



Testimony of Deborah Chernoff
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Before the Human Services Committee

Supporting: SB 278, AAC Nursing Home Facility Minimum Staffing Levels, and SB 280, AAC the Long-Term Care Ombudsman's Notice to Nursing Home Residents

Good afternoon, members of the Human Services Committee. For the record, my name is Deborah Chernoff and I serve as Public Policy Director for District 1199, representing approximately 28,000 caregivers in Connecticut, including more than 7,000 nursing home workers.

Thank you for this opportunity to testify in support of SB 278 and SB 280, two bills focused on better meeting the needs of nursing home residents.

SB 278, *An Act Concerning Nursing Home Facility Minimum Staffing Levels*, would raise the current minimum staffing ratio to 2.3 nursing staff hours per resident per day. This is a very modest improvement on the current minimum, which was set at 1.9 hours per resident per day decades ago and does not reflect in any way the reality of nursing home care in 2016. Today, the typical nursing home resident is older, frailer and more medically complex, requiring far more nursing support.

While 1199's nurses and nursing assistants support *any* improvement to staffing levels in nursing homes, future legislation must go much further to make a real difference in residents' – and caregivers' – lives and health. In practice, based on current data, this bill would affect only six nursing homes in Connecticut. Data from Medicare from January 2016 indicates that the average staffing level in Connecticut is 3.1 hours per resident per day, so this bill will have very little, if any, financial impact on the Medicaid system.

That average staffing level puts Connecticut 33rd among all states and fourth of the five New England state. It falls far below the 4.1 hours per resident per day recommended for more than 15 years by all the major advocacy organizations, including Consumer Voice, which is a national leader on nursing home quality issues. The 4.1-hour minimum standard has been

supported thoroughly and repeatedly by academic and medical research as the minimum required for quality care and the best outcomes.

Moreover, many states also have minimum ratios of staff to residents by shift in their Public Health code, a standard that is far easier to monitor and reflects the reality of nursing home care. As a landmark study by the Center for Public Integrity in 2014ⁱ (cited below) found, self-reported staffing levels used by Medicare to compile data were wildly inaccurate, all too often including all paid hours – vacation, sick time, personal time, etc.—in their staffing count, rather than actual hours worked. A system that uses staffing ratios by shift – days, evenings and nights -- more accurately reflects the number of staff actually available to deliver care to nursing residents and we would urge your consideration of ratios in future nursing home legislation.

We also wish to voice our strong support for SB 280, *An Act Concerning the Long Term Care Ombudsman's Notice to Nursing Home Residents*. This bill would ensure that residents and their families get a timely and clear notice of their rights and resources if a nursing home is moving towards closure or substantially reducing beds. Our members and the residents they care for have seen all too often and too vividly what happens when a nursing home files the initial Letter of Intent with DSS, seeking state approval to close. Although that is just the initial phase of a long process, which sometimes results in the denial of such permission, residents are often panicked into leaving immediately, as these notices are often accompanied by misleading news coverage or misunderstanding of their right to find an alternate placement of their choosing, even if the facility is ultimately approved for closure.

We believe requiring that written notice of the filing of a Letter of Intent be accompanied by an informational letter from the Ombudsman's Office and the State Department of Aging would mitigate the panic and confusion we have witnessed in the past, with some residents waiting in the lobby with all of their possessions being relocated far from their original home, sometimes not even knowing where they are going. For residents, the closure of a nursing home is an eviction, a disruptive event that can have long term emotional and health consequences. We applaud any and all efforts to reduce the potential for trauma

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and hasty decision-making and look forward to working with the State Long-Term Care Ombudsman and the Department of Aging to support residents' rights.

ⁱ <http://www.publicintegrity.org/2014/11/12/16246/analysis-shows-widespread-discrepancies-staffing-levels-reported-nursing-homes>