



New England Health Care Employees Union District 1199
77 Huyshope Avenue, First Floor, Hartford, CT 06106
jsmith@seiu1199ne.org • (860) 549-1199

Human Services Committee Public Hearing 2/10/2015

Jennifer Smith, Vice-President, District 1199/SEIU Healthcare

Testimony in SUPPORT of:

- Proposed HB No. 6155 – Medicaid Waiver Approval Process
- Proposed HB No. 6465 – Purchase of Service Contracts
- House Bill No. 6690 – Nursing Home Facility Minimum Staffing Levels

Dear Senator Moore, Representative Abercrombie and the Human Services Committee,

District 1199/SEIU Healthcare represents some 25,000 healthcare workers in Connecticut across the spectrum of care -- from homecare to nursing homes, in both state-run and private provider programs -- so thank you for the opportunity to share our unique perspective and experience.

SUPPORT of Proposed HB No. 6155 – Medicaid Waiver Approval Process

Medicaid waiver programs provide vital supports and services to an increasing number of people in our state, including the elderly, people with physical disabilities, and people with developmental or intellectual disabilities. Changes to the application process or program offerings can have a direct and significant impact on their lives and well-being, as well as that of the 1000s of homecare workers whose services are often paid for via Medicaid. We support requiring timely notification of any planned changes, and would suggest such notifications should also be proactively advertised, easily accessible, and clearly worded.

SUPPORT of Proposed HB No. 6465 – Purchase of Service Contracts

With 5,000 direct care workers at dozens of private provider agencies in our union, we support the need to reform (and increase) reimbursement rates

for health and human services contracted by the state. For too many years, these reimbursement rates have been dramatically underfunded and increasingly out-of-step with the actual cost of providing services.

The impact: the people providing these services today are paid less than \$15/hour with few benefits. Many work two or three jobs and many still must rely on state assistance to make ends meet. Turnover is high (and costly) – leaving clients/consumers with unfamiliar and inexperienced staff.

We do disagree with the current policy of setting uniform reimbursement rates. This system provides no recognition for the collective bargaining process, and penalizes employers who feel higher wages, provision of affordable benefits, or care/service improvements are important to their quality of their program.

That said, basing (and increasing) reimbursement rates on the *true actual* costs of providing services would be a significant step forward towards stabilizing this industry and elevating these jobs.

SUPPORT of House Bill No. 6690 – Nursing Home Facility Minimum Staffing Levels

Our union represents more than 8,000 nurses, nursing assistants (CNAs) and support staff in Connecticut nursing homes and we have frequently advocated for improving the state's minimum nursing home staffing levels. The state's staffing regulations have not been updated since 1981 -- over 30 years ago. Front-line workers have testified in recent years about the impact short staffing has on resident care: corners getting cut, call bells not answered, baths not given; meals served late, incontinent care delayed, etc. because there IS a limit to what one person can do in an eight-hour day to assist multiple residents. This Committee has also heard testimony about the rising acuity level of nursing home residents. As nursing home residents have gotten older and frailer and older and hospitals have discharged patients sooner, residents' needs have increased -- but minimum staffing levels have not -- and so problem has intensified. Therefore, any measure that moves us in the direction of improving care deserves our support.

Regarding the specifics of HB #6690, our support is tempered by three considerations:

1. First, a ground-breaking analysis by Jeff Kelly Lowenstein on behalf of the Center for Public Integrity, published in November 2014 found that the reported levels of nursing home staffing made by facilities were highly inaccurate. The study, "Analysis shows widespread discrepancies in staffing levels reported by nursing homes," discovered that the self-reported staffing levels on a consumer website were lower than data compiled from Medicare Cost Reports. Therefore, we would strongly recommend that the state require that staffing levels be reported on the basis of payroll data in order to differentiate between hours actually worked (in the facility, providing care) vs hours paid. Example: a nurse who is out on paid sick or maternity leave is not in the facility delivering care, so shouldn't be counted towards meeting minimum staffing levels.
2. Second, we strongly believe the best way to improve staffing and care is by setting minimum staff-to-resident ratios for the day/evening/night shifts typical of nursing homes, rather than an approach that increases the total number of staffing hours over the entire day, which is not reflective of current staffing patterns. Ratios (example: 1 CNA for every 5 residents) are far easier to monitor than are hours of care per day, making them the more consumer-friendly approach. Ratios are also the solution supported by several decades of research studies in this area and by the major national consumer advocacy organization for nursing home residents, now known as The Consumer Voice.
3. Third, all of the best research and literature in this field supports a much higher level of staffing than the 2.3 hours of combined staffing in the language of this bill. We know that for real quality care, Consumer Voice and other leading advocates and researchers recommend 4.2 hours of combined nursing staff per day. Some CT nursing homes already meet that standard, but most do not.

While ratios and higher staffing levels are the preferable approach, we reiterate that staffing levels desperately need updating, and any legislation that moves us towards that goal should be seriously considered.