

Master Plan for Aging Recommendation Form

LTSS Workforce

Issue Statement: Ensuring a well-trained, culturally competent workforce is critical to meeting the needs of California’s aging population - yet the supply of trained health care and LTSS professionals and paraprofessionals cannot keep pace with population demand now, let alone in the future.

Challenges facing paid healthcare professionals and paraprofessionals:

Geriatric competencies: [The California Future Health Workforce Commission](#) (Commission) finds that less than five percent of today’s health workforce is certified in geriatrics. The American Geriatrics Society estimates the nation will need to train approximately 6,250 additional geriatricians by 2030.

Full scope authority for Nurse Practitioners: States have the ability to determine the scope of treatment capacity for nurses. Nurse practitioners (NPs) are registered nurses who, in California, are required to hold a master’s degree in nursing and complete advanced coursework. Full practice authority allows for NPs to evaluate and diagnose patients, order and interpret diagnostic tests, manage treatments, and prescribe medications — all of which essentially is care equivalent to that provided by a physician. At present, 18 states allow NPs full practice authority. However, most states, including California, require NPs to work with physicians under a written practice agreement that restricts their activities.

Direct care workers: Direct care workers (home care workers) provide critical personal care services that help individuals remain at home and avoid institutionalization. The Commission estimates that an additional 600,000 home care workers will be needed by 2030. Home care workers face challenging working conditions, with low wages and insufficient training that lead to high turnover rates. Meeting future demand will require living wage compensation, career ladders, training, and advancement.

Challenges facing unpaid family caregivers: Family caregivers have emerged as the backbone of the LTSS system, by providing unreimbursed care and support to aging family and friends in home and community settings.

Unpaid family caregivers are often faced with providing challenging care to loved ones, including tube feedings, ventilator care, intramuscular injections, and ostomy care, despite feeling uncomfortable and unprepared to do so. Unpaid family caregivers unwilling or unable to perform these tasks themselves must hire a registered nurse (RN) to administer these tasks to their loved one. This is because California law prohibits privately paid home health workers from performing certain health maintenance tasks that nurses have not delegated.¹ With proper training, home

¹ List of 16 tasks: administer oral medications; administer medication on an as-needed basis; administer medication via pre-filled insulin or insulin pen; draw up insulin for dosage measurement; administer intramuscular

care workers could perform these tasks at a fraction of the cost of a RN – benefitting families needing help and reducing taxpayer expenditures.

Despite their critical role, family caregivers continue to face daunting challenges in navigating the service delivery system, balancing employment and caregiving responsibilities, and financing their loved ones' care needs. As reported by the [California Task Force on Family Caregiving](#), the financial burden of caregiving is significant, with caregivers often losing income from taking time off from or leaving paid employment prematurely. Few caregivers know of California's family leave benefits that can provide much needed benefits to eligible workers.

MPA Framework Goal:

- **Goal 1:** Services and Supports: We will be able to live where we choose as we age and have the help we and our families need to do so.
- **Goal 2:** Livable Communities and Purpose: We will live in and be engaged in communities that are age-friendly, dementia- friendly, and disability-friendly.
- **Goal 3:** Health and Well-Being: We will maintain our health and well-being as we age.

Outcome: Older adults, people with disabilities have access to a culturally competent professional and paraprofessional workforce, including unpaid family caregivers.

Recommendation: Develop and implement a broad comprehensive LTSS workforce strategy across the public and private sectors throughout California's rural and urban areas.

Target Population and Numbers: Health care and long-term care workforce: Paid professionals and paraprofessionals; Unpaid family caregivers

Detailed Recommendation:

The Health and Human Services Agency, in partnership with the Business, Consumer Services and Housing Agency, private sector trade associations (e.g., physicians/doctors, hospitals, nurses, labor unions, residential care facilities) and consumer advocacy organizations, should develop and adopt a comprehensive strategy to meet the LTSS workforce needs of today and tomorrow. Examples of policies to address within this comprehensive strategy include, but are not limited to, the following:

- **Increase access to qualified, culturally competent healthcare professionals.**

The Medical Board of California should develop widespread training and the adoption of existing competencies in geriatrics, palliative, and hospice care for all health care professionals, with

injection medications; administer glucometer test; administer medication through tubes; insert suppository; administer eye/ear drops; gastrostomy tube feedings; administer enema; perform intermittent catheterization; perform ostomy care including skin care and changing appliance; perform nebulizer treatment; administer oxygen therapy; perform ventilator respiratory care.

educational curricula incorporating geriatric-related competencies and specialized training to primary care providers to manage care for the aging population.

