



**HOUSE HEALTH COMMITTEE AND AGING & OLDER ADULT SERVICES COMMITTEE JOINT INFORMATIONAL MEETING ON
NURSE AIDES**

Wednesday, May 14th, 2025

9:00am

Irvis Office Building Room G-50
Harrisburg, PA

1. Call to Order
2. Attendance

Panel 1 – Agencies

Kimberly Barge, Megan Brandt – Department of Human Services

Wendy J Miller, MSN, RN – Executive Secretary, State Board of Nursing

Judd R. Pittman – Director, Bureau of Career and Technical Education – Department of Education

Jeanne Parisi – Deputy Secretary for Quality Administration, Department of Health

Panel 3 – Facilities

Zach Shamberg – President and CEO, Pennsylvania Health Care Association

Austin Cawley – Director of Legislative Affairs, LeadingAge PA

Panel 3 – Practitioners

Cesar Nieves – CNA, Pheobe Allentown

Wayne Reich – CEO, Pennsylvania State Nurses Association

Panel 4 – Credentia

Brenda Scafiro – Senior Director of Client Relations, Credentia Nurse Aide LLC

3. Adjournment

Joint Hearing of the House Health Committee and House Aging and Older Adult Services Committee

May 14, 2025

Testimony of

Jeanne Parisi, MPA

Deputy Secretary for Quality Assurance

Chairs Frankel, Rapp, Madden, and Mentzer, and the members of the House Health and House Aging & Older Adult Services Committees, thank you for extending the invitation to provide testimony about the management of the Commonwealth's Nurse Aide Registry.

In my role as Deputy Secretary of Quality Assurance within the Department of Health, I oversee the Division of Nursing Care Facilities, which is responsible for the management of the Nurse Aide Registry and the Nurse Aide Registry contract with Credentia.

In the Commonwealth of Pennsylvania, the role of nurse aide is critical to the health and safety of individuals residing in nursing care facilities. Pennsylvania maintains a Nurse Aide Registry that is federally mandated and is designed to protect nursing home residents by maintaining high standards of care and accountability across the state. It is important to note that although the term "Certified Nurse Aide" (CNA) is widely used in the health care industry, Pennsylvania does not technically certify nurse aides. Instead, it recognizes individuals through placement on the state's Nurse Aide Registry.

The Nurse Aide Registry in Pennsylvania creates a reliable list of qualified individuals approved for nursing care facilities to hire, reflects individuals ineligible for employment due to substantiated findings of abuse, neglect, or misappropriation of resident property, and is available to other states for reciprocity purposes. While Pennsylvania does not define a formal "scope of practice" for nurse aides, the skills outlined in the Nurse Aide Training and Competency Evaluation Program (NATCEP) effectively serve as the framework for expected competencies. These competencies represent skills needed to perform the role of a nurse aide working in a long-term care facility and include such skills as hand hygiene, taking and recording measurements, positioning, and safe transfers.

In Pennsylvania, nurse aide certification is a multi-agency process: the Department of Education certifies training programs, the Department of Human Services manages the competency testing process, and the Department of Health maintains the nurse aide registry and oversees nursing home compliance. To break it down, PDE oversees the approval and certification of the 587 nurse aide training programs throughout the state, ensuring consistency and quality in educational standards. DHS is responsible for administering the testing process, which includes both written and practical skills examinations. DOH is responsible for maintaining the Nurse Aide Registry and managing the contract with Credentia.

To be eligible for inclusion on the Pennsylvania Nurse Aide Registry, an individual must complete a PDE-approved training program and successfully pass both components of the competency exam – a clinical skills test and a written or oral evaluation test – within 24 months of completing the approved training program. Additionally, individuals may apply through reciprocity if they are listed in good standing on another state's registry. Nurse aides are required to renew their eligibility every 24 months.

If a nursing care facility substantiates an allegation of abuse, neglect, or misappropriation of resident property by a nurse aide, and DOH determines that sufficient evidence exists under administrative law standards, DOH will notify the nurse aide of its intent to annotate the Registry. This annotation, marked as “substantiated findings on file,” renders the individual ineligible for employment in any nursing care facility within Pennsylvania. Due process is provided where the aide is entitled to a hearing at which DOH bears the burden of proof. If the hearing officer finds that the conduct in question meets the criteria for substantiated abuse, neglect, or misappropriation of resident property, the aide’s record will be annotated. Nurse aides whose files are annotated for neglect may request reinstatement consideration after one full year.

DOH is also responsible for administering the contract with Credentia to implement testing. In April 2021, Pennsylvania’s nurse aide credentialing program transitioned from Pearson VUE to Credentia, coinciding with the introduction of the Temporary Nurse Aide (TNA) pathway as a response to the COVID-19 pandemic. In January 2022, Credentia implemented changes to both its website and system. However, not enough time was allotted for proper testing of the changes made to the system. This prompted immediate remediation efforts by the impacted departments, involving regular meetings and collaborative testing and approval of system updates with Credentia. A public hearing was held in June 2022 regarding these issues, and in July 2022, a Corrective Action Plan (CAP) was required regarding the TNA waiver, system issues, and constituent complaints. The CAP was resolved by February 2023.

A new contract was awarded to Credentia for 3 years beginning April 2024 after a successful bid submission during the multi-year RFP process. Following this, the Administration continued to monitor Credentia to ensure fidelity to the expectations laid out in the contract.

On April 3, 2024, a request to cure was sent to Credentia notifying them they were in breach of contract resulting from the use of offshore call centers in November 2023 and for failure to notify Pennsylvania of the change of ownership that occurred in May 2023. All issues identified in the CURE letter were remedied by July 2, 2024.

In November 2024, DHS received complaints regarding testing cancellations and delays and non-availability of testing dates. Credentia was required to provide additional details and a plan for remediation. These concerns were not resolved, and in February 2025, Credentia was required to provide a CAP. This CAP was also required to address reporting security, candidate handbook updates, and concerns with annotated records becoming eligible. Credentia failed to submit an acceptable plan after repeated submissions. Earlier this month, DOH and DHS held a meeting with Credentia to amend its submitted CAP with specific actions directed by the state. There are staggered timelines over the next few weeks, with all corrective actions to be implemented by June 30. Some of these corrective actions include increased reporting to DHS on testing offered and completed, securing exam proctors, and managing and reporting results of issues self-identified through internal audits.

As of March 31, 2025, 80,674 active nurse aides were registered, and 1,366 individuals were identified as ineligible for employment; the 80,674 includes 11,104 who became eligible nurse aides in 2024.

In conclusion, while DOH recognizes there have been challenges with Credentia successfully implementing the testing component of this program and while the corrective actions required over the next several weeks should result in significant improvement, DOH welcomes further discussion on ways this program could be improved for individuals seeking employment as a nurse aide.

Through collaboration among the three agencies, we continue to work through the recent challenges and are open to discussion on possibilities for improvement.

Thank you again for the opportunity to provide testimony and I welcome any questions.

