LONG TERM CARE
COMMUNITY COALITION

Advancing Quality, Dignity & Justice

Comments of the Long Term Care Community Coalition on Proposed Amendment to 10 NYCRR § 415.26 Regarding Certified Nurse Aide Training Requirements

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The Long Term Care Community Coalition (LTCCC) respectfully urges the New York State Department of Health (DOH) to withdraw its proposal to reduce New York's minimum certified nurse aide (CNA) training requirement from 100 hours to 75 hours.

LTCCC is a nonprofit, nonpartisan organization dedicated to improving care, dignity, and quality of life for older adults and people with disabilities.

The question presented by this proposal is not whether New York may reduce its CNA training requirement to the federal minimum. The question is whether reducing New York's minimum training requirement is consistent with the Department's responsibility to protect nursing home residents and is supported by an evidence-based public health rationale demonstrating that the revised standard will adequately prepare the workforce responsible for providing the majority of direct resident care.

As discussed below, LTCCC believes the answer is no. The proposal and accompanying Regulatory Impact Statement do not identify an evidence-based rationale supporting the proposed reduction. Moreover, many decades of research, national expert recommendations, and the policy choices of the majority of states support ensuring meaningful CNA preparation rather than reducing training to the federal minimum established many decades ago. Accordingly, LTCCC respectfully urges the Department to withdraw the proposal and, instead, undertake the comprehensive, evidence-based review of CNA education and competency requirements necessary to support any future revisions to New York's training standards.

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I. The Department's Responsibility to Protect Residents and Ensure Compliance with Evidence-Based Standards

Certified nurse aides are essential to nursing home care. They assist residents with eating, bathing, dressing, toileting, mobility, communication, and other activities central to daily life. They are also often the staff members most likely to observe changes in a resident's condition and communicate those changes to licensed nursing staff.

For these reasons, CNA training requirements are not merely administrative rules. They are minimum standards intended to ensure that the people providing direct resident care have the knowledge, practical skills, and judgment necessary to do so competently.

The Department has a critical responsibility to protect the health, safety, dignity, and well-being of individuals receiving nursing home care. It also has a responsibility to ensure appropriate oversight of facilities that are entrusted with resident care and supported by substantial public funds. These responsibilities make it especially crucial that any proposal to change workforce preparation standards be grounded in a clear, transparent, and evidence-based public health rationale.

The proposed rule would reduce New York's longstanding minimum CNA training requirement by 25 percent, from 100 hours to 75 hours. However, the proposal and accompanying Regulatory Impact Statement do not identify an evidence-based rationale supporting the conclusion that this reduction will continue to adequately prepare CNAs to meet residents' needs in accordance with both state and federal minimum standards.

That is a serious concern. LTCCC does not contend that 100 hours necessarily represents the optimal training requirement for New York. Rather, our position is that changes to minimum standards established to protect residents and ensure that taxpayer funds are used with integrity should be made only after a careful review of the best available evidence. This proposal fails to meet this threshold expectation.

II. New York Has Long Recognized That the Federal Minimum Is Just That: A Minimum

Federal rules require a 75-hour minimum for nurse aide training programs, including supervised practical training. That standard is a floor, not a recommendation that states limit training to 75 hours.

New York has long required more than the federal minimum. Current state regulations require nurse aide training programs to include classroom and clinical training of at least 100 hours.

New York is not alone in requiring more than federal law requires. LTCCC's 2023 review of state CNA training requirements found that 29 states and the District of Columbia required more than the

federal minimum.[1] This reflects an important policy reality: **for more than three decades, a majority of states have determined that compliance with the federal minimum does not represent the level of preparation necessary or appropriate for their nursing home workforce**.

The Department's proposal would reverse New York's long-standing policy by reducing the state requirement to the federal floor. Such a change should not be made without a clear explanation of the evidence supporting it.

III. The Body of Evidence Supports Comprehensive CNA Preparation

The Department's proposal should be evaluated in light of the body of evidence that has developed since implementation of the federal Nursing Home Reform Law.

