



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 meet 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.