Written Testimony of



**Delivered by
Zach Shamberg
President & CEO**

**Informational Hearing on
Pennsylvania's Registered
Nurse Aide Program**

**Delivered before the
House Aging and Older Adult Services
and Health Committees**

May 14, 2025

Chairman Frankel and Chairwoman Madden, members of the House Health and Aging and Older Adult Services Committees: thank you for the opportunity to testify this morning.

My name is Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association, or PHCA. We are proud to represent long-term care across the commonwealth, including government-run, nonprofit, and for-profit nursing homes, as well as personal care homes and assisted living communities. The residents our members serve are Pennsylvania seniors in need of care or adults with mental and/or physical disabilities.

Today, we are here to talk about the Nurse Aide training program in Pennsylvania and the challenges our workers are facing when trying to become certified in their profession.

Health Care Workforce Challenges

To set the stage, Pennsylvania is facing a healthcare workforce crisis across the care continuum. In November and December of 2024, to better understand the challenges surrounding the healthcare workforce shortage, PHCA, LeadingAge PA, and the Hospital and Healthsystem Association of Pennsylvania conducted a joint workforce survey of hospitals and nursing homes to learn more about their collective efforts to grow care professions, examine their current workforce challenges, and learn how those challenges affect Pennsylvanians' access to care. The results for nursing homes were staggering:

- 20% of nursing homes reported 21 or more open positions
- 12% reported 11-20 open positions
- 21% reported 11-15 open positions
- 29% reported 6-10 open positions; and
- Only 17% reported 1-5 open positions

Nursing home respondents, which accounted for about a third of respondents statewide, reported they would need approximately **1,710 additional Nurse Aides and 887 additional Licensed Practical Nurses (LPNs) to fill the current vacancies and remove caps on admissions while still meeting state staffing ratio requirements.**

This is not just a state-specific issue - it's a national one. According to Mercer's "Future of the U.S. Healthcare Industry: Labor Market Projections by 2028," the nursing assistant shortage across the country is expected to hit a total deficit of over 73,000. And this is all coming at a time when the fastest growing demographic is 60+, and demand for senior care is only increasing.

Nurse Aide Certification Challenges

The Nurse Aide shortage is already devastating our long-term care facilities who are having to take beds offline and limit admissions because they are not able to find Nurse Aides. These Nurse Aides play an absolutely essential role in the daily care, support and quality of life of

nursing facility residents. They are its backbone. They assist residents with their activities of daily living, providing support with bathing, dressing, mobility/transferring and eating. They provide companionship, emotional support and offer a listening ear to the residents and their families. Oftentimes the Nurse Aides look at the residents they serve as family and because they are so familiar with their residents, they also play a vital role in observing the resident for any changes in behavior or health that may be a sign of a change in condition that needs to be addressed by the healthcare professionals.

However, facilities are struggling to recruit and retain Nurse Aides, and one of the primary reasons is lack of testing availability.

In order to become certified as a nursing assistant, individuals are required to take a Nurse Aide competency exam. However, in the combined workforce survey previously mentioned, 69 respondents, or 34%, said they were experiencing issues with Nurse Aide testing availability. 71% reported lack of local testing sites and lack of timely testing appointments and 45% reported testing sites cancelling tests last minute.

Credentia

Being a Nurse Aide is already an extremely demanding, underappreciated profession, and we need to ensure we are not putting up additional, and frankly, avoidable roadblocks to becoming one.

And many of the issues with testing availability stems back to Credentia, the state's contractor which provides testing and certification to Pennsylvania's prospective Nurse Aides. Unfortunately, because of the inordinate barriers and burdens to getting tested and certified as a Nurse Aide in Pennsylvania, many of these prospective caregivers are simply giving up. **We have heard directly from our members that they would rather leave our field and find a job in another industry than attempt to get certified and work against the barriers and burdens that state government and Credentia have constructed.**

We have heard over and over again that there are too few testing sites, and prospective Nurse Aides have to travel hundreds of miles and multiple hours just to test; tests cannot be scheduled for months, and some are being pushed to the following year. This is a huge issue because under federal rules, individuals can only work in a long-term care facility as a Nurse Aide for up to 120 days while pursuing their Nurse Aide certification. Within that 120 day period, they must complete training, pass the competency exam, and receive the results within that time frame. If they do not, they may get moved to another role or have to leave the facility altogether. We are losing workers we cannot afford to lose.

The customer service at Credentia is reprehensible and often non-existent; tests are canceled with limited notice, and some providers who have applied for their facility to serve as a Regional Testing Site, or RTS, report that their application - and ultimately, their willingness to help - often goes unanswered.

Here is an example from one of our members:

On January 14, 2023, Amber drove 2 hours for the testing and the instructor didn't show up. She had touched base with her facility while there and checked her phone, along with other people that had showed up to see if it was canceled. It was not showing as cancelled, but the security guard who was there said that the instructor did this last week. She had even reserved a hotel to stay at after the exam, due to the severe winter storm that was taking place. When trying to reschedule the exam, Amber and her facility received ineffective and disrespectful customer service. It took several days of calling and speaking with different individuals, all of whom gave different information, to finally get a list of upcoming test dates. The first available one was two weeks later and a six hour drive. The next option was a month later. Finally, after checking repeatedly for openings due to last minute cancellations, Amber was able to test on February 6th.

There are countless other similar examples to this egregious situation. It is absurd to have to drive six hours for a test for an instructor that might now show. It is demoralizing to have to wait months for an exam and have a last minute cancellation, and it is outrageous that this has not been addressed in any way that has led to effective solutions. We cannot afford to lose people who have a calling and passion for this industry. And right now we are.

PHCA was asked to testify on this exact issue with Credentia three years ago (June 2022) and we are still encountering the same problems today. We must work together to come up with effective solutions that allow more Nurse Aides to enter the workforce and care for our loved ones. We believe there are several ways we can do this now.

Proposed Solutions

We can fix these issues in Pennsylvania. In fact, it is imperative that we fix these issues as soon as possible. Here's how:

Virtual Skills Training

The first is through actively implementing on-line virtual skills testing within the program to reduce the transportation barriers, travel distance, and some of the scheduling issues under the current program.

In Georgia, the state has a Certified Nursing Assistant Virtual Skills Evaluation Program - an initiative within the University of Georgia's Institute for Disaster Management (IDM).

In response to Georgia's critical shortage of Certified Nursing Assistants (CNAs), the program was created to address key barriers in the certification process. Through this project, IDM's goal is to streamline the skills portion of the CNA testing process by allowing candidates to complete their skills evaluation remotely via Zoom. Candidates can now take tests in the familiar environment of their state-approved training facility or classroom, with the evaluation conducted

by IDM's highly trained Nursing Evaluator Coordinators. Thanks to the support of the Georgia Department of Community Health, this service is offered at no cost to the candidates or training programs. By making the testing process more accessible, they have removed barriers to entering the CNA profession.

Upon learning of this program, PHCA reached out to the Department of Human Services to discuss this opportunity, and over the course of several phone calls and meetings with PHCA, DHS, and Georgia, Georgia offered to support a pilot virtual skills evaluation in PA.

