



# Senate

General Assembly

**File No. 388**

*January Session, 2003*

Substitute Senate Bill No. 443

*Senate, April 16, 2003*

The Committee on Human Services reported through SEN. HANDLEY of the 4<sup>th</sup> Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

## **AN ACT CONCERNING NURSING HOME STAFFING LEVELS.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 19a-522 of the general statutes is repealed and the  
2 following is substituted in lieu thereof (*Effective July 1, 2005*):

3 (a) The commissioner shall adopt regulations, in accordance with  
4 chapter 54, concerning the health, safety and welfare of patients in  
5 nursing home facilities, classification of violations relating to such  
6 facilities, medical staff qualifications, record-keeping, nursing service,  
7 dietary service, personnel qualifications and general operational  
8 conditions. The regulations shall: (1) Assure that each patient admitted  
9 to a nursing home facility is protected by adequate immunization  
10 against influenza and pneumococcal disease in accordance with the  
11 recommendations of the National Advisory Committee on  
12 Immunization Practices, established by the Secretary of Health and  
13 Human Services; (2) specify that each patient be protected annually  
14 against influenza and be vaccinated against pneumonia in accordance

15 with the recommendations of the National Advisory Committee on  
16 Immunization; and (3) provide appropriate exemptions for patients for  
17 whom such immunizations are medically contraindicated and for  
18 patients who object to such immunization on religious grounds.

19 (b) (1) As used in this subsection, "direct care" means hands-on-care  
20 provided to residents of nursing home facilities, including, but not  
21 limited to, feeding, bathing, toileting, dressing, lifting and moving  
22 such residents, but does not include food preparation, housekeeping or  
23 laundry services, except when such services are required to meet the  
24 needs of any such resident on an individual situational basis.

25 (2) On and after January 1, 2006, the Department of Public Health  
26 shall not issue a license to or renew the license of a nursing home  
27 facility unless such facility maintains direct care provider staffing  
28 levels needed to meet the minimum nursing staff to resident ratios  
29 required under this subsection.

30 (A) For the period from January 1, 2006, to December 31, 2006, each  
31 nursing home facility shall, at a minimum, maintain direct care  
32 provider staffing levels adequate to provide a nursing staff to resident  
33 ratio that will provide for 3.75 hours of direct care per resident over a  
34 twenty-four-hour period.

35 (B) For the period from January 1, 2007, to December 31, 2007, each  
36 nursing home facility shall, at a minimum, maintain direct care  
37 provider staffing levels adequate to provide a nursing staff to resident  
38 ratio that will provide for 4.00 hours of direct care per resident over a  
39 twenty-four-hour period.

40 (C) On and after January 1, 2008, each nursing home facility shall, at  
41 a minimum, maintain direct care provider staffing levels adequate to  
42 provide a nursing staff to resident ratio that will provide for 4.13 hours  
43 of direct care per resident over a twenty-four-hour period.

44 (3) Any licensed nursing home facility that fails to comply with the  
45 minimum staffing requirements of subdivision (2) of this subsection on



The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

**OFA Fiscal Note**

**State Impact:**

Agency Affected	Fund-Type	FY 07 \$	FY 08 \$
Public Health, Dept.	GF - Cost	\$36,800	\$70,000
Social Services, Dept.	GF - Cost	Significant	Significant
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	\$6,245	\$26,700

Note: GF=General Fund

**Municipal Impact:** None

**Explanation**

Passage of the bill will result in future costs to both the Departments of Public Health (DPH) and Social Services (DSS). These costs are associated with sequentially increasing mandatory minimum staffing levels for chronic and convalescent nursing homes and rest homes with nursing supervision over the three year period commencing January 1, 2006, and monitoring their compliance with these new standards.

**Department of Social Services**

The following table compares the number of direct care nursing staff hours per day required under current regulation with levels proposed in the bill.

Current	Proposed 1/1/06	Proposed 1/1/97	Proposed 1/1/08
1.9/0.87 <sup>1</sup>	3.75	4.0	4.13

Adoption of these standards will result in significantly increased

<sup>1</sup> 1.9 hours per patient in chronic and convalescent nursing homes, 0.87 hours per patient in rest homes with nursing supervision.

Medicaid payments. In FY 03, the state is expected to pay roughly \$1.13 billion for long term care services under the Medicaid program. Of this amount, approximately 75%, or \$848 million is derived from personnel costs. As this bill increases the minimum direct care hours by 117% over the course of three years, extremely large costs will be incurred. The full extent of these costs cannot now be calculated as it is not known to what extent each individual long term care facility will have to increase its staffing. In FY 99, the mean staffing ratio in Connecticut's nursing homes was 3.15 direct care hours per day. Based on this, it is likely that every nursing home in the state will have to add significant staff. Additional federal financial participation of fifty percent of the increased costs would also result.

