

## **OHIO HEALTH CARE ASSOCIATION WORKFORCE COMMITTEE**

**October 18, 2021, 1:30 p.m.**

**Zoom Conference Call**

**312-626-6799 Meeting Number 86858500352 Passcode 2021**

### **MEETING MINUTES**

Ms. Erin Begin opened the meeting explaining that Chair John Goodman would be unable to attend and she would be conducting the meeting in his absence. She asked that any participants who called in to email herself or Pete Van Runkle that they were on the call for attendance purposes. Attendance is recorded in a chart at the bottom of the meeting minutes. Ms. Begin then pointed to the OHCA Antitrust, Conflict of Interest and Confidentiality policies. She then requested a motion to approve the meeting minutes from last month's meeting, located in the online folder. John Jones made a motion to approve the minutes, Jill Herron gave a second to the motion.

Ms. Begin first invited Mr. Pete Van Runkle to discuss the Vaccine Mandates and Anti-Mandate legislation. Both the OSHA and CMS Rules on Vaccination Mandates are currently at the Office of Management and Budget (OMB), which is the last step of the process before the rules are published. OMB must sign off as a formality, and the rules are complete upon submission. Considering the priority status, the rule review should go very quickly. We expect release of the rules this week, if not then next week. The language included in the rules is not permitted to be shared until OMB completes its' review. The Anti-Mandate refers to Ohio House Bill 435, which would have created mandate requirements that differ from federal regulations, including personal conscience exemptions for vaccination. This would have only created confusion for healthcare providers, as the federal regulations would supersede any state law. OHCA heard late last week that the Speaker of the House buried the bill. Following that update, House Bill 238 was put up for a hearing but was immediately rejected. It does not appear that Ohio will have any "anti-mandate" legislation in Ohio which removes the possibility of confusion.

Mr. Eitan Langhaie stated that they have already had employees quit over the vaccine mandates and asked what the Association was feeling would be the application of religious exemptions. Mr. Van Runkle responded that he expected there would be religious exemptions which require proof of how the religious beliefs interplay with vaccinations, although he was not sure about the OSHA portion of the mandate. Mr. Langhaie responded, asking if we had heard of an appeal/injunction in Michigan on the religious exemption. Mr. Rob Pivonka stated that he would look into this and the applicability for Ohio. Jill Herron also added that she was already receiving letters from her nursing staff of religious exemptions from an online church based out of Hawaii. She advised that OHCA members would require much guidance on how to handle documentation of the exemptions, once the language was released.

Next, Mr. Van Runkle discussed Temporary Nurse Aides (TNAs). Since our last meeting, the Ohio Department of Health (ODH) has released a pathways for TNAs to become State-Tested Nursing Assistants (STNAs). TNAs may sit for the STNA test without taking the traditional route and requirements with a facility attestation that they have received comparable training in their role as a TNA. They also clarified that you can still perform TNA duties and remain a TNA through the end of the public health emergency, which was just extended another 90 days through January 2022. The new pathway allows for TNAs to become STNAs prior to the end of the public health emergency. TNAs will have 3 chances to pass the STNA test.

Mr. Van Runkle then discussed the Department of Developmental Disabilities (DODD) Workforce Waivers, the requirement for a person to be 18 years old to be a Direct Support Professional (DSP) and hold a high school diploma or GED. The GED waiver is permanent, as long as the worker continues to work for that employer. We are waiting to see if these waivers will be “COVID temporary” or permanent. Mark Schlater commented that these waivers were dead upon arrival. Most settings require 1:4 staffing ratios. He felt that if a provider needed Supervision for these individuals, the County Boards would not give approval for a second staff member for small homes and group settings. He added that this is mainly helpful to larger settings, such as larger Intermediate Care Facilities (ICFs).

Ms. Begin then discussed current Grant options OHCA has become aware of. She noted that OHCA was in the process of researching other grant opportunities that our members may be able to utilize for workforce projects as well. First she discussed the High School Preceptor Program (HSHPP). The HSHPP will provide paid internships in medical fields to high school students. These internships will provide mentors in the healthcare industry and create a career pathway for students to obtain medical terminology, CPR, and industry recognized credentials, as well as help them to be prepared for healthcare education at the postsecondary level. As a healthcare employer partner, you will work with the Ohio Department of Education and Health on the co-design of the program, hire students into a 40 hour paid internship at \$12 hour minimum, accept the preceptor honorarium, and hire students by January 1, 2022. Applications were due October 12, 2021, but we can send your interest as Debbie Jenkins had a follow up meeting this coming Wednesday.