A virtual program of this sort would allow:

- **Accessibility and convenience** through removing the need for candidates to travel to a specific testing location, making the process more accessible, minimizing disruptions to individuals' daily lives which will be particularly beneficial for candidates in remote areas or those with limited transportation options.
- **Cost effectiveness** through reducing the overall cost of testing for candidates, testing vendors, and facilities. By eliminating travel expenses, facilities can save money and candidates can avoid potential costs associated with travel and lodging, along with time away from the facility.
- **Streamlined process and quality performance/process improvement** through expediting the certification process, allowing candidates to be evaluated and certified more quickly. It can also enable Quality Performance Evaluation in real time analysis of skills areas to ensure Nurse Aides have the highest level of skills competencies so residents are receiving quality care at the highest practical level. Virtual training would also provide a more consistent testing environment to guarantee fairness between all test administration and scoring. Instructors would be able to enhance their teaching methods real time while studying metrics to validate best practices, thereby helping students succeed at higher rates of success.
- **Flexibility and adaptability** through adapting to different skill levels and needs, making it a more flexible and adaptable tool for evaluating Nurse Aide candidates.

We were thrilled to see that, after years of discussion, the Pennsylvania Department of Education has recently taken an important step and changed its policy regarding virtual instruction by eliminating the requirement that a program provide two-years of in-person instruction before using virtual instruction. We applaud this step in the right direction.

Transparency

In addition to allowing and supporting virtual training options, Pennsylvania should require transparent reporting from the program vendor, Credentia, and provide recurring, regularly scheduled reporting that includes:

- Number of test events scheduled;
- Number of test events cancelled and reason for cancellation;

- Travel distance of the candidates to the test event
- Number of test events completed, and Pass/Fail rate of the candidates
- Increase the reimbursement rate from the vendor, Credentia, for evaluators. The rate currently stands at \$12 per candidate/examinee, which is insufficient to incentivize tester participation in the program.

Credentia must be held accountable for the services it provides and this is one step towards ensuring they are.

Consolidated Oversight

Along with the operational components of the program, the oversight of the program should be addressed as well.

In Pennsylvania, Nurse Aides are regulated by three different Departments: the Department of Education, the Department of Human Services, and the Department of Health. Needless to say, this causes mass confusion and inefficiency. We have heard from our members as well as other stakeholders that because of the structural oversight of the program, they have no idea who to turn to for what. Who should they call if they have questions on testing? Who should they call if they have issues with Credentia? With the Nurse Aide registry?

By contrast, Maryland has adopted a model in which their Nurse Aide Program is overseen by one office within one department. As we have explored this model, we believe that, in addition to addressing the issues with Credentia, pulling Pennsylvania's oversight of the Nurse Aide program under one Department would go a long way in streamlining processes, procedures, and ultimately, the efficient delivery of testing and certification services.

Other Health Care Workforce Solutions

Existing PA legislation: In addition to working to remedy issues with Credentia, there are several legislative initiatives already underway in Pennsylvania to expand our workforce pool in senior living:

1. **SB114:** Modernizes Nurse Aide training by establishing a uniform, state-wide Nurse Aide training program. This legislation passed out of the Senate Education Committee on Tuesday, May 6 and is positioned for a full floor vote.

2. **SB115:** Allows for interested direct care workers in personal care homes and assisted living residences to take a skills competency examination if they cannot produce a high school diploma or GED equivalent.

This bill advanced from the Senate floor on May 6 and is now here in the House. This legislation is reminiscent of the Governor's first Executive Order, which instructed the Office of Administration to emphasize skills and experience in Commonwealth job postings, rather than degree requirements.

3. **SB116:** Allows high school juniors and seniors to obtain credit towards graduation requirements by working in congregate care settings.

Each of these initiatives would allow for the innovation, flexibility, and efficiencies needed to expand the Commonwealth's senior living workforce pool. We would be pleased to work with the Administration and legislature to continue to advance these priorities.

Addressing Relevant Systemic Issues

Before we close out our testimony, we would be remiss not to connect the lack of Nurse Aides and LTC workforce issues to larger systemic issues that plague the long-term care system, the most important of which is our reimbursement system.

Pennsylvania's senior demographic is the fastest growing demographic in the state, with the total number of adults 80 and older expected to nearly double by 2040, compared to the total from 2020. As a result, we are seeing an immense demand for senior care as our population is rapidly aging. In fact, Pennsylvania has the fifth highest population of older adults in the country.

The 'silver tsunami' we've warned about is here, and demand for long-term care is very quickly outpacing supply in Pennsylvania. This issue is especially troubling as 30 nursing homes have closed since 2019. Hospitals are in constant demand for nursing facilities to admit seniors and adults with disabilities. However, nursing homes are simply unable to expand access to care largely due to insufficient staff and a broken reimbursement system.

The Budget Adjustment Factor (BAF) within Pennsylvania's Medical Assistance (MA) reimbursement system has become a significant impediment to providing quality care to our most vulnerable population in nursing homes. This outdated, complex budgeting tool, which was instituted in 2005 to control cost growth, has ultimately undermined the financial stability of nursing homes, particularly those serving a higher number of Medicaid residents.

The BAF 'caps' reimbursement to ensure the state never spends more than what has been allocated in the state budget for nursing home rates. To provide a true example of the BAF's impact, nursing home providers should have been reimbursed \$312 per Medicaid resident per day in October 2024, based on resident acuity and audited cost reports. However, the BAF was set at .78, which set a 'ceiling' on reimbursement and resulted in an average rate of \$244 dollars. Due to the BAF, nursing home providers were paid nearly \$68 dollars per resident per day *less* than they deserved. That is simply unsustainable.

What was intended to be a one-year, temporary 'fix' to the system in 2005 has transformed into a disastrous budgeting tool with devastating consequences for providers and their residents. This year, we are seeking to put a .90 floor on the BAF to infuse the system with \$139 million additional dollars to help facilities have predictability and sustainability so that they can put that money towards vital operations like recruiting and retaining staff.

Pennsylvania's Medicaid system, which accounts for approximately 70% of resident days in Pennsylvania's nursing homes, have been underfunded for years. And all of this while facing the impending threat of Medicaid cuts at the federal level. Without adequate funding we cannot build a long-term care workforce and facilities will be forced to continue to limit admissions or close altogether. It is time to address what is a decades old budget gimmick so that providers can have the means they need to continue to serve.

Conclusion

The bottom line is that there are systemic issues that are the underlying cause of the long-term care workforce crisis. Underfunding Medicaid for decades, the effects of which are exacerbated by the BAF, has caused Pennsylvania's long-term care system to crumble. Through a combination of providing predictable and sustainable funding to facilities, along with budget neutral solutions such as SB114, SB115, and SB116, we can begin to rebuild our Nurse Aide workforce.

In addition to these solutions, we urge the Administration and General Assembly to hold Credentia accountable for the services they provide. Our long-term care system cannot afford to lose caring, qualified individuals. Our system is built on them.

Thank you again for this opportunity to testify.



