

Testimony of

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Human Services Committee

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Good morning and thank you for this opportunity to comment on two bills before you today, *House Bill 5072, An Act Concerning Appropriations to Improve Nurse Staffing Ratios, and Senate Bill 34, An Act Implementing the Governor's Budget Recommendations with Respect to Social Services Programs.*

As you know, the Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. I'd like to begin by thanking this committee for its leadership in advocating for initiatives that enhance the quality of life for people of all ages with long-term care needs. I'd also like to thank the committee for its co-sponsorship of the recent Legislative Briefing presenting the results of the state's first Long-Term Care Needs Assessment in over 20 years.

The Long-Term Care Needs Assessment demonstrated the need for major reform of Connecticut's long-term care system, emphasizing individual choice and an increased focus on more home-and community-based care when appropriate (a concept known as "rebalancing"). In addition, the report highlighted an existing and worsening workforce shortage in the area of direct care, both in institutions and in the community. This session, the Commission is prioritizing many of the reforms proposed in the Long-Term Care Needs Assessment.

***House Bill 5072: An Act Concerning Appropriations to Improve Nurse Staffing Ratios***

The Commission on Aging supports all efforts to improve the quality of care provided in nursing homes. Numerous national studies have confirmed the importance of staffing in providing high quality care to nursing home residents. Working with other advocates, the Commission recommends increasing minimum staffing levels in our state. Additionally, we would like to see our state switch to assessing staffing based on staff-patient ratios, instead of hours of care per resident per day.



Specifically, the Commission and other advocates are urging adoption of regulations requiring one staff person per five residents during the day, one staff person per ten residents in the evening, and one staff person per fifteen residents at night.

We urge the Committee to also remain cognizant of the very real workforce shortage issues in our state. In fact, from 2005-2025, the demand for long-term care is expected to increase by 30%. Meanwhile, the number of people aged 21-64—generally, those who are working—is actually expected to decrease by 2%.

Over the next ten to fifteen years, Connecticut is expected to face one of the worst nursing shortages in the nation, and that shortage is expected to reach crisis proportions quickly: already short about 10,000 nurses, by 2020 we'll be short 22,000 nurses, a 57% shortage rate.

This increase in need is not restricted to nurses: Connecticut's Department of Labor projects an enormous increase from 2004 to 2014 in the need for nursing aides and orderlies (9% increase), respiratory therapists (14% increase), physical therapists (26% increase) and other occupations providing long term care.

Efforts at the state level have established and expanded nursing faculty incentive programs, established loan forgiveness for certain nursing students and extended licensure to more individuals. Additional coordinated efforts among the K-12 schools, colleges and universities, and hospitals and other health care settings are needed to recruit more individuals into direct care fields.

We also must make a concerted effort towards better retention of workers. The Commission on Aging has partnered with other state agencies on an initiative called "Redefining Retirement Years." By 2010, twenty percent of Connecticut's workforce will be over the age of 55. Providing flexibility in workplace policies and practices will enable and encourage employees who want to continue working to do so, better positioning Connecticut to offer the full range of long term care services that individuals will need, now and into the future.

Actively working as a state to promote health care careers is a critical component to efforts to improve staffing levels. We urge your support of these initiatives and would be happy to work with the Committee on more specific language for nursing home staffing proposals.

***Senate Bill 34: An Act Implementing the Governor's Budget Recommendations with Respect to Social Services Programs***

**Section 6** of this bill requires the state to consider the implementation of a hospice benefit under Medicaid. The Commission thanks the Governor for her support of this measure, which will improve end-of-life care to individuals and families in our state. Connecticut is one of only three states that does not provide a Medicaid hospice benefit

to its low-income residents under the age of 65. Moving forward with this worthwhile initiative would allow social workers, bereavement services and durable medical equipment to be part of the service package and reimbursable.

The Commission further recommends a strengthening of the proposal's language, to ensure that the hospice benefit is provided as soon as is practicable. Thank you for your consideration of this valuable service, which provides needed support to those at the very end of their lives and their loved ones.

**Section 9** of this bill would allow the use of special needs trusts under the Aid to Aged, Blind and Disabled Program to reduce the countable income of certain individuals who live in Residential Care Homes. The Commission supports this proposal as being in line with recommendations from the Long-Term Care Needs Assessment and with efforts to "rebalance" our state's long-term care system.

This proposal allows certain individuals to utilize a type of trust that is permissible under federal Medicaid law; doing so effectively reduces their monthly income to the point that they meet the eligibility criteria for the Aged, Blind and Disabled program (i.e., monthly income, less an unearned disregard and a personal needs allowance, must be less than or equal to 300% of SSI, or \$1,911).

Residential care homes (RCHs) are licensed by the Department of Public Health and provide room, board and personal care services to older adults and persons with disabilities. RCHs provide single or double furnished rooms, private or shared bath and toilet, and shared common areas. Residents receive three meals a day in a common dining area and personal services, including medication supervision, transportation, housekeeping, laundry, social and recreational programs, and a 24-hour emergency call system.

For many lower income older adults and persons with disabilities, RCHs are a crucial community-based option and, for many, a more appropriate and appealing alternative to nursing home care. Funding is available through the State Supplement Program for the Aged, Blind or Disabled for those who meet the financial eligibility criteria. Residents on the State Supplement program pay almost all of their income to the residential care home, keeping a modest personal needs allowance each month.

Among those helped by this trust would be people who, upon receiving meager cost-of-living adjustments (COLAS) in their social security and/or pensions and exceed the 300% SSI limit, become ineligible for the State Supplement. Without State Supplement and without the financial means to pay privately for RCH, they no longer can live in the RCH. Nursing homes are typically the only alternative.

For the reasons articulated above, we are grateful for Governor Rell's proposal and ask for your support of this section.