LTCCC is unaware of any published research, national expert recommendation, or comparable public analysis concluding that reducing minimum CNA training requirements improves resident care, workforce preparedness, workforce retention, or other public health outcomes. By contrast, research, expert consensus, and public policy over the past three decades have generally moved in the opposite direction, toward recognizing the importance of comprehensive CNA preparation and expanding the knowledge and competencies expected of the nursing home workforce.

Perhaps the most significant example is the 2022 report of the National Academies of Sciences, Engineering, and Medicine*, The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff*. Developed through an extensive multidisciplinary process involving experts in geriatrics, nursing, medicine, health policy, long-term care, and other fields, the report concluded that improving nursing home quality requires strengthening the direct-care workforce and recommended increasing the federal minimum CNA training requirement from 75 hours to 120 hours. The National Academies did not recommend maintaining the current federal minimum, much less reducing training requirements. Rather, after examining the available evidence, it concluded that stronger CNA preparation is an important component of improving nursing home quality.[2]

The Institute of Medicine reached a similar conclusion more than a decade earlier. In *Retooling for an Aging America*, it recommended increasing the federal minimum training requirement for CNAs and home health aides to at least 120 hours and emphasized the importance of preparing direct-care workers to meet the complex needs of older adults.[3]

Peer-reviewed research likewise supports the importance of robust and comprehensive CNA preparation. National studies have identified associations between stronger state CNA training requirements and improved resident outcomes, including lower rates of pain, falls with injury, and

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[1] LTCCC, *A Guide to State CNA Certification & Training Requirements* (2023). https://nursinghome411.org/wp-content/uploads/2023/03/Guide-State-CNA-Reqs.pdf

[2] National Academies of Sciences, Engineering, and Medicine, *The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff* (2022). https://doi.org/10.17226/26526

[3] Institute of Medicine, *Retooling for an aging America: Building the health care workforce* (2008). https://doi.org/10.17226/12089

depression. Other research has found associations between training requirements exceeding the federal minimum, higher perceived training quality, and greater CNA job satisfaction.[4]

Finally, federal policy has evolved in a direction that is inconsistent with reducing CNA preparation. Although the federal minimum training requirement has remained at 75 hours since implementation of the Nursing Home Reform Law, CMS has expanded regulatory and sub-regulatory expectations regarding the knowledge and competencies expected of nursing home staff. Requirements addressing dementia care, residents' rights, abuse prevention, infection prevention, person-centered care, trauma-informed care, behavioral health, communication, and other essential aspects of nursing home practice have grown considerably over time. These developments reflect recognition that providing high-quality nursing home care requires increasingly sophisticated knowledge and skills. The Department has not explained how reducing required training hours is consistent with these expanded expectations.

IV. The Proposal Is Not Supported by Current Evidence or National Recommendations

Reasonable people may differ regarding the precise amount of training necessary to prepare today's CNA workforce. That question deserves careful study.

However, the Department is not proposing to establish a new training requirement based upon such a review. Rather, it proposes to reduce a long-standing state standard to the federal minimum.

The proposal and accompanying Regulatory Impact Statement do not identify an evidence-based rationale explaining why this reduction is appropriate or how it will continue to ensure that newly certified nurse aides possess the knowledge, practical skills, and competencies expected of today's direct-care workforce.

Nor do they identify published research, expert recommendations, or other public analyses supporting the conclusion that reducing minimum training requirements will improve resident care, strengthen workforce recruitment or retention, or otherwise advance the Department's statutory responsibilities.

To the contrary, **the direction of the evidence is remarkably consistent. National expert bodies have recommended strengthening CNA preparation**. Peer-reviewed studies have associated stronger training requirements with better resident and workforce outcomes. Many states – including New York – have long concluded that preparation beyond the federal minimum is appropriate. CMS has continued to expand expectations regarding CNA knowledge and competency while leaving the federal minimum unchanged.

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[4] See, for examples, Han, K., Trinkoff, A. M., Storr, C. L., Lerner, N., Johantgen, M., & Gartrell, K., "Associations between state regulations, training length, perceived quality and job satisfaction among certified nursing assistants: Cross-sectional secondary data analysis," *International Journal of Nursing Studies, 51*(8), 1135–1141 (2014). https://doi.org/10.1016/j.ijnurstu.2013.12.008 and Trinkoff, A. M., Yang, B. K., Storr, C. L., Zhu, S., Lerner, N. B., & Han, K., "Determining the CNA training-hour requirement for quality care in U.S. nursing homes," *Journal of Nursing Regulation, 8*(3), 4–10 (2017). https://doi.org/10.1016/S2155-8256(17)30069-8.