TESTIMONY

Joint Hearing of the Pennsylvania House Health and Aging and Older Adult Services Committees on Certified Nurse Aide Training Process

May 14, 2025

**Submitted by:
Austin Cawley, Legislative Director
LeadingAge PA**

Chairs Frankel, Rapp, Madden, Mentzer, and honorable members of the House Health and Aging and Older Adult Services Committees, LeadingAge PA is grateful for the opportunity to offer testimony today before this joint committee about the continuum of aging services, the workforce challenges providers currently face, and the process by which the industry can recruit, train, and retain certified nurse aides (CNAs), a keystone in the aging services ecosystem. The membership of LeadingAge PA is comprised of nearly 420 providers, of which 29 administer CNA training programs and many others that have partnerships with post-secondary institutions. Our members include personal care homes, assisted living residences, Living Independence for the Elderly (LIFE) providers, skilled nursing communities, affordable housing developments, and continuing care retirement communities. Our members also provide home and community-based services such as adult day services, home health care, home care, and hospice, as well as independent living options for older adults.

Certified nurse aides assist individuals with activities of daily living and personal care needs, such as bathing, dressing, exercising, and other assistance with mobility limitations. They also perform daily activities for individuals such as making beds, changing linens, sorting laundry, lifting and repositioning, along with administering un-medicated remedies¹. As mentioned, CNAs are the largest category of direct care workers who work in skilled nursing communities, better known as nursing homes,

¹ <https://careers.employment.pa.gov/Home/GetJobNameInfo?jobCode=30320>

servicing older adults in need. More than 70% of older adults served in nursing homes are eligible for their care to be paid through the Long-Term Medicaid benefit.

The Center's for Medicare and Medicaid Services (CMS) require that nurse aide training and competency evaluation programs at a minimum, be 75 total clock hours (80 hours in Pennsylvania) of training including 16 hours of supervised practical training prior to resident interaction, 37.5 hours of clinical training, and cover topics that include communication and interpersonal skills, infection control, residents' rights, basic nursing skills, personal care skills, caring for cognitively impaired residents, and restorative services. Federal regulation states that responsibility to reimburse nurse aide training and examination costs largely falls upon the provider.² State law requires, under the Nurse Aide Resident Abuse Prevention Training Act, that all applicants in a training program submit a report of criminal history to the Pennsylvania State Police, or if the applicant has lived outside the state, submit fingerprints to the Federal Bureau of Investigation before beginning their training.³ A provider is not authorized to allow a nurse aide to work for a period longer than four months (120 days) if the aide has not completed an approved training and competency program and passed their nurse aide exam.⁴

² <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-G/part-483/subpart-D/section-483.152>

³ <https://www.palegis.us/statutes/unconsolidated/law-information/view-statute?txtType=HTM&SessYr=1997&ActNum=0014.&SessInd=0>

⁴ 42 CFR 483.35(e) 42 CFR 483.154(d)

Providers spend thousands of dollars to recruit and onboard just one individual. Once through the onboarding process, which typically takes three weeks, the individual is placed in a community or partnered nurse aide program. Nurse aide trainers must go through a train-the-trainer course before they are certified as trainers by the state. Trainers are federally required to have experience in caring for older adults. Currently, a Licensed Practical Nurse (LPN) can conduct training, but a Registered Nurse (RN) must oversee the program administration. Each class session requires a laborious amount of administrative burden, which, in providers' experience, is done by hand. The program can be completed in a total of about 19 days. Once a CNA has completed the training program, the state's exam contractor is notified of their eligibility to take the exam, and they contact the candidate to schedule a date. The exam consists of two portions, a written or oral test, and a skills demonstration. The program's training provider, under state rules, cannot serve as the exam proctor or the exam location. Federal law allows the state to permit the community to serve as the exam proctor and testing location. Upon successful completion of the examination, the individual is placed on the state nurse aide registry and is required to renew their standing on the registry every 24 months, demonstrating that they completed at a minimum, one day of paid work as a CNA.

While these rules, laws, and regulations are designed to ensure that CNAs are trained to do this important work to the highest quality we all hope for, there are a number of

barriers that providers, direct care workers, and state agencies have to grapple with. At its core stand two major areas that should not be ignored: insufficient funding for an industry that is heavily supported by a government entitlement program (Medicaid) and state staffing regulations that prescribe per shift ratios that, although well-intentioned, do not always align with resident needs. We appreciate the committee's interest in exploring CNA training and how improvements can be made, but it should not be ignored that many of the pressures surrounding the long-term care providers' workforce struggles can be distilled to those two areas of concern. That is why LeadingAge PA supports setting a .90 floor to the state's budget adjustment factor (BAF), which would bring sustainability and predictability for providers' reimbursement.⁵ Furthermore, LeadingAge PA has urged the PA Department of Health to provide relief and needed flexibility in how the staffing standards are administered.

As a result of the challenges with reimbursement, staffing regulations, and the ongoing workforce crisis, access to care remains under threat for Pennsylvania's seniors. The Pennsylvania Department of Labor and Industry's (L&I) Bureau of Labor Statistics calculated a total of 65,220 nurse aides across all care settings in Pennsylvania, including hospitals and nursing homes, as of 2023.⁶ Data shared by the Pennsylvania Department of Education (PDE) showed a decline of more than 14,000 nurse aides from the state

⁵ https://www.leadingagepa.org/docs/default-source/advocacy-policy/nursinghomes_ask_85x11_final.pdf

⁶ <https://www.bls.gov/oes/2023/may/oes311131.htm%20>

nurse aide registry.⁷ At the same time, Pennsylvania is home to over 3.4 million older adults and growing, the fifth-highest total in the country.⁸ The Pennsylvania L& I projects that each year through 2032, the state will need to certify over 11,000 nurse aides to replace those exiting the workforce and meet the increasing care needs of our aging population. Recently, LeadingAge PA, the Pennsylvania Health Care Association (PHCA), and the Pennsylvania Hospital and Health System Association (HAP) conducted a workforce survey that we are pleased to share with the committee. A copy of that report has been supplied to the committee members. Surveyed nursing home providers, representing 1/3 of statewide communities, reported the immediate need for over 1,700 additional CNAs to fill current vacancies and be able to remove caps on admissions while still meeting state staffing ratio requirements.

Now that the need to address these issues has been established, it is clear that the current system, which oversees the certified nurse aide training program, is insufficient. Ensuring that providers, training institutions, direct care workers, and state agencies have a clear, user-friendly system on which to build our next generation of direct care workers is critical. Therefore, LeadingAge PA is supportive of Senate Bill 114, which would establish a number of efficiency measures around nurse aide training. We appreciate Senator Dave Argall's leadership in introducing a comprehensive workforce

⁷ <https://data.cms.gov/provider-data/topics/nursing-homes>

⁸ <https://www.pa.gov/content/dam/copapwp-pagov/en/aging/documents/aging-our-way/documents/AOW%20Final%20PDF%20online%20version%20with%20signature.pdf>

package to build a true pipeline for the long-term care workforce. More specifically, SB 114 would allow providers to serve as the exam location and as a proctor for the exam.⁹ This simple change will help providers get the CNAs that they've invested in tested and fully certified sooner. Under the current system, providers and direct care workers struggle to find exam locations, often traveling for hours outside of their region to the nearest location. Even when they do find a location, a proctor may not be available, and the exam is cancelled at the last minute. All the while, these untested individuals only have 120 days to work in the facility. Once that deadline passes, the provider must either reassign or dismiss them temporarily until they pass their exam. The legislation would also allow nursing students to use previous experience as a prerequisite to the certified nurse aide training program and be eligible to sit for the CNA exam. A change that had been previously allowed, but PDE policy now forbids. Senate Bill 114 also sets requirements for the state to establish a standardized curriculum for nurse aides.¹⁰ Currently, training providers must submit to PDE and have their curriculum approved. While allowing variation in training can be good, having a standard could help cut the time it takes for programs to be approved—a process that our members cite can take up to nearly 9 months to complete.