### **Department of Public Health**

The Department of Public Health will be required to collect, review and track quarterly data for 255 nursing homes as well as conduct analyses and on-site inspections when appropriate to determine whether sufficient care is being provided. The agency will also be required to pursue disciplinary actions against non-compliant facilities. FY 07 costs of \$36,800 will be incurred to support these activities. Included in this sum is \$33,200 to support the half-year salary of one Nurse Consultant and \$3,600 for associated equipment and other expenses. In FY 08 and subsequent fiscal years an ongoing cost to DPH of approximately \$70,000 will result. (These costs would be supplemented by associated fringe benefits costs of \$6,245 in FY 07 and \$26,700 in FY 08, which would be reflected under miscellaneous accounts administered by the Comptroller.)

**OLR Bill Analysis**

sSB 443

**AN ACT CONCERNING NURSING HOME STAFFING LEVELS****SUMMARY:**

This bill phases in higher minimum nursing home staffing levels over three years starting on January 1, 2006. The new minimum requirements apply to direct care staff.

The bill also requires the Department of Public Health (DPH), starting January 1, 2006, to refuse to issue or renew the license of a home that does not maintain the new minimum direct care staffing levels. It requires a facility that fails to meet these levels to report its days of noncompliance quarterly to DPH, along with the reasons for, and circumstances surrounding, the noncompliance. Failure to submit these reports, intentionally misrepresenting the information in the reports, or a pattern of noncompliance could subject the facility to citations by the department or civil penalties.

EFFECTIVE DATE: July 1, 2005

**DIRECT CARE STAFFING MINIMUMS**

The bill defines “direct care” as hands-on care provided to nursing home residents, including feeding, bathing, toileting, dressing, lifting, and moving them. It does not include food preparation, housekeeping, or laundry services except when they are required to meet the resident’s individual needs in a particular situation.

The proposed direct care levels are show in Table 1. They are expressed as a minimum specified number of hours of direct care per patient over a 24-hour period:

**Table 1: Proposed Minimum Staffing Requirement**

<i>Time Period</i>	<i>Direct Care Hours Per Patient</i>
1/1/06 to 12/31/06	3.75
1/1/07 to 12/31/07	4.00

Starting 1/1/08

4.13

Current regulations require nursing homes to have adequate staff to meet residents' needs, but set specific minimums only for licensed nurses and nurse's aides without reference to other direct care. The levels differ for different times of the day and for the two types of nursing home beds. Over a 24-hour period, however, the current total minimums for nurses and nurse's aides amount to 1.9 hours per patient in chronic and convalescent nursing home beds (skilled care) and .87 hours per patient in rest home with nursing supervision beds (intermediate care).

## BACKGROUND

### ***Current Connecticut Minimum Nurse Staffing Standards for Nursing Homes***

DPH issues two types of nursing home licenses: chronic and convalescent care nursing homes (CCNHs) and rest homes with nursing supervision (RHNSs). Most of the nursing home beds in the state are CCNH beds, but some homes have both types of beds, or only RHNS beds. Currently, minimum staffing requirements for the two types are set by regulation in the Public Health Code. The actual standards vary somewhat depending on whether the nursing home has CCNH or RHNS beds. The requirements are expressed as a minimum number of hours of care per patient (hpp). The staff-to-resident hours per day are set separately for the periods from 7 a. m. to 9 p. m. and 9 p. m. to 7 a. m. and are less for RHNS beds than for CCNH beds, as shown below. (Under the bill, there is one standard for both types of nursing home beds and it applies to all direct care workers.) The current regulations set a specific minimum for licensed nursing personnel, who are also included in the total for nurses and nurse's aides, as shown in Table 2.

**Table 2: Current Minimum Staffing Standards**

	<i>CCNH</i>		<i>RHNS</i>	
<b>Time Of Day</b>	7 a. m. to 9 p. m.	9 p. m. to 7 a. m.	7 a. m. to 9 p. m.	9 p. m. to 7 a. m.
<b>Licensed Nursing Personnel</b>	.47 hpp* (28 min.)	.17 hpp (10 min.)	.23 hpp (14 min.)	.08 hpp (5 min.)

	<i>CCNH</i>		<i>RHNS</i>	
<b>Time Of Day</b>	7 a. m. to 9 p. m.	9 p. m. to 7 a. m.	7 a. m. to 9 p. m.	9 p. m. to 7 a. m.
<b>Total Nurses and Nurse Aide Personnel</b>	1.40 hpp (1 hr. 24 min.)	.50 hpp (30 min.)	.70 hpp (42 min.)	.17 hpp (10 min.)
*hpp: hours per patient Source: CT Regulations Section 19-13D8t.				

**COMMITTEE ACTION**

Select Committee on Aging

Joint Favorable Substitute Change of Reference

Yea 12 Nay 0

Human Services Committee

Joint Favorable Report

Yea 12 Nay 6