

April 8, 2008

HCR 164

From: Lawris Hampton, Education and Fulfillment Manager
Hawaii State Chapter, American Red Cross

To: House of Representatives
24th Legislature, 2008
State of Hawaii

Subject: Impact of Act 226

Dear Sirs and Madams,

As you are well aware, on July 1, 2007, the State of Hawaii enacted Act 226, which addressed Nurses Aides working in State Certified/Licensed health care settings; outside the Medicare/Medicaid Long-Term Care facility. Basically the purpose of the law was to bring Certified Nurses Aides (CNA) working in this setting more in line with the competency and evaluation requirements of CNAs working in long termed care settings. The new law requires CNAs working in the State Certified/Licensed health care settings to have their competency as nurse aides evaluated every 2 years as a precursor to their recertification. There is also a significant cost attached to this competency evaluation requirement. The initial enactment of the law extended the certification of nurse aides in this setting until December 31, 2008 to allow them time to complete these new requirements.

The Hawaii State Chapter of the American Red Cross is contracted by the State of Hawaii to manage its state-wide CNA registry and to administer the State's Certified Nurses Aide examination. Our responsibilities encompasses: adding and removing nurse aides from the registry; editing individual records within the registry; ensuring accuracy of all records; administering the state exam; securing and safeguarding all test materials and confidentiality of all test results. The current State's Certified Nurses Aide registry consists of more than 23,800 records of nurse aides statewide. More than 7,700 CNAs on the State's registry are currently active – of that number 2,275 work in Long Term Care (Medicare/Medicaid) health care settings and 2,380 in State Certified/Licensed health care settings.

As you can see, nurse aides currently employed in State certified/licensed health care settings (2,380) constitutes a significant portion of our current active CNAs. The impact the law has had on nurse aides in this setting has been very profound. To date, all nurse aides we have encountered in this setting trying to recertify have commented very negatively on the new changes. All are dumbfounded upon the need and angered by the cost, which dependent of the facility and island, range anywhere from \$250 - \$400. This procedure and cost must be endured every two years.

Although the law does not required nurse aides in State Certified/Licensed health care setting to be **“certified”**, employers have not caught up to the changes and may still

demand certification as a term of employment. Also CNAs in these settings often view their certifications as a tool of marketability and pride so they feel a need to maintain it. Quite a few CNAs are well established in this setting and have worked many years for the same organization. They are incredulous that after so many years of what they deemed as dedicated and quality service to the industry, they are now required to prove themselves.

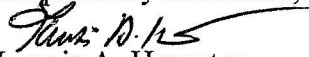
We have heard, many State Certified/Licensed health care facilities applaud the new law which places responsibilities onto CNAs working outside of Long-Term (LTC) Care. It gives CNAs the opportunity to choose to be certified and meet a regulation for a standard or continue to work, but as a nurse aide.

Then there are CNAs whose households are currently struggling to make ends meet. They have committed to the training cost, the state exam and biennially recertification fee; on average totaling between \$885 and \$1500 - and now they must absorb an additional expense of anywhere from \$250-\$400 for the new proficiency evaluation, designed to keep all CNAs recertified with the same standard of competency to continued as a CNA. Under current law this cost will be a re-current expense, biennially, throughout the work life of the CNA as long as he/she continues employment in a State Certified/Licensed health care facility. This new cost has place additional stress on their households and some have express the impossibility of coming up with these extra monies.

Citizens migrating from other countries make-up a significant portion of the state's registry, in particular the active portion – English is the second language – and consequently communications many times can be strained. All our attempts to explain the law to many of our CNAs seem to fall on deaf ears – many tune us out once we start talking about associated cost of this new requirement. They are frustrated, confused, distrustful and angry. A lot of their anger is direct towards the American Red Cross as many have commented that this new law and associated cost are money-making schemes for the Red Cross. Everyone we have encountered in this situation needing to recertify have commented on how unfair the law seems and how much the cost impacts their budgets – there is a lot of unhappiness about precepts of this new law that mandates this evaluation.

The Hawaii State Chapter is the major processing point for all CNAs statewide and hence by default the sounding block for their concerns. It is loud and clear to us that CNAs affected by this new law are very unhappy with the conditions it places on their employment and the cost they must incur to continue to work. I hope this letter helps to shed some light on how they are feeling and what they are thinking and saying.

Respectfully submitted,


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