thin (or negative) margin and cannot afford this unfunded mandate.
- Many 5-star facilities today would not meet this mandate.
- Nursing homes rely on Medicaid for much of their revenue and cannot simply raise prices to cover rising expenses.
- Private pay residents may pay more to cover the added labor cost.
- Nursing homes rely on LPNs to provide essential services. LPNs need to count towards either the RN or CNA ratio.
- One size fits all policy does not work.
- This mandate will lead to more closures, contributing to access, health and safety issues.

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### **How to submit your comments**

Remember to reference file code **CMS-3442-P** in your comments.

Comments can be submitted:

- Electronically: Comments can be submitted electronically via the Federal Register. Access the rule [HERE](#) then click on “Submit a Formal Comment” near the top of the page. You may type your comments directly into the text box, or you may attach a file containing your comments.
- By regular mail: Comments may be submitted by mail and must be received before the close of the comment period.
  - Mail written comments to:
    - Centers for Medicare & Medicaid Services Department of Health and Human Services  
**Attn: CMS-3442-P** P.O. Box 8016 Baltimore, MD 21244-8016
  - By express or overnight mail: Comments may be submitted by express or overnight mail to:
    - Centers for Medicare & Medicaid Services Department of Health and Human Services  
**Attn: CMS-3442-P** Mail Stop C4-26-05 7500 Security Boulevard Baltimore, MD 21244-1850