- **Enable Full Practice Authority for Nurse Practitioners.**

The Medical Board of California, in partnership with the California Board of Registered Nursing, should review and revise scope of practice policies with a goal of enabling nurse practitioners to practice at the top of their license. Specifically, the Medical Board of California and the California Board of Registered Nursing should conduct a comprehensive review of the California Medical Practice Act and the California Nursing Practice Act that govern the nurse practitioner and nurse delegation requirements for health maintenance tasks. The review should provide recommendations on how to address the current LTSS workforce shortfalls impacting older adults, people with disabilities and family caregivers. The entities should consult with related professional trade associations, such as those representing doctors, nurses, labor unions, and consumers.

- **Enable Full Practice Authority for Direct Care Workers with Appropriate Supervision.**

The California Board of Registered Nursing should revise regulations to permit direct care workers to practice at the top of their license and perform specified health maintenance tasks under the direction of a licensed health care professional, as follows:

- Require nurses to delegate certain tasks to direct care workers who demonstrate such competency, particularly in home- and community-based settings;
- Require oversight and training of the direct care workers who perform these tasks; and
- Promote development of training and certification programs that enable direct care workers to develop the skills needed for an expanded scope of practice and pay scales that recognize their increased capabilities.

Implementation:

- **State Agencies/Departments:** The Health and Human Services Agency, in partnership with the Business, Consumer Services and Housing Agency, private sector trade associations (e.g., physicians/doctors, hospitals, nurses, labor unions, residential care facilities) and consumer advocacy organizations, would develop and adopt a comprehensive workforce strategy to meet the LTSS workforce needs of today and tomorrow.
- **State Legislature:** The Legislature would provide statutory authority, as necessary, to implement the workforce strategy.
- **Local Government:** The state would partner as needed with the local government partners in identifying LTSS workforce issues and potential solutions.
- **Federal Government:** Not applicable

- **Private Sector:** Private sector trade associations (e.g., physicians/doctors, hospitals, nurses, labor unions, residential care facilities) would work closely with the state in developing the comprehensive LTSS workforce strategy and related policies.
- **Community-Based Organizations:** Community-based organizations with expertise and experience in LTSS workforce issues would be consulted in development of the strategy.
- **Philanthropy:** The philanthropic sector could contribute resources into the development of the comprehensive LTSS workforce strategy.

Person-Centered Metrics: Increase in number of healthcare professionals and paraprofessionals with geriatric competencies; and Increase in number of culturally competent health care professionals and paraprofessionals

Evaluations:

- **Mid-term (by 2025):** Development of comprehensive LTSS workforce strategy
- **Long-term (by 2030):** Implementation and ongoing reporting of comprehensive LTSS workforce strategy

Data Sources:

1. AARP Public Policy Institute, “Valuing the Invaluable 2019 Update”, state estimates. <https://www.aarp.org/content/dam/aarp/ppi/2019/11/family-caregivers-data-by-state.pdf>
2. Home Alone Alliance. “Home Alone Revisited: Family Caregivers Providing Complex Care”. <https://www.aarp.org/content/dam/aarp/ppi/2019/04/home-alone-revisited-family-caregivers-providing-complex-care.pdf>.
3. Future Health Workforce Commission Final Report: <https://futurehealthworkforce.org/our-work/finalreport/>.
4. Joanne Spetz, “Home Health Aides and Personal Care Assistants: Scope of Practice Regulations and Their Impact on Care”. UCSF. July 2019. <https://healthforce.ucsf.edu/sites/healthforce.ucsf.edu/files/publication-pdf/HomeCareAidesScopePracticeLaws.pdf>.

Potential Costs/Savings: Unknown

Prioritization: High priority

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