Ms. Begin then discussed the CDC Grant for Nursing Home strike force teams. The grant amount was \$1.25 billion over the next 3 years to state and local health departments. There was an additional \$800 million that would be available for healthcare partners/nonprofits to develop new prevention interventions and capacities, control training, data collection and technical assistance, but the information and requirements were not yet available. The public health department (PHD) grant would have \$885 million awarded in October 2021. \$500 million of that distribution was to be allocated to the nursing home strike force teams. The PHDs can use this money for personnel including facility clinical and non-clinical staff in nursing homes that will aid in infection control; lab equipment for COVID-19 testing; PPE, courier service contracts, services for visitors that have been exposed to COVID at a nursing home, software and hardware to report positive cases, electronic reporting investments and contracts with other non-commercial health care entities to further infection control. They must also

provide in person and remote support of nursing homes by developing and implementing strategies to monitor, prevent and respond in order to increase surge capacity during shortages/outbreaks; technology to facilitate care or infection control evaluations and clinical staffing. Optional activities include supplying resources such as staffing, testing materials, PPE, IT and financial support to SNFs based on identified gaps such as technology support for remote visit, enhance surveillance and reporting of emerging pathogens, enhance vaccination, access to testing supplies and equipment, conducting environmental/ventilation assessments, N95 fit testing supplies and provide nonclinical staff for testing and screening. Ms. Begin asked the committee to provide feedback on what they felt the best use of these funds would be. Deanna Hatfield responded that they had reached out to the current Rapid Response team for staffing support and received none, and that providing staff through that mechanism would be helpful. However, she cautioned that this is worrisome due to the general shortage in nursing. She stated that we do not wish to create a situation where the Rapid Response team was taking nurses from the staff that are in nursing homes currently. Nathan Carder added that using funds to attempt to increase vaccination rates is also not helpful, nor is providing PPE as it is readily available. Bridgitt Mundy stated that the Rapid Response teams needed to be rethought overall and perhaps redirect those dollars to activity that is more impactful. She added that a campaign for recruitment would be more useful in preparing for the future. Jill Herron added that dollars could be invested or provided to educational career centers through Ohio Means Jobs grants to transition TNAs to STNAs.

Next, Mandy Smith continued the discussion on the Care for the Aging website, asking the Committee if they felt we should continue to invest in this resource for members or perhaps redirect those funds towards other initiatives. After short discussion, it was decided to forgo the website and focus on other measures, as members are not obtaining applicants through this website. Ms. Smith asked that committee members check to see what social media campaigns and other strategies have been attracting applicants.

Ms. Begin then discussed the topic of Immigration, stating that there are 3 pathways to obtain workers from other countries, each taking varying amounts of time and resources. The long term process took about 2 years to complete. First, the worker must obtain a green card which is broken into 3 processes. The PERM labor certification consisted of obtaining a prevailing wage determination, which took about 5 months, then running a recruitment campaign to demonstrate that there are no able or willing workers for the job in the US, which took about 2-3 months and then a final adjudication which took around 6 months. Next, the provider would file an I-140 to demonstrate you are eligible by meeting minimum requirements to pay the prevailing wage. This took about 10 months and also required a \$2500 fee. Once approved, immigrant VISAs became available and can apply for permanent residence. Consular processing would be required for the worker to come to the US. This solution provided permanent residence, and they were allowed to bring spouses and children. However, there is a cap of 140K VISAs approved a year and some other country specific limitations on how many can be approved. OHCA plans to work with federal associations on relaxing these requirements. Bridgitt Mundy stated that she had recently spoke with an agency who assisted in this process. Another shorter pathway would be to obtain workers who are currently on Student VISAs,

OHCA is currently gathering more information on this pathway. The third and shortest pathway is to work with the Refugee Resettlement programs to offer positions to recently resettled individuals. There are some additional employment forms and employer requirements for this option. We have obtained lists of these agencies from AHCA and OPRA. A list of current centers is located in the committee folder. Ms. Begin asked how the committee would like to proceed, either publishing the list for providers to reach out directly, or have OHCA do more digging on how to contact and hire these individuals. Bridgitt Mundy stated that she would like OJHCA to continue to investigate and possibly partner with the agencies she has spoken with. Jeremy Monroe added that HCF had been going down the road of immigrant VISAs for several years and had 5 nurses on staff from the Philippines currently and that 60-70 were awaiting interviews at the embassy. He also added that the current nursing sign-on bonuses were comparable to the cost to bring in a nurse from other countries. Other committee members confirmed that they would like more information on Refugee Resettlement processes.

