

CONNECTICUT ASSOCIATION OF HEALTH CARE FACILITIES, INC.

March 7, 2012

Written Testimony of Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF) before the Public Health Committee with in Opposition to H.B. No. 5322 (RAISED) AN ACT CONCERNING PRESSURE REDISTRIBUTION MATTRESSES AND PATIENT CARE IN NURSING HOME FACILITIES.

Good morning Senator Gerratana, Representative Ritter and to the members of the Public Health Committee. My name is Matthew Barrett and I am Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and forty-nine member trade association of skilled nursing facilities. Thank you for this opportunity to testify in opposition to H.B. No. 5322 (RAISED) AN ACT CONCERNING PRESSURE REDISTRIBUTION MATTRESSES AND PATIENT CARE IN NURSING HOME FACILITIES.

This is well-intended legislation to encourage the highest quality of care in Connecticut nursing homes. The bill would require all nursing homes to use pressure redistribution mattresses by October 1, 2015. Mattresses of this type are designed to prevent pressure ulcers. We believe a new mandate of this type should have accompanying reimbursement provisions lacking in the current draft. The average cost of these mattresses runs between \$245-325. Mattresses for the bariatric resident can cost over \$700. Thus replacing mattresses in a typical facility would represent a significant expense.

It is standard practice for all Connecticut nursing homes to use pressure redistribution mattress for nursing home residents who are identified as being at risk of developing pressure ulcers. Many Connecticut nursing homes already use pressure redistribution mattresses for all residents, while others have begun replacing existing mattresses with pressure redistribution mattresses. Pressure ulcer prevention and treatment is one of the many areas reviewed by DPH during nursing home surveys. DPH data would support our position that the incidences of nursing homes cited for failing to properly utilize pressure redistribution mattress is very low.

In addition, nursing homes employ a wide variety of other clinical interventions to reduce the incidence of pressure ulcers including: mechanisms to identify residents at risk for developing pressure areas; staff education on the prevention and treatment of pressure ulcer; regular skin audits, nutritional assessments; scheduled turning and repositioning; regular incontinence care; and use of a variety of pressure reducing devices.

However, there is no funding mechanism in either Medicaid or Medicare when nursing homes invest in this level of quality improvement and to require all nursing

homes to meet this requirement within a specific timeframe will place a significant financial burden on an industry which is already experiencing ongoing financial distress. As background, Medicare reductions in 2012 represent as much as a 16% revenue cut in many Connecticut nursing homes and additional federal cuts are proposed. This follows a sustained period of nursing home receiverships, bankruptcies, closures, and Medicaid hardship rate relief requests. Today, the Medicaid funding shortfall is \$19 below the cost of providing care to a Medicaid resident per day. This level of support does not correspond to the need for high quality care. There are 1 million baby boomers in Connecticut. There are 600,000 residents in Connecticut over the age of 60. Connecticut aging population is among the oldest in the Nation. Inflation on the items of critical importance in nursing homes, such as food and energy, has risen substantially. The cost of labor in Connecticut is among the highest in the United States. However, there has been only a marginal increase in Medicaid rates, and this is associated with an increase in the nursing home provider tax, that nursing homes themselves pay. The component of the Medicaid rate-setting systems, which incents quality improvements, known as fair rent and moveable equipment, are currently not recognized for reimbursement by the Department of Social Services.

In conclusion, CAHCF recommends that this legislation be amended to include required reimbursement provisions associated with the mandate to utilize pressure redistribution mattresses.

I would be happy to answer any questions you may have.