⁹ <https://www.palegis.us/legislation/bills/text/PDF/2025/0/SB0114/PN0065>

¹⁰ Id.

Despite some of these barriers, there are positive takeaways. The state has seen an increase in overall training programs, the need is certainly there, and the state has historically made investments in workforce development, including healthcare-related professions. The Pennsylvania General Assembly just last year passed Act 109 of 2024, which establishes a medication aide program allowing certified nurse aides to have a career ladder in which they can obtain this additional certification to be authorized to administer certain medications in the skilled nursing setting.¹¹ However, more is needed to lessen confusion about which agency oversees which piece of the training and more must be done to promote careers within long-term care and make targeted efforts to attract individuals to the field. In 2019, the Pennsylvania Long-Term Care Council released its Blueprint on Aging, in which the need for a targeted public awareness campaign was identified to highlight the need for more workers.¹² That document is nearly six years old, but the problems still persist.

We also would like to highlight the efforts LeadingAge PA is specifically making to promote careers in aging services in support of direct care workers. We are deeply committed to supporting our members in addressing workforce challenges by building

¹¹ <https://www.palegis.us/statutes/unconsolidated/law-information/view-stature?txtType=PDF&SessYr=2024&ActNum=0109.&SessInd=0>

¹² https://www.pa.gov/content/dam/copapwp-pagov/en/aging/documents/about-us/pennsylvanialongtermcarecouncil/documents/recent-council-work-products/ltcc_blueprint%20for%20strengthening%20pennsylvania%E2%80%99s%20direct%20care%20workforce_april2019.pdf

bench strength in our communities and raising awareness of the fulfilling careers that are available in the sector.

Our Career Growth Partnerships, collaborations with nine colleges and universities as well as one cyber charter school (K-12), advance our mission by offering accessible learning through discounts and scholarships, opportunities for customized curriculum, and providing student exposure to career paths in aging services.

To further support career advancement, we provide grants for internships and administrator-in-training programs, introducing the next generation of aging services leaders to the sector. We also offer Professional Development Scholarships for any member employees ready to take the next step on their career path by continuing their education in both clinical and non-clinical roles.

Our public awareness campaign, Careers to Love PA, raises the visibility of the aging services sector and highlights the wide range of career possibilities. This campaign helps educate students and job seekers about the many fulfilling roles available in our field, the required training and education requirements, and an example of what each career path could look like.¹³ Over the last 4 years, we have been successful in driving thousands of individuals to the website and directing them to job openings at aging services providers.

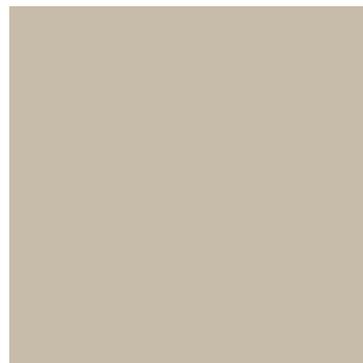
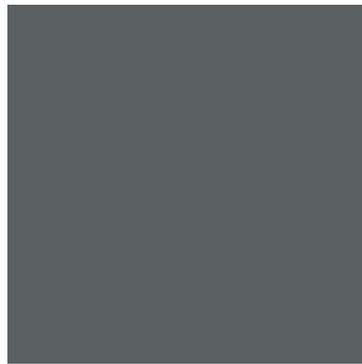
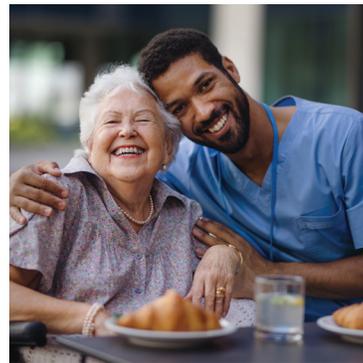
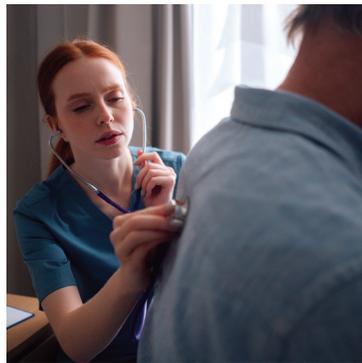
¹³ <https://www.leadingagepa.org/workforce/careers/careers-to-love-pa>

Once again, we thank the committees for their interest and attention to this important issue. We urge support and passage of Senate Bill 114. We also encourage any further efforts to make targeted investments and changes within the nurse aide training program. LeadingAge PA and our mission-driven providers are eager to be part of that work.

Care Across the Continuum

How Health Care Workforce Shortages Affect Pennsylvanians' Access to Care

April 2025



Pennsylvania's nursing homes and hospitals are developing a robust and diverse health care workforce to both serve their communities today and meet a growing need as the commonwealth ages. But they continue to navigate workforce shortages that threaten Pennsylvanians' access to care.

Investment and collaboration between educators, providers, and government will be essential to changing this trajectory.

The Hospital and Healthsystem Association of Pennsylvania (HAP), LeadingAge PA, and Pennsylvania Health Care Association (PHCA) surveyed Pennsylvania hospitals and nursing homes about efforts to grow care professionals, current workforce challenges, and how they affect Pennsylvanians' access to care.

ACCESS TO CARE

Pennsylvania's hospitals and nursing homes are both facing workforce shortages, and patients and residents feel the effects throughout the continuum of care. When nursing homes are forced to limit admissions due to staffing ratio requirements, patients must wait longer in hospitals, further delaying and reducing access to care in our communities.

Hospital Care

Workforce shortages strain hospitals' ability to care for their communities. As a result of workforce shortages during 2024:



reported increased emergency department wait times



reported increased wait times to schedule appointments or procedures



eliminated or scaled back a service line



had to reduce available beds on a regular basis

Nursing Home Care

In nursing homes, workforce shortages have caused providers to limit access to care and defer needed improvements to facilities and programming:



reported limiting admissions or capping census



are deferring facility improvements or physical site updates



are putting admission referrals on wait lists*



have closed full wings or units



are eliminating or scaling back non-clinical services or programming

*Not all nursing homes maintain a wait list

Limiting admissions or capping census means that providers are not accepting new residents even though they have available licensed beds at their facility.

25% of nursing home providers reported that they are unable to use over **10%** of their licensed beds due to lack of staff.

2,443 total referrals from hospitals were declined within the last 90 days as reported by nursing home providers.

Staffing Ratio Requirements Reduce Access

The state staffing ratio requirements for nursing homes that went into effect in 2023 and increased in 2024 had an impact on access to care as well.