Next Ms. Begin discussed the research OHCA conducted on high school career centers that offer LPN training, per the request of the committee. She pointed to a spreadsheet in the folder summarizing the information. There are only a few centers that offer LPN for high school, and most still require a GED or age of 18 to enter the program. Committee members wish to find out more about the programs who are offering this. Jill Herron added that we should attempt to help strengthen programs that will ready them for the NCLEX exam and strengthen the pool of LPNs coming into the workforce. Another committee member added that Hospitals are looking to hire more LPNs which would negatively impacting nursing facility staffing. Ms. Begin stated she would continue to research this option.

Pete Van Runkle then gave an update on staffing agencies. OHCA is working on legislation that would regulate staffing agencies and provide a cap to how much they could charge providers. Steve Miller asked if this was similar to Minnesota. Mr. Van Runkle responded that it was based on the Minnesota legislation with some tweaks to the language.

Ms. Heidi McCoy then discussed Medication Aides in nursing facilities. She described program training requirements for a total of 120 hours, with 80 hours of in person training from an RN giving staff instruction and 40 hours of clinical practicum. At the end of the training, aides would need to pass a written exam and competency test. The supervised clinical practicum must be completed in a NF or RCF without citations on medication administration in the last 2 years. The cost to become a provider who can test medication aides is \$1000, with recertification every 2 years at \$500. A model curriculum can be found in the committee folder. The Medication Aides cannot administer certain medications, and also cannot perform STNA duties while performing duties of a medication aide. However, they can do other duties such as scheduling. Bridgitt Munda stated that her buildings used medication aides a lot. A local school provided the training and her facilities provided the clinical instruction. Nurses were leery at first but they have come around as they have assisted with staffing shortages. It also has provided a pathway for career progression. Jill Herron commented that she was happy to hear from someone using them and wanted more information on implementation. There is a renewed interest in more creative staffing options from NFs, and could be another

opportunity for local educators to get Ohio Means Jobs dollars to develop programs. It may also be a good avenue for students struggling in the nursing program to help focus on the medication portion of the test.

Pete Van Runkle stated that the Nurse Aide Training Lockout and Benefit Cliffs are federal issues with no current legislation that we are aware of, and we would continue to research these issues with our federal partners. Ms. Begin then briefly pointed to the answers to the Mentorship Program questions located in the committee folder. She also stated that OHCA would compile a resource library for providers with ideas for Grant proposals for workforce, such as the Mentorship Program in New York.

Lastly, Mr. Van Runkle touched on verifying vaccination status of healthcare workers, which was a question posed during the last meeting. ODA/ODH has not provided clear direction on how providers who are not affiliated with a long term care pharmacy or are vaccine providers themselves can verify vaccination status. Some members have reported that they have obtained IMPACT SIIS access without becoming vaccine providers. However, we are looking for more targeted direction from the departments on the correct course of action. We would continue to research this matter with Director McElroy.

Ms. Begin asked if there was any other business. Hearing none, Bridgitt Mundy made a motion to adjourn the meeting. Jill Herron seconded the motion and the meeting was adjourned.

Ms. Begin asked if there was any additional business. Hearing none other, Ms. Begin requested a motion to adjourn. Bridgitt Mundy provided the first motion, second by Jill Herron.

Next meeting:

November 8, 2021 at 1:00 p.m.

<b>First Name</b>	<b>Last Name</b>	<b>18-Oct</b>
Amy	Allen	
Andrew	Austin	
Erin	Begin	P
Brandi	Body	
Tammy	Bonifas	P
Nicole	Breving	P
Jamie	Brose	
Nathan	Carder	P
Joe	Chesney	
Angena	Collier	

Pam	Cooke	
Melissa	Courtock	P
Diane	Dietz	P
Nancy	Erwin	P
Cayleigh	Esterly	P
Ken	Fetterman	P
John	Goodman	
Alana	Griffin	
Deanna	Hatfield	P
Jill	Herron	P
Brenda	Honigford	
Judy	Howell	
Eric	Hutchins	P
Debbie	Jenkins	
Brandi	Johnson	
John	Jones	P
Gina	Kerman	P
Eileen	Kilbane	P
Renee	Kinder	
Brian	Kinzer	P
Karen	Knavel	P
Kelsey	Knisley	P
Eitan	Laghaie	P
Joan	Longhin-Howard	
Heidi	McCoy	P
Brenda	Milanczuk	
Steve	Miller	P
Jeremy	Monroe	P
Bridgett	Mundy	P
Shelly	Orlowski	P
Rob	Pivonka	P
Tom	Rickels	P
Melanie	Rittenour	P
Mark	Schlater	P
Carol	Slight	P
Mandy	Smith	P
Nicole	Sprenger	
Michael	Tenenbaum	
Pete	Van Runkle	P
Aubrey	Varner	