#### Presentation to the Oklahoma Joint Committee on Pandemic Relief Funding - Health and Human Services Working Group

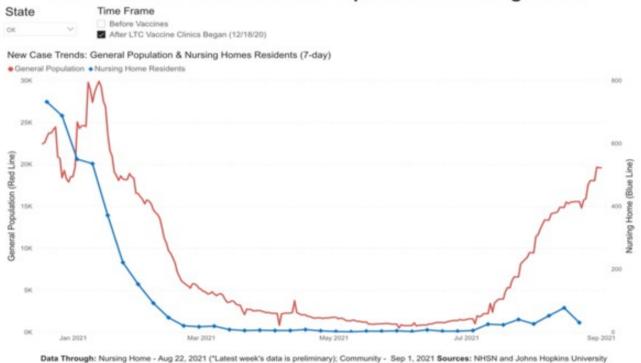


Steven L. Buck President & CEO Care Providers Oklahoma

#### **COVID Update**

Independent research indicates that community spread is linked to COVID-19 outbreaks in nursing homes. Long term care residents and staff were among the first to receive the vaccine through on-site clinics beginning the week of December 18, 2020.

#### **COVID-19 New Cases: General Population & Nursing Homes**



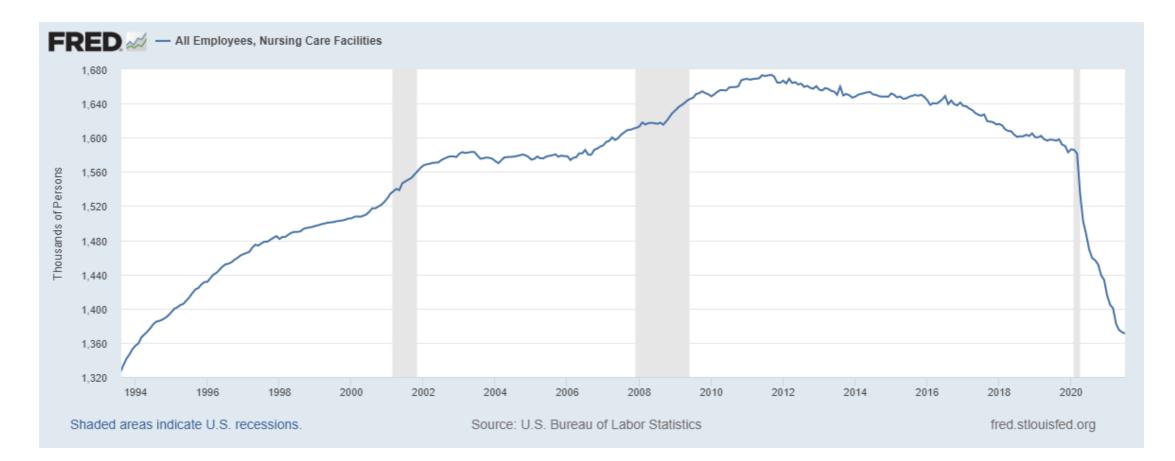


### LTC Employment Loss is Newsworthy

- Wall Street Journal, August 25<sup>th</sup>: Nursing Homes Keep Losing Workers. "...low wages, burnout and fear of COVID-19 keep staff away"
- Tulsa World, September 2<sup>nd</sup>: Closures of Oklahoma's long-term care facilities devastating to residents and workforce. "...have to limit admissions, leaving patients in the hospital longer and costing our health care system more money."



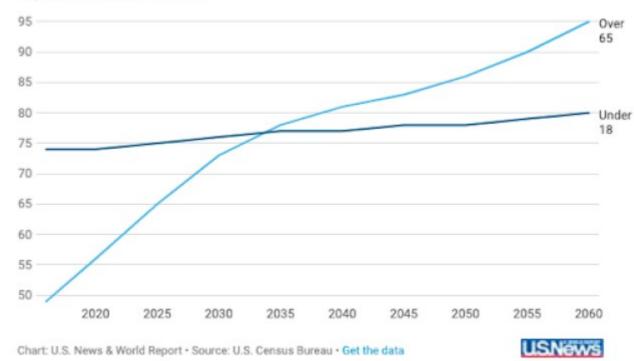
### Long Term Care Employee Count





### Population Growth by Age Group

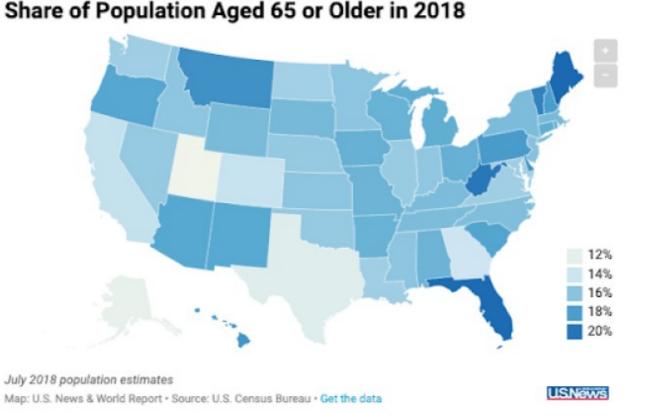
#### U.S. Population Predictions for Seniors and Children