42% of respondents reported that they are limiting or denying admissions as a result of staffing requirements and the inability to hire more workers to accommodate a change in census.

“We’ve had to delay admissions by days if staffing is tight. This requires the hospital to hold longer and backs up the system, in addition to the negative impacts on the resident. Having to use agency staff to fill holes that we need due to increases in staffing mandates puts a larger hit on our budget and, as a non-profit, takes away from our ability long term to make other positive changes for our residents.”

- Pennsylvania nursing home operator

WORKFORCE SHORTAGES

Hospitals and nursing homes are competing for many of the same workers. Pennsylvania must increase the number of health care professionals to ensure access to care throughout the entire continuum.

2024 Statewide Average Hospital Vacancy Rates

Position	Vacancy Rate	Position	Vacancy Rate
Certified registered nurse anesthetists	30%	Physician assistants	16%
Surgical techs	28%	Pharmacy techs	15%
Clinical nurse specialists	22%	Radiologic techs	14%
Registered nurses*	19%	Central Sterile Processors	14%
Medical assistants	19%	Certified registered nurse practitioners	14%
Respiratory therapists	18%	Medical/lab techs	13%
Nursing support staff	17%	Certified nurse midwives	12%



*Staff nurses providing direct patient care, excludes nurse managers, case managers, and education staff

Challenges for Rural Hospitals

Rural hospitals report even higher average vacancy rates for some key positions:

- 23%** physician assistants
- 23%** medical assistants
- 21%** registered nurses
- 20%** radiologic techs
- 19%** central sterile processors
- 18%** certified registered nurse practitioners

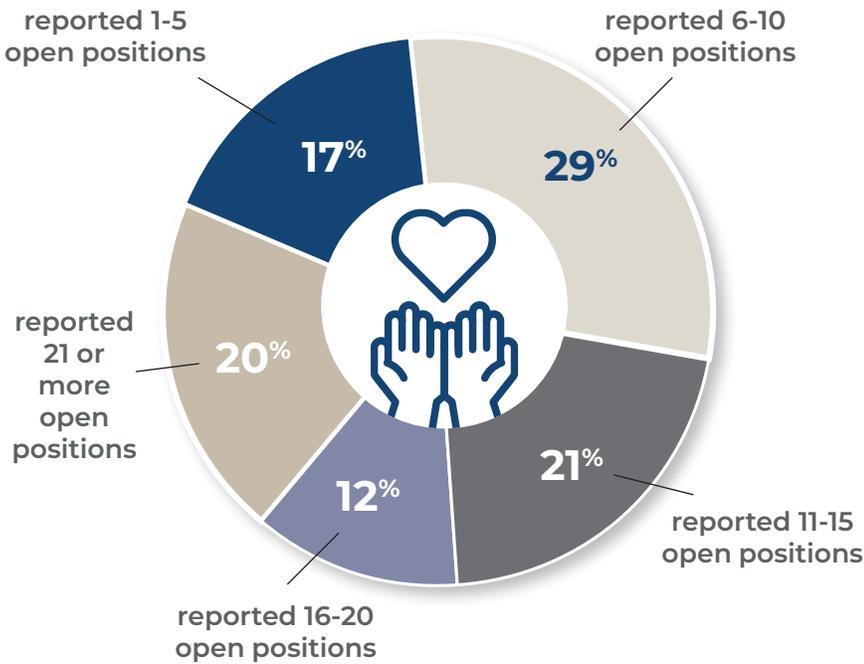


A Growing Need

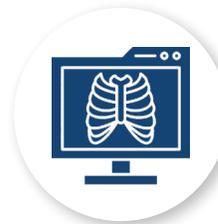
Filling current vacancies for health care professionals is not enough. Pennsylvania Department of Labor and Industry projects that **each year** through 2032, the commonwealth will need **8,890 more registered nurses** and **11,232 more nursing assistants** to replace those leaving the workforce and meet increasing demand for care.

Direct Care Staff Vacancies at Nursing Homes

When asked how many direct care staff positions (CNA, LPN, RN) do you have open at your facility, respondents reported the following:



Hospitals' Top Needs for Allied Health Professionals



Diagnostic radiology techs



Surgical techs



CT/MRI techs



Lab techs



Respiratory therapists

Temporary Staffing Agency Use in Nursing Homes

When staffing needs can't be met by in-house staff, nursing home providers will contract with temporary staffing agencies to fill shifts.

■ **57%** of respondents have had to increase their use of contracted temporary agency staff within the past year because of increased state staffing requirements.

Nursing homes reported the following amounts of daily direct care staff (CNA, LPN, RN) currently contracted through temporary staffing agencies:

29% reported no use of temporary agency staff

45% reported <20% were agency staff

18% reported 20-40% were agency staff

7% reported that <40% were agency staff



GROWING CARE TEAMS

Hospital Recruitment and Retention

Hospitals continued to prioritize workforce recruitment and retention initiatives in 2024:



✓ Increasing base pay



✓ Offering professional development/tuition reimbursement



✓ Allowing flexible work schedules



✓ Providing retention bonuses and other incentive pay



✓ Providing childcare

“We have been using agencies to supplement our staffing needs, but we are not sure how much longer we will be able to do that. We have been running in a significant deficit over the past few years and will not be able to continue to operate if this continues.”

- Pennsylvania nursing home operator

Innovative Care Models

Hospitals are evolving care models to better support patients and providers:

- ✓ Virtual nursing
- ✓ Team-based care
- ✓ LPNs and patient care techs in direct care
- ✓ Home-based care
- ✓ Advanced practice providers
- ✓ Technology

Hospitals reduced turnover for the second consecutive year:

19% reduction in turnover rates for direct-care positions from 2023–2024

Hospitals are expanding care teams to meet growing needs.

Among respondents:



have LPNs providing direct patient care



employ mental health therapists



employ community health workers



employ douglas

Barriers Faced in Recruiting and Retention in Nursing Homes

Recruiting: When asked what the top three barriers their facility is facing in employing needed staff, nursing homes responded:



1. Lack of qualified individuals



2. Inability to offer competitive wages/benefits due to financial constraints



3. Geographical location

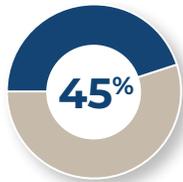
Retention: The top three reasons why staff say they are resigning were reported by nursing homes as the following:



1. Higher wages elsewhere



2. Accepted position at another health care facility



3. Burnout/fatigue

Workforce Development

The following percentage of hospital respondents report workforce development partnerships with each entity:



100%
community colleges



98%
high schools



93%
four-year colleges/
universities



41%
other partners



34%
middle schools

Restoring Access to Care:

Nursing home respondents, representing about a third of facilities statewide, reported they would need **1,710 additional CNAs** and **887 additional LPNs** to fill current vacancies and be able to remove caps on admissions while still meeting state staffing ratio requirements.

METHODOLOGY

The survey was conducted from November 11, 2024 to January 15, 2025. HAP, LeadingAge PA, and PHCA coordinated to survey their respective members.

