

OFFICE OF FISCAL ANALYSIS

Legislative Office Building, Room 5200
Hartford, CT 06106 ◊ (860) 240-0200
<http://www.cga.ct.gov/ofa>

sSB-1030

AN ACT CONCERNING LONG-TERM CARE FACILITIES.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 22 \$	FY 23 \$
Public Health, Dept.	GF - Cost	5.4 million	2.4 million
State Comptroller - Fringe Benefits ¹	GF - Cost	82,130	84,600
Social Services, Dept.	GF - Cost	See Below	See Below

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in cost to the Department of Public Health (DPH) and the Department of Social Services (DSS) associated with requirements for long-term care facilities to build infection control capacity and new minimum staffing levels for nursing homes.

Section 1 results in a cost of approximately \$96,340 in FY 22 and \$96,170 to DPH (with associated fringe of \$38,160 in FY 22 and \$39,310 in FY 23) for infection control training. The Healthcare-Associated Infections & Antimicrobial Resistance (HAI-AR) Program provides technical assistance to healthcare facilities in infection control and prevention. HAI-AR will need an additional Nurse Consultant to support technical assistance with infection control to allow long-term care facilities to comply with the bill.

¹The fringe benefit costs for most state employees are budgeted centrally in accounts administered by the Comptroller. The estimated active employee fringe benefit cost associated with most personnel changes is 41.3% of payroll in FY 22 and FY 23.

Section 3 results in a cost associated with requiring DPH to maintain a 90-day stockpile of personal protective equipment (PPE) that will be used to supply long-term care facilities during a public health emergency. Funding of approximately \$106,460 in FY 22 and \$109,660 in FY 23 (with associated fringe of \$43,970 in FY 22 and \$45,290 in FY 23) will support two Material Storage staff to help manage PPE. DPH will also incur costs of approximately \$3.2 million in FY 22 and \$200,000 in FY 23 associated with PPE supplies, storage, and an inventory management system. In addition, the bill results in a cost of approximately \$2 million in FY 22 and FY 23 to support a maintenance contract with a vendor to resupply the needed PPE prior to expiration.

Section 13 results in a cost to DSS associated with revising nursing home staffing levels and eliminating the distinction between a chronic and convalescent nursing home and a rest home with nursing supervision.

Staffing ratio requirements will result in a significant cost to DSS to the extent nursing home staffing costs are reflected in future Medicaid payments. The bill specifies that a total of 4.1 hours of direct care be provided per resident per day, including 3.75 hours by a registered nurse (RN), 0.54 hours by a licensed practical nurse (LPN), and 2.81 hours by a certified nurse's assistant (CAN).

Based on 2019 nursing home staffing data, none of the approximately 200 homes can meet the bill's requirements for RNs (with an average of 0.70 hours of direct care provided per resident per day). Approximately 10% of homes do not meet the LPN staffing requirements, while approximately 80% do not meet the requirements for CNAs. The cost for nursing homes to staff at the proposed levels will depend on the actual number and level of staff required and their associated wages but is anticipated to be at least \$200 million.

The Out Years

The annualized ongoing fiscal impact identified above would

continue into the future subject to inflation.