

STATEMENT OF OPPOSITION

TO

HOUSE BILL #2524

30/January/2022

My name is Robin Koelling, Director of Staffing for Trinity Nursing Staff located in Salina, Kansas. I have been involved in healthcare for 20 years, starting as a facility CNA, and moving to my current position within Trinity.

I would like to share with you some of the verbatim facility requests for staff our agency received over the weekend (1/28 - 1/30). Please take note that these requests were generated BY THE FACILITY, with the approval of their administrator. They were not asked for, or generated by our agency.

"In desperate need of a nurse tomorrow, 6a-6p, offering a \$300 bonus."

"Need a CNA for 6a-2p tomorrow, offering a \$75 bonus."

"Hey, do you have a nurse for tonight? \$400 bonus 6p-6a plus Covid rates. We didn't have a nurse today and now night shift called off."

"We are continuing our bonuses through the weekend, \$150 for CNA/CMA, \$350 for RN/LPN"

"Please add a \$350 bonus to Nurses shifts this weekend. We are in staffing crisis mode"

"I know your nurse has Covid, but we have Covid in our building too, so if she doesn't have a fever she can come to work."

Those are requests from Administrators/DON's of facilities represented by a group of lobbyists that want you to buy into their claims that agency workers are the bane of their existence today.

When I started in healthcare as a facility CNA, 20 years ago, my hourly wage was \$8.50 - \$9.00 per hour. Full time, with a college degree. As a CMA, I made \$10.00 per hour. Barely above minimum wage, poverty level. The average wage of a CNA today is \$12.00-\$14.00 an hour, again not much above the minimum wage, effectively keeping a facility employee at poverty level, possibly depending upon state funded insurance and other types of state aid. Paying for health insurance, retirement, a child's post secondary education is impossible at this wage. And for reasons always unexplained, the facilities have always been okay with that. Many CNA's

and CMA's find it difficult to continue their education further into healthcare because their hourly wage, necessary work schedule and childcare costs make that aspiration unattainable.

Across the board, healthcare workers are leaving their jobs in droves. Covid burnout is REAL. Low wages, nonexistent/unaffordable benefits, shortened maternity leaves, employers that simply do not care if you or your child is sick...they just need a body to fill a shift. You are a cog in a wheel, and always expendable. Coupled with the fact that a fast food worker at Braums' or a retail worker at Walmart can make more money hourly than a facility healthcare worker makes ALL staff, from CNA's to RN's wonder if the profession they love is actually really worth it.

Long term care facilities frequently do not tell agencies that the nurse they requested will be the only 12-hour day shift nurse for their facility of 54 residents. They're not concerned with their level of commitment to residents and their families when they fail to tell us that the CMA they requested for evening shift will be the only one passing meds to 63 residents. And they're certainly not concerned with appropriate and safe staffing ratios when they knowingly don't comply and put one agency Nurse and CMA in a Covid unit alone for a 12-hour shift with 39 Covid positive residents. These same facilities will get upset when agency staff refuse to take the floor or accept keys to the med cart because they've failed to provide adequate staff. NO NURSE, CMA, or CNA, facility OR agency should be forced to work in fear of losing their license. Combine those challenges with facility administration and DON's who claim its "in their contract that they never have to work the floor", even in a staffing crisis?

Collectively, we're left to ponder how can agency be the problem?

Nursing staff agencies, like Trinity Nursing Staff, are not the problem. They are the full circle solution to a decades old, neverending problem in long term care. Especially during this pandemic, Trinity has provided hundreds of staff to facilities who were in crisis due to no staff of their own. We also provide CNA/CMA classes, TB and flu shot clinics, and CPR classes to the community. Our staff members must submit to background checks, and maintain current licensure and continued education units.....just like facility staff must do. We are governed by the same agencies. Trinity's Registered Nurse staff includes nurse educators, MDS coordinators, Hospice Nurses, Emergency Room Nurses, Nurses who hold Master's Degrees, and certifications in oncology, just to name a few. This one statement alone can effectively refute the untrue statement of Mennonite Friendship Community's Administrator Donna Vey, who recently testified that agency workers are "unreliable, untrained and unprofessional".

Amy Kelly started Trinity, a faith based agency, with both healthcare workers and facilities' on going needs in mind. The majority of our staff are single mothers, like myself. Our wages are not excessively high, they provide our staff with a decent, livable wage, which in turn provides our staff the opportunity to invest in themselves and their families. As agency workers, they have flexible schedules which allow them to choose shifts and facilities that work best for their families and other obligations.

Our staff go where they are needed, sometimes driving 4-5 hours a day to help a facility in crisis. That is NOT greed, that's dedication. I've been a facility worker, and I've worked the floor for Trinity; now I sit at a desk. Had I remained a facility worker, I would've permanently left healthcare. Trinity has provided me the opportunity to continue to grow professionally and provide a decent living for my family, which has included the ability to send my daughter to college. I never could have done these things had I had no option but to remain enslaved to a job that paid \$12-\$14 an hour at a facility.

I would submit that nursing staff agencies, like Trinity, are not the "monsters in the closet" that these lobbyists spinning this bill would like everyone to believe. While facilities remain comfortable at paying low wages, unaffordable or nonexistent benefits and treat their staff as expendable, that is a long term care facility problem, not an agency problem. One only needs to look at the complaints being made against facilities to see that the way many of them are being managed by corporations/owners (fraud, abuse, neglect, lack of supplies, lack of staff) is what is being allowed to continue to damage the long term care industry. Its not agency staffing.

Thank you,

Robin Koelling

Director of Staffing, Trinity Nursing Staff