



Senate

General Assembly

File No. 395

February Session, 2004

Substitute Senate Bill No. 318

Senate, April 1, 2004

The Committee on Public Health reported through SEN. MURPHY of the 16th 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, as amended by
2 section 74 of public act 03-278, is repealed and the following is
3 substituted in lieu thereof (*Effective October 1, 2004*):

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

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

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

26 (2) On and after October 1, 2005, the Department of Public Health
27 shall not issue a license to or renew the license of a nursing home
28 facility unless such facility maintains, in accordance with this
29 subdivision, the direct care provider staffing levels needed to provide
30 continuous twenty-four-hour direct care services to meet the needs of
31 each resident in such facility.

32 (A) For the period from October 1, 2005, to September 30, 2006, each
33 nursing home facility shall maintain direct care provider staffing levels
34 at or above the following levels:

35 (i) During the day shift, one full-time employee for each ten
36 residents;

37 (ii) During the evening shift, one full-time employee for each fifteen
38 residents; and

39 (iii) During the night shift, one full-time employee for each twenty
40 residents.

41 (B) For the period from October 1, 2006, to September 30, 2007, each
42 nursing home facility shall maintain direct care provider staffing levels
43 at or above the following levels:

44 (i) During the day shift, one full-time employee for each seven

45 residents;

46 (ii) During the evening shift, one full-time employee for each twelve
47 residents; and

48 (iii) During the night shift, one full-time employee for each
49 seventeen residents.

50 (C) On and after October 1, 2007, each nursing home facility shall
51 maintain direct care provider staffing levels at or above the following
52 levels:

53 (i) During the day shift, one full-time employee for each five
54 residents;

55 (ii) During the evening shift, one full-time employee for each ten
56 residents; and

57 (iii) During the night shift, one full-time employee for each fifteen
58 residents.

59 (3) Any licensed nursing home facility that fails to comply with the
60 minimum staffing requirements of subdivision (2) of this subsection on
61 any day shall submit a report to the department identifying the day
62 and the shift during which such noncompliance occurred and
63 specifying the reasons for and circumstances surrounding such
64 noncompliance. The report required by this subdivision shall be
65 submitted on a quarterly basis. If such facility fails to submit the report
66 required by this subdivision or intentionally misrepresents the
67 information contained in any such report, or if the commissioner
68 determines that there is sufficient evidence to support a finding that
69 there exists a pattern of noncompliance by such facility with the
70 minimum staffing requirements of subdivision (2) of this subsection,
71 the commissioner may take action against such facility in accordance
72 with sections 19a-524 to 19a-528, inclusive.

73 [(b)] (c) Nursing home facilities may not charge the family or estate
74 of a deceased self-pay patient beyond the date on which such patient

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-Effect	FY 06 \$	FY 07 \$
Public Health, Dept.	GF - Cost	151,920	282,460
Social Services, Dept.	GF - Cost	Significant	Significant
Comptroller Misc. Accounts (Fringe Benefits)	GF - Cost	28,610	86,400

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 October 1, 2005, and monitoring their compliance with these new standards.

Department of Social Services

This bill phases in minimum direct care staffing standards for nursing homes. However, the bill does not define what people can provide direct care. Current DPH standards set the minimum number of hours of care a resident receives from nurses or nurse's aides. As the bill and the current regulations deal with different types of staffing, a direct comparison with current practice cannot be done. In FY 04, the state is expected to pay roughly \$1.14 billion for long term care services under the Medicaid program. Of this amount, approximately 75%, or \$855 million is derived from personnel costs. Given the bill's rapid staff expansion over the course of three years, extremely large costs will be incurred under the Medicaid program. 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. 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 250 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 06 costs of \$151,920 will be incurred to support these activities. Included in this sum is \$141,420 to support the three-quarter year salaries of two Nurse Consultants and one Health Program Associate and \$10,500 for associated equipment and other expenses costs. In FY 07 and subsequent fiscal years an ongoing cost to DPH of approximately \$196,060 will result. (These costs would be supplemented by associated fringe benefits costs of \$28,610 in FY 06 and \$86,400 in FY 07, which would be reflected under miscellaneous accounts administered by the Comptroller.)