Taken together, these developments raise a fundamental question that the Department has not answered: Why should New York reduce the minimum amount of required preparation for a workforce whose expected competencies have continued to expand?

V. The Proposal Is Inconsistent with New York's Broader Approach to Occupational Licensing and Public Protection

The Department's proposal is also difficult to reconcile with New York's broader approach to occupational licensing and public protection.

New York generally recognizes that occupations involving responsibility for the health, safety, or well-being of others require meaningful education and training before individuals are permitted to practice independently. The amount of required preparation varies among professions based on the knowledge, skills, and competencies necessary to protect the public.

Certified nurse aides unquestionably perform work that directly affects the health, safety, dignity, and quality of life of others. CNAs provide hands-on care to nursing home residents who are among the State's most vulnerable individuals. They assist residents with eating, bathing, dressing, toileting, mobility, communication, and other activities essential to daily life. They are also often the first staff members to recognize changes in residents' physical, cognitive, or emotional condition and play a critical role in preventing neglect, identifying abuse, and ensuring that residents receive timely care.

Despite these significant responsibilities, the Department proposes reducing New York's minimum CNA training requirement to **75 hours**.

That proposal stands in sharp contrast to New York's training requirements for many other licensed occupations. For example, New York requires **250 hours** of training for licensure as a nail specialist, **600 hours** for licensure as an esthetician, and **1,000 hours** for licensure as a cosmetologist. These requirements reflect legislative and regulatory judgments regarding the preparation considered necessary to protect the public in those professions.

Occupation	NY Minimum Training Hours
Certified Nurse Aide (proposed)	**75**
Nail Specialist	250
Esthetician	600
Cosmetologist	1,000

LTCCC does not suggest that these occupations require less training or that their licensing requirements should be reduced. Each profession has distinct responsibilities and should be evaluated according to its own public protection objectives.

The comparison nevertheless illustrates a fundamental inconsistency that the Department has not addressed. Certified nurse aides are entrusted with providing essential daily care to frail older adults and individuals with significant disabilities, many of whom depend upon them for their health, safety, comfort, dignity, and quality of life. Yet the Department proposes reducing the minimum required preparation for this workforce to less than one-third of the training New York requires for nail specialists and less than one-tenth of the training required for cosmetologists.

Again, the issue is not whether these other professions require appropriate training. Rather, it is whether the Department has identified an evidence-based rationale for concluding that 75 hours of preparation is sufficient for the workforce responsible for providing the majority of direct care to a highly vulnerable population with, often, complex needs. Neither the proposed rule nor the accompanying Regulatory Impact Statement provides such an explanation.

Accordingly, this proposal is difficult to reconcile not only with the available research and national expert recommendations discussed above, but also with New York's broader approach to establishing education and training requirements for licensed occupations whose work affects the public.

VI. Reducing Training Is Not Supported as an Effective Workforce Strategy

LTCCC recognizes the serious workforce challenges facing nursing homes and strongly supports efforts to recruit, retain, and support a stable, well-prepared direct-care workforce.

However, workforce challenges should be addressed through policies supported by evidence.

To our knowledge, **there is no published research demonstrating that reducing minimum CNA training requirements improves resident care, workforce preparedness, workforce retention, or other public health outcomes**. By contrast, recent research evaluating state policies adopted during the COVID-19 pandemic found that relaxing nurse aide training and licensing requirements did not increase nurse aide staffing levels. Those investigators concluded that "**[p]olicymakers need to consider other strategies to address persistent staffing shortages in nursing homes**."[5]

The fact is that nursing homes have long experienced extraordinarily high turnover rates. Using national Payroll-Based Journal data from nearly every Medicare- and Medicaid-certified nursing home, Gandhi, Yu, and Grabowski found mean annual turnover rates of approximately 128 percent for total nursing staff, with turnover correlated with for-profit ownership, chain ownership, Medicaid census, and lower CMS star ratings. The authors concluded that nursing staff turnover is an important indicator of nursing home quality and should be publicly reported.[6]