HAP received responses for 119 Pennsylvania hospitals, representing 65 percent of staffed beds statewide and a significant sample size of hospitals across the state and within each region. Individual hospital responses were requested; however, health system responses were accepted if parallel workforce trends were evident across each hospital within the system. Members were instructed to coordinate the completion of the survey through their human resources departments.

LeadingAge PA received 133 responses and PHCA received 78 responses for a total of 211 responses from nursing home providers statewide. This represents more than one-third of nursing homes in Pennsylvania. Multi-site organizations were instructed to complete this survey for each individual facility and to coordinate the completion of the survey between nursing home administrators and human resources departments.



About HAP: *The Hospital and Healthsystem Association of Pennsylvania (HAP) is a statewide member services organization that advocates on behalf of Pennsylvania hospitals and health systems to advance high-quality, accessible, and financially sustainable health care. HAP's more than 235 member organizations include the majority of hospitals across the commonwealth. Learn more at www.haponline.org.*

About LeadingAge PA: *LeadingAge PA is a trade association representing 400+ high-quality, mission-driven, aging services providers across the commonwealth. These providers serve more than 75,000 older Pennsylvanians and employ over 50,000 dedicated caregivers on a daily basis. Services our members offer include Life Plan Communities/Continuing Care Retirement Communities, skilled nursing communities, assisted living residences, personal care homes, L.I.F.E., home and community-based services, and affordable senior housing. In addition to providing high-quality education, leadership development, and business solutions, LeadingAge PA advocates on behalf of our members at the state and local levels to influence positive change and affect a healthy vision for the delivery of quality, affordable, and ethical care for Pennsylvania's seniors. For more information, visit www.LeadingAgePA.org.*

About PHCA: *PHCA stands as the leading advocacy association in the commonwealth, representing the interests of Pennsylvania's most vulnerable residents and the dedicated providers who care for them. Our core mission is to elevate, educate, and advocate on behalf of these residents, their caregivers, and our network of over 450 long-term care providers. At PHCA, we are committed to sustaining a robust and high-quality long-term care continuum across Pennsylvania and are dedicated to advancing the work of our members, leveraging our extensive industry knowledge to ensure their long-term success in an evolving healthcare landscape. Learn more at phca.org.*

Testimony from SEIU Healthcare PA Union Member and Nursing Home CNA on the role, training, and oversight of Nurse Aides in care home settings

5/14/25

My name is Cesar Nieves. I am a nursing home caregiver in Allentown, Pennsylvania. I have been a certified nursing assistant for 23 years. I recently trained and changed to be a Med Tech at the same nursing home.

I have been doing this work for a while, and through it all, I love my job, my coworkers, and the residents who I care for. I have worked at county homes and private homes. I do this work because I love helping people and being around others. I take after my mom. I believe the will of God placed me here where I need to be. He knows my heart, and he knows these people need to be surrounded by people like me who care. I want to say thank you for allowing me to speak today.

What I want to make clear today is that caring for human beings in nursing homes is not work for the weary. This is a physically and emotionally exhausting job. The pay and benefits are not necessarily competitive with other jobs you can find. Most importantly, the pay and benefits may not feel worth it, when you are under so much stress and pressure. This pressure is due to taking care of more people with less staffing and less experienced staff, something that became more common after the Covid-19 pandemic.

CNAs are responsible for all Activities of Daily Living of residents. This means we fill all of their needs, take them to the bathroom, change them, turn them, and make sure they are ready for breakfast and meals. We assist nurses with wound care and must change residents when they are sick with Covid-19 or stomach viruses and throw up. During meal times, we need to hand out trays to all residents so they can eat on time. When a resident is sick, you have to stop handing out trays to clean up this resident. Another aide has to take on your additional trays so other residents can eat.

We assist people with showers. Everyone has shower days: some are once a week, others twice a week. You have to make sure people are safe getting in and out of the shower. Activities that are basic to you are difficult and dangerous fall-risks for residents. Residents have a bar to hold in the shower, but an aide must be there to make sure they don't fall. Most people need some help reaching the back of their neck or below their calves. They need help holding the detachable shower head to rinse themselves.

Oftentimes, you are dealing with people who do not get up at all. When we need to get them out of bed, we have to use what is called a Hoyer lift. First, you wash your resident and get them ready to be put in the Hoyer lift. You always have to have 2 people to operate a Hoyer lift. One person holds the wheelchair, while the other person navigates the Hoyer. Once the resident is ready for transport, you have to find someone to help. Your partner on the floor or a coworker has to stop what they're doing for their residents to safely help your own resident.

For twenty years, I worked in the Alzheimer's unit. This means you have to be alert and be prepared to constantly redirect residents who left their rooms and need to be brought back safely. Their mood changes very quickly as well. As a caregiver, you have to be prepared for someone to be nice in one moment and then very aggressive the next. This is when you need to call on a coworker to help you change a resident's mood. Not everyone is prepared to handle care in Alzheimer's and dementia units.

I just took time to explain many things CNAs do. But now imagine doing everything I just said all at once for 13 or more residents in a single 8 hour shift. The meals, getting ready for meals, the lifting, the washing, the bathrooms and changes, responding to call bells, stopping your work to help a coworker with their lifts, and watching out for falls.

I took time to explain what CNAs do, but time is something CNAs do not usually have. One aide caring for 13 people is already hard. These are 13 human beings who completely rely on you and your care. I hear of coworkers who have 19 residents on a daily basis, all who may have different demands.

When I am asked, "What must change to better recruit and retain staff?" – I say that the real answer is adequately staffing in the first place. Short staffing is the main reason why people don't stay in this profession for long anymore. Covid-19 changed everything. Long-term caregivers left and never came back. Being a CNA now is more demanding than before because of the short staffing. This has caused turnover. I have seen us hire new staff, but they are thrown into the deep end. New CNAs are quickly overwhelmed by an already demanding job made worse by understaffing.

That is why it is so important to make these demanding jobs good, union jobs. They have to be competitive pay with good benefits like health insurance, retirement, and child care. The pay rate for a CNA is not competitive enough to convince people to stay. I know people who have gone to agency for higher pay. Some people go back to school to try something else. Another guy left to be a trucker. Another aide went into the maintenance department instead. This past year, I was on the Bargaining Committee for our union contract negotiations. It makes a difference to have a voice and opportunity to advocate for better equipment, pay, and conditions that can help make our jobs better ones to retain workers.

We need increased and robust training, where new aides in training are supported to succeed. The new workers who have stayed at my facility are good workers, but they are burned out. They develop attitudes due to stress. After all, we are human beings with lives outside of work as well. When I first started working at my nursing facility, Phoebe Home in Allentown, I knew this was the place for me. My coworkers were welcoming and friendly. They cared for the new people starting work, like me. They made me pass it forward. I take the time to train new staff, give advice, and explain everything with care. I treat new workers like gold.

Lastly, I believe that staffing ratios are important to creating healthy working conditions and reducing burnout. More staffing would make people want to stay. One day, I hope to see the

ratios lower to 1 aide for 8 residents. If nursing homes could constantly be at 1 to 10, people would want to work these jobs. I had a coworker tell another that they could make 60 cents at another facility caring for less people. Both of them left. Not because the pay increase was so big, but because the other facility was less of a burden on their body and mentally. That means less stress when they go home to their family.