OLR Bill Analysis

sSB 318

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

This bill phases in higher minimum direct care staffing standards in nursing homes over three years starting October 1, 2005. It also prohibits the Department of Public (DPH) commissioner, starting October 1, 2005, from issuing or renewing a nursing home license unless a facility maintains enough direct care staff to provide continuous 24-hour direct care services to meet each resident's needs. It requires homes to report staffing deficiencies in quarterly to DPH. And it allows the DPH commissioner to take certain enforcement actions against homes that fail to submit the reports or have a pattern of noncompliance with the minimum standards.

EFFECTIVE DATE: October 1, 2004

DIRECT CARE STAFF DEFINED

The bill defines "direct care" as hands-on-care provided to residents that includes feeding, bathing, toileting, dressing, lifting, and moving residents. It does not include food preparation, housekeeping, or laundry, except when these services are required to meet the needs of a resident's needs on an individual situational basis.

DIRECT CARE STAFF TO PATIENT RATIO PHASE-IN

Under the bill, required direct care staff-to-patient ratios are as follows:

Start Date	Minimum Full-time Direct Care Staff to Patient Ratio By Shift		
	Day Shift	Evening Shift	Night Shift
October 1, 2005	1:10	1:15	1:20
October 1, 2006	1:7	1:12	1:17
October 1, 2007	1:5	1:10	1:15

Current regulations require nursing homes to have adequate staff to meet residents' needs, but set specific minimums (calculated not as a ratio, but as hours per patient) only for licensed nurses and nurse's aides without reference to other direct care. While the bill defines "direct care," it does not specify the people who can provide it.

REPORTING, NONCOMPLIANCE, AND PENALTIES

The bill requires any licensed nursing home that fails to comply with the minimum staffing requirements on any day to submit a quarterly report to DPH identifying the day and the shift when the noncompliance occurred and specifying the reasons for it and the circumstances surrounding it. The bill allows the commissioner to take certain punitive actions against a home if:

1. it fails to submit the required report,
2. it intentionally misrepresents the information in the report, or
3. the commissioner determines that there is sufficient evidence to support a finding of a pattern of noncompliance with the minimum staffing requirements.

The commissioner may take several actions against the home including issuing a citation, which can result in various monetary civil penalties.

BACKGROUND

Current Connecticut Minimum Nurse Staffing Standards for Nursing Homes

DPH licenses two types of nursing homes: (1) chronic and convalescent care nursing homes (CCNHs), which provide skilled nursing care, and (2) rest homes with nursing supervision (RHNSs), which provide intermediate care. Most nursing beds in the state are in CCNHs.

All nursing homes must have adequate staff to meet patients' needs. Specific minimum staffing requirements for CCNHs and RHNSs are set by Public Health Code regulation. Current regulations set somewhat lesser minimums for RHNSs than for CCNHs. The regulations do not currently refer to direct care provider staffing as the bill does; they express the requirements in terms of number of hours of care a resident receives from nurses or nurse's aides (Under the bill,

there is one standard for both types of nursing home, calculated as a staff to patient ratio that applies to three separate shifts). The nursing 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., as shown below:

Direct Care Personnel	CCNH		RHNS	
	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.
Licensed Nursing Personnel	.47 hpp* (28 min.)	.17 hpp (10 min.)	.23 hpp (14 min.)	.08 hpp (5 min.)
Total Nurses and Nurse Aide Personnel	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 (m).

COMMITTEE ACTION

Select Committee on Aging

Joint Favorable Substitute Change of Reference
Yea 8 Nay 1

Public Health Committee

Joint Favorable Report
Yea 13 Nay 9