Population values in millions



# Oklahoma Has a Growing Share of Seniors





#### At the Core of Nursing Home Income is Medicaid

- Medicaid funds nearly 70% of all nursing home services in Oklahoma (as of 6/30/20)
- Medicaid, by design pays a rate per resident per day that is less than the cost of the provision of care
- Legislature in SB280 (2019) made a significant upgrade to NH rates; the legislation saved buildings during COVID-19 but it's impact is now slipping. SB280 was designed on a wage floor that has been made obsolete by the COVID19 experience



## Approaches to Staffing & Recruitment

- HERO Pay
- COVID Add on Pay
- Waivers Provided Training Flexibility
- Staffing agencies
- Extensive overtime
- "All Hands on Deck"
- Admission caps
- In Oklahoma, must continue to meet required staffing ratios



#### The New Wage Floor



#### August 19, 2021

Mercy will increase the starting wage for all co-workers across its multistate footprint. The \$18 million additional annual commitment will raise more than 6,000 co-workers' pay to \$15 an hour and serve as the starting wage for all newly hired co-workers.

"This decision is rooted in our values and promotes the common good for our co-workers and the communities where they serve," said Lynn Britton, Mercy president and CEO.

The new minimum wage will be implemented across Mercy as of Sept. 19. Co-workers will see the increase in their paychecks as soon as Oct. 8. Some of the more than 6,000 co-workers who will receive an increase include housekeepers, food service, transportation and pharmacy, medical and lab technicians, all of whom are critical to providing compassionate care and exceptional health care service.

Mercy serves a geographical area that has a significant percentage of Jobs under \$15 an hour, including Arkansas, which has the highest percentage of those jobs in the U.S.: Arkansas, 47.4%; Oklahoma 43.8%; Missouri, 41.6%.

"We decided to make the transition immediately, rather than in stages, because this critical decision can positively affect so many lives and families," said Britton. "It is our prayer and hope that this will ease the financial stress of many co-workers, regardless of where they work in our ministry, and let them know what they do matters greatly to the patients and families we serve every day."

In addition to raising wages of co-workers making less than \$15 an hour, Mercy will continue to review co-worker pay across all communities and job descriptions and adjust accordingly





#### CVS Health announces wage increases

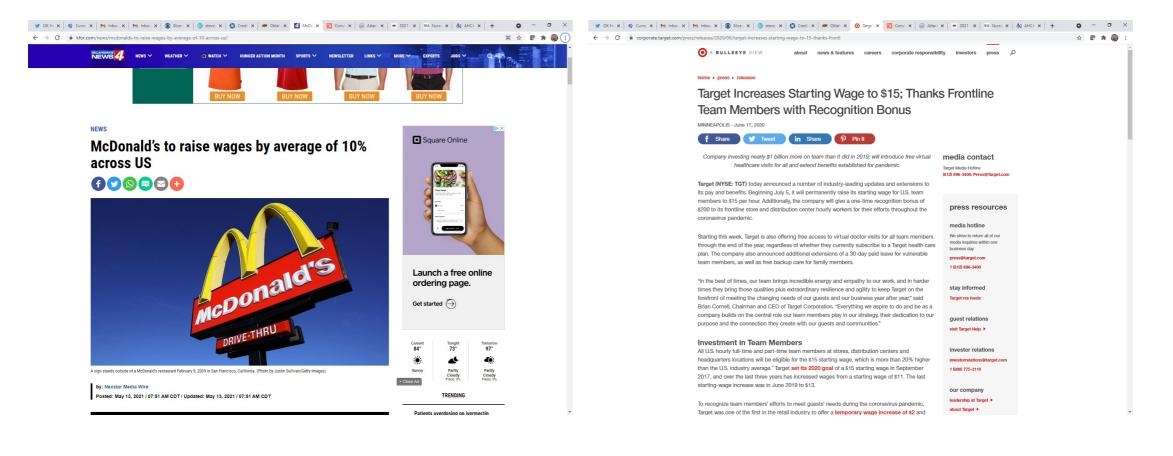


Like this article

Wednesday, August 4, 2021



#### And It's Not Just Healthcare





## **Evolving Factors in Employment**

- Members of Care Providers Oklahoma estimate a vacancy rate of 20% of positions that could be hired day #1 if a qualified employee presented
- In addition to wage pressure, COVID fatigue/burnout & employment expectations (vaccine mandate?) are prompting employees to exit the workforce or seek employment elsewhere
- Staffing agencies are increasing cost and impacting facility based employment
- Prior to COVID-19, estimates suggested our state was 5000 short in the number of CNA's



#### As the Process Continues

- Healthcare workforce is clearly a priority that must be addressed
- Employees report a need to access educational seats for advancement and lack of finances to start training as barriers
- Building a broad-based marketing platform to make healthcare careers is warranted
- Rescue Funds are a great opportunity to bend the negative sloping curve; Arkansas, Louisiana and Illinois are states that have recently launched workforce development in health careers (including LTC) as initiatives from their Rescue Act implementations