I hope that my experience will help Pennsylvania do what is needed to make sure there are future generations of caring CNAs. It will take more resources to invest in higher wages, higher staffing, and better work conditions. But I think it is worth it for the residents. They deserve good caregivers and good care.

A lot of times, residents don't have family. Put yourself in their position. Many have outlived their husbands and their families. Or, you are so used to 3 children together every holiday, and suddenly it's all gone. You sit in your one small room. You can talk on the phone, look at the window, but that's it. How would you feel?

I sit down for 2 minutes with them to listen to their stories. When I walk into their room, their eyes light up. They tell me: "This is what happened today!" and I take time to listen. I don't have 5 minutes, but I always try to make some time. I wish we didn't have to rush. I wish we had enough staffing, and enough time.

Thank you.



3605 Vartan Way, Suite 204 | Harrisburg, PA 17110 | www.pсна.org

Written Testimony of Wayne Reich, MSN, MBA, RN

Chief Executive Officer, Pennsylvania State Nurses Association (PSNA)
Submitted to the House Health Committee, Pennsylvania General Assembly
May 7, 2025

Chairman and Members of the Committee,

Thank you for the opportunity to submit testimony on the role and regulation of Certified Nurse Aides (CNAs) in the Commonwealth of Pennsylvania. My name is Wayne Reich, and I serve as the Chief Executive Officer of the Pennsylvania State Nurses Association (PSNA), the professional organization representing the interests of all of Pennsylvania's registered nurses and licensed practical nurses.

While CNAs are not members of PSNA, we recognize and deeply respect the vital role they play within the healthcare delivery system. They are essential to providing hands-on care in long-term care facilities, hospitals, and other clinical settings, often forming the backbone of support for licensed nursing professionals and patients alike.

The Need to Expand and Support the CNA Workforce

Pennsylvania, like much of the country, faces a critical shortage of direct care workers. The demand for CNAs continues to grow while the pipeline of newly trained aides remains insufficient. PSNA supports action in three areas to address this insufficiency.

- **Training.** Expanding access to standardized training programs across the Commonwealth, especially in underserved and rural areas.
- **Testing.** Ensuring timely, affordable, and geographically accessible CNA testing so that qualified individuals can more easily enter the workforce.
- **Growing the workforce.** Investing in recruitment and retention strategies to build a strong, stable CNA workforce for the future.

Oversight and Accountability: A Call for Reform

A central issue hindering progress is the fragmented regulatory oversight of CNAs in Pennsylvania. Two state agencies, the Department of Education and the Department of Health, are both regulators. Specifically, the Department of Education oversees the approval of CNA training programs, while the Department of Health maintains the CNA registry and monitors certification.



Written Testimony of Wayne Reich, MSN, MBA, RN
CEO, Pennsylvania State Nurses Association

The current bifurcated system creates confusion, administrative inefficiencies, and barriers to effective oversight and workforce development. Pennsylvania is one of the few states where CNAs are not under the authority of the Board of Nursing.

PSNA believes that Pennsylvania should align with the majority of states, including neighboring Ohio, Delaware, and Maryland. Placing CNA oversight under the Pennsylvania State Board of Nursing will accomplish these benefits:

- Streamline training and certification processes
- Improve public protection through more integrated disciplinary processes
- Align CNA oversight with the same clinical and regulatory standards applied to Licensed Practical Nurses (LPNs) and Registered Nurses (RNs)
- Facilitate career pathways and professional advancement for CNAs

Modernizing CNA regulation would help to ensure that Pennsylvania's long-term care and acute care sectors are staffed with competent, well-supported professionals.

Conclusion

Certified Nurse Aides are indispensable to the healthcare system. They need and deserve a regulatory structure that supports their education, certification, and advancement. PSNA urges the General Assembly to consider legislative action that places CNA oversight under the State Board of Nursing and strengthens access to training and testing.

Thank you for your attention to this critical matter. I am available to provide additional information or answer any questions you may have.

Sincerely,

Wayne Reich, MSN, MBA, RN

panurses@psna.org

717.657.1222

May 6, 2025

Senate Health and Human Services Committee Testimony May 14, 2025

As a valued partner in nurse aide testing, Credentia works in close collaboration with the Pennsylvania Department of Health (DOH) and affiliated agencies where we continue to deliver comprehensive testing services across the state and are fully committed to supporting the Pennsylvania Nurse Aide testing community.

The Nursing Home Reform Act, part of the Omnibus Budget Reconciliation Act (OBRA) of 1987, mandated the establishment of nurse aide training programs, competency evaluations, and state registries by January 1, 1990. In alignment with this federal requirement, Credentia partners with the DOH to administer the nurse aide registry and works with the Office of Long-Term Living (OLTL) to ensure compliance with testing regulations. As the sole approved vendor for the National Nurse Aide Assessment Program (NNAAP®), developed by the National Council of State Boards of Nursing, Credentia focuses exclusively on nurse aide testing and registration. The NNAAP® includes both a written (or oral) exam and a clinical skills assessment. To maintain program quality and alignment, Credentia participates in bi-weekly meetings with the DOH, the Bureau of Facility Licensure and Certification, OLTL, HHS, and the Pennsylvania Department of Education (PDE).

In October 2024, Credentia retired its legacy applications for test sites, scoring, and evaluator management systems to maintain industry standard security and performance requirements. Not only did the launch of the platform meet security compliance standards, but we were able to modernize and enhance the features and processes, including candidate and training program data, into a single centralized system. This upgrade has streamlined scheduling and efficiency for all users.

In addition to the platform enhancements, we are redefining paper-based processes in testing. Previously, evaluators recorded clinical skills exam results on paper and mailed them to Credentia for scoring. Now, evaluators use Credentia-provided tablets to enter observations directly into the platform, enabling immediate scoring upon exam completion, whereby results are available to candidates within 24 hours. This change has significantly reduced turnaround times and enhanced exam integrity by minimizing the risk of unauthorized access to proprietary content.

As of May 7, 2025, Credentia is contracted with 18 Regional Testing Sites (RTS) and 55 in-facility (INF) test sites across Pennsylvania. These sites conduct clinical skills assessments and offer written or oral exams in paper-pencil format when necessary. We are consistently working with sites to onboard into our network and increase testing availability statewide to meet candidate demand.

Credentia also remains committed to ensuring sufficient evaluator coverage. While part-time evaluators remain an important part of our workforce, their availability can be unpredictable. To address this, Credentia has hired three full-time evaluators located in Philadelphia, Pittsburgh, and Curwensville where they accept events at sites to support candidate demand and evaluator coverage.

The CNA workforce is a vital role in the nursing industry where they provide support and aid to patients and families that greatly need it. To ensure this workforce is supported and given opportunities to begin their nursing career or continue in this role, Credentia is closely monitoring testing availability to provide enough slots and locations for candidates to complete their exams as well as the candidate experience.

We appreciate the opportunity to work with Pennsylvania and the Department of Health and look forward to continuing a partnership in CNA examinations.

Sincerely,

Brenda Scafiro

Brenda Scafiro
Credentia Nurse Aide LLC
Sr. Director of Client Relations
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