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Rob Baril, President
District 1199NE
Before the Public Health Committee

In Support of **SB 1030: AN ACT CONCERNING LONG-TERM CARE FACILITIES** *with changes*

Good Morning Senator Abrams, Representative Steinberg and members of the Committee. My name is Rob Baril and I am President of District 1199 New England. Our union represents approximately 26,000 workers across Connecticut who deliver care in public and private healthcare settings. Of those members, we represent approximately 7,000 Nursing Home workers. Like their residents, the majority of those who deliver these vital services are working class black and brown and white workers who continue to provide care with love, but are instead being treated as expendable workers. These caregivers work daily with our state's most vulnerable. They are nurses, certified nursing assistants, licensed practical nurses, as well as dietary, housekeeping, recreation aides, personal care attendants, and direct care workers. They are the backbone of Connecticut's health care delivery system. Doubly disadvantaged by racial and class discrimination, they have been tasked with rectifying complex health problems that are exacerbated by these same forces. **I'm here today to speak in support of Senate Bill 1030 with changes that are spelled out below.**

Nursing Home workers are at risk of contracting COVID-19 every time they report to work. Thousands of residents have died, and thousands of direct long-term caregivers have gotten sick. We have heard countless stories of caregivers who brought the virus home to fragile family members. Some of their household relatives eventually lost their lives to the virus. The unique factors that are present in this workforce must be acknowledged. These workers have multiple full-time jobs, and they provide services by holding multiple low wage jobs *because* of their low wages. The pay is so low they cannot afford to stay home. They cannot deliver care through a computer. There are no telecommuting options for them. We must be proactive and prepared to protect workers and the people they care for every day. The first step is to see and to validate the real scope of the risks associated with their jobs in the middle of a pandemic.

Implementing half-measures instead of addressing root causes is just going to make this crisis worse. And it will only add to the suffering and death that our members experience daily. Staffing shortages at nursing homes caused deaths of

our members and deaths of residents. Worker health and safety is resident health and safety. But you can't solve these problems without investing more money in residents, caregivers and services.

Unfortunately, these days, because of low staffing levels our members are still overworked and underpaid. Many of these workers have not had a raise in four years. They are barely making $15 an hour in some cases, and they are taking care of residents who need more round-the-clock care. The New York Times did an investigation into the many issues within Nursing Homes, in particular the CMS star system. