

Human Services Committee JOINT FAVORABLE REPORT

Bill No.: SB-1057

Title: AN ACT CONCERNING MINIMUM STAFFING LEVELS IN NURSING HOMES.

Vote Date: 4/1/2021

Vote Action: Joint Favorable

PH Date: 3/25/2021

File No.:

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SPONSORS OF BILL:

Human Services Committee

REASONS FOR BILL:

This bill requires the Department of Public Health to establish certain minimum staffing level requirements for nursing homes. The Commissioners of DSS and DPH are tasked with establishing a minimum percentage of Medicaid reimbursement to nursing homes for the provision of direct care to nursing home residents. During the COVID-19 pandemic, nursing homes in Connecticut experienced disproportionate rates of infection. Insufficient staff ratios were identified as a leading cause of outbreak. This bill seeks to increase the quality of care residents receive.

RESPONSE FROM ADMINISTRATION/AGENCY:

Deidre Gifford, Commissioner, Connecticut Department of Social Services notes that the Department is currently collaborating with the nursing home industry to transition to an acuity-based method of reimbursement. To calculate the rates by which nursing homes are reimbursed, this method takes into account each resident's individual care needs, and the direct staff support they require. Commissioner Gifford provides data on the cost implications of adopting the bill's proposed minimum staffing levels. She notes that the costs are not covered in the Governor's proposed budget. The Department is fully supportive of the encouraged coordination between DSS and DPH "on matters relating to alignment of public health and Medicaid financing strategies." The Department is also supportive of establishing a minimum percentage of Medicaid reimbursement to be spent on direct care but hopes to collaborate on this further with DPH.

Mairead Painter, State Long-Term Care Ombudsman, Connecticut Department of Aging and Disability Services, supports increasing staffing levels to increase the quality of care

provided in Connecticut's nursing homes. Ms. Painter states that "CT has one of the country's lowest required direct care ratios at 1.9 hours a day." She notes the well-founded correlation between appropriate staffing levels and quality care. Low staffing levels are harmful because CNAs are often not able to meet the needs of all residents. Ms. Painter comments that inadequate staffing levels put residents at risk for unintended abuse and neglect.

NATURE AND SOURCES OF SUPPORT:

Michael Werner, Law & Policy Fellow, Commission on Women, Children, Seniors, Equity and Opportunity (CWCSEO) supports this bill. Mr. Werner believes that by codifying "nursing home" in statute and reviewing the term "direct care" Connecticut can rectify the inequities in staffing levels across nursing homes. He cites studies that prove that adequate staffing levels are associated with improved health outcomes. These findings are especially pertinent in controlling the spread of coronavirus.

AARP, CT

Jean Mills Aranha, Managing Attorney, Connecticut Legal Services, Inc.

They support this bill because inadequate staffing in nursing homes is a longstanding problem. They explain that the current mandate of 1.9 hours of nursing staff care per resident per day is far below the 4.1 hours that have been identified by the Centers of Medicare and Medicaid Services (CMS) as the minimum necessary to ensure adequate care. Ms. Aranha adds that it offers potential cost savings since unnecessary hospitalizations are reduced by better care. Ms. Aranha adds that establishing a minimum percentage of Medicaid reimbursement to be used for the provision of direct care will ensure that an appropriate proportion of funds are truly used for direct care. AARP adds that it "would create greater accountability for how state funding is used and would ultimately improve care for residents." AARP recommends an amendment to Section 1 (b) to specify that the recommended staffing levels are per residents per day.

Elizabeth Stern, Stonington, CT

Valerie Marcella, Niantic, CT

They strongly support this bill because establishing minimum staffing requirements improves the quality of care for residents. Ms. Marcella notes that the pandemic has reinforced the need for improved ratios due to the increased needs of residents, and the strain experienced by staff. Ms. Stern supports establishing a minimum percentage of Medicaid reimbursement to nursing homes for the provision of direct care.

Jesse Martin, Vice President District, 1199NE, SEIU notes that to raise minimum staffing requirements, there needs to be a substantial investment in nursing homes. This is because nursing home workers are underpaid, and often need to work more than one job to sustain themselves. With increased funding and higher wages, nursing homes will be able to hire, recruit, and retain more staff. Mr. Martin recommends switching the hours of care that are delivered by RNs with the hours of care that are delivered by LPNs since they deliver most of the direct care. He also recommends clarifying the language in Section 1(c)(3) regarding payment incentives for staff to work in one nursing home. District 1199 believes that the current language is vague and could have unintended consequences for workers.

Stephen Wanczyk-Karp, LMSW, National Association of Social Workers (NASW)

Marjorie Richardson

Elaine Wilkinson, Licensed Master Social Worker

They support this bill and request the inclusion of an improved minimum social work staff-to-resident ratio. They explain the critically important role of social workers as the sole professionals in the nursing home responsible for the psycho-social needs of the residents. Ms. Wilkinson believes “the current ratio of patients to social workers is a detriment to the overall health care system as well as to individual patient care and family systems.” The pandemic has exacerbated the levels of depression and anxiety experienced by residents, family members, and staff, making the need for improved ratios ever so urgent. NASW recommends adding the language of the Public Health Committee's bill, S.B. 1030, to this bill. Ms. Richardson believes a ratio of 60:1 would allow social workers more time to dedicate to residents.

Executive Board, Statewide Coalition of Presidents of Resident Councils (SCPRC)

notes that the COVID-19 pandemic has highlighted the systemic issues within nursing homes, including insufficient staffing levels. They believe “individualized person-centered care cannot be achieved without improved staffing levels.”

Patricia Lang, AARP volunteer supports this bill because the pandemic has revealed inadequate staffing levels in nursing homes. She notes that high staffing levels would ensure that a certain percentage of Medicaid payments go to direct patient care, rather than other expenses or salaries. Ms. Lang believes that payment incentives for staff to work in a single facility will encourage care continuity, which will improve health outcomes for residents. She adds that the bill prohibits a home from hiring workers that violate health and safety protocols, which will give families confidence in the care their loved ones are receiving.

Thomas J. Stovall, MPH Candidate, Yale School of Public Health Department of Health Policy and Management

supports this bill due to the large amounts of evidence supporting the use of staffing standards to strengthen the quality of care and mitigate deficiencies. Mr. Stovall adds that the bill aligns with objective 5 of the elder rights strategic goal of Connecticut’s State Unit on Aging and the Mathematica report in 2020. He also notes the existence of literature suggesting the difference in quality between for-profit and non-profit nursing homes, which is believed to be due to staffing levels.

NATURE AND SOURCES OF OPPOSITION:

Mag Morelli, President of LeadingAge Connecticut opposes this bill because LeadingAge believes that mandating specific ratios of CNA, RN, and LPN contradicts the concept of meeting the individualized needs of residents. Ms. Morelli explains the importance of the care registered nurses provide and adds that they object to any minimum staffing levels that disregard the significance of this care. She adds that nursing homes are not currently being reimbursed for their staffing costs. LeadingAge CT emphasizes the need to fully fund the reimbursement system if legislation is passed to raise the minimum staffing levels. Ms. Morelli also states that LeadingAge CT is concerned about subsection (d) because it does not clarify what would be defined as direct care. They believe it is inappropriate to delegate the development of a percentage mandate to a state agency. Ms. Morelli adds that any new

requirements regarding reimbursements should be implemented after the new acuity-based system is rolled out.

Matthew V. Barrett, President and CEO, Connecticut Association of Health Care Facilities/Connecticut Center for Assisted Living notes that efforts to increase minimum staffing levels must consider implementation challenges, including the availability of a workforce to fill positions and the financial cost of hiring more staff. Mr. Barrett explains that a significant state and federal investment will be required to increase minimum staffing ratios. CAHCF/CCAL opposes establishing a minimum percentage of reimbursement to be spent on staffing without further study on how it would impact the transition to an acuity-based system. Mr. Barrett comments that establishing a direct care Medicaid reimbursement ratio for Connecticut nursing homes will lead to reduced overall funding unless “adequate funding for all direct care costs is provided in addition to addressing all the underlying underfunded costs in Connecticut’s Medicaid rates for nursing homes.”

Reported by: Gianna Vollano

Date: April 19, 2021