High turnover is not an inevitable characteristic of nursing home care. It is influenced by decisions regarding wages, staffing levels, supervision, working conditions, training, and opportunities for professional growth. While many providers work diligently to recruit and retain staff, persistent and extraordinarily high turnover in large portions of the industry suggests that workforce stability has

[5] Mehboob, G., & Sharma, H., "Addressing staffing shortages in nursing homes: Does relaxing training and licensing requirements increase nurse aide staffing?," *Health Services Research* (2025). https://doi.org/10.1111/1475-6773.14455
[6] Gandhi, A., Yu, H., & Grabowski, D. C., "High nursing staff turnover in nursing homes offers important quality information," *Health Affairs, 40*(3), 384–391 (2021). https://doi.org/10.1377/hlthaff.2020.00957

not been given sufficient priority. **Reducing minimum training requirements does not address these underlying causes of turnover**.

Indeed, research has found that stronger CNA training requirements are associated with higher perceived training quality and greater job satisfaction among certified nurse aides.[7] Rather than reducing preparation, **policies that better equip CNAs for the demands of their work may contribute to workforce stability while also supporting resident care**.

If the Department believes that New York's CNA education requirements should be reconsidered as part of a broader workforce strategy, that question deserves comprehensive study. Such a review should examine training alongside wages, staffing sufficiency, supervision, workplace safety, career advancement, retention, and other factors that influence the recruitment and retention of qualified direct-care staff.

Reducing minimum training requirements without such an analysis is not supported by the current body of research or national expert recommendations.

Reducing training may appear to create a faster pathway into the workforce, but the Department has not identified evidence showing that this approach will improve staffing, retention, care quality, or resident outcomes. If the Department's objective is to strengthen the CNA workforce, the appropriate response is not to reduce preparation, but to evaluate what training, supports, wages, staffing levels, supervision, career pathways, and workplace conditions are needed to recruit and retain competent direct-care staff.

VII. Recommendations

For the reasons discussed above, LTCCC respectfully recommends that the Department:

1. Withdraw the proposed reduction in New York's minimum CNA training requirement from 100 hours to 75 hours.

2. Retain the current training requirement unless and until the Department completes a transparent, evidence-based review demonstrating that a different standard will adequately prepare CNAs to meet the needs of today's nursing home residents.

3. Conduct a comprehensive public review of CNA education and competency requirements before proposing any change in New York's existing standard. At a minimum, that review should evaluate:

- the knowledge, skills, and competencies expected of today's CNA workforce;
- the relationship between training requirements and resident outcomes;
- classroom and supervised clinical instruction;

[7] Han, K., Trinkoff, A. M., Storr, C. L., Lerner, N., Johantgen, M., & Gartrell, K., "Associations between state regulations, training length, perceived quality and job satisfaction among certified nursing assistants: Cross-sectional secondary data analysis," *International Journal of Nursing Studies, 51*(8), 1135–1141 (2014). https://doi.org/10.1016/j.ijnurstu.2013.12.008

- dementia care, behavioral health, abuse prevention, infection prevention, residents' rights, person-centered care, and other core competencies;
- workforce recruitment, retention, and job satisfaction; and
- the perspectives of residents, families, CNAs, nurses, educators, providers, ombudsmen, researchers, and consumer organizations.

VIII. Conclusion

The issue presented by this proposal is not whether New York may reduce its CNA training requirement to the federal minimum. The issue is whether reducing New York's minimum training requirement is supported by an evidence-based rationale demonstrating that the revised standard will adequately prepare certified nurse aides to provide safe, effective, person-centered care.

LTCCC is unaware of any published research, national expert recommendation, or comparable public analysis supporting such a reduction. To the contrary, the direction of the evidence over the past three decades has been toward strengthening CNA preparation, expanding expectations regarding workforce competency, and recognizing the central role that certified nurse aides play in the quality of nursing home care.

Accordingly, LTCCC respectfully urges the Department to withdraw the proposed rule and, instead, undertake a comprehensive, transparent, evidence-based review of CNA education and competency requirements before considering any change to New York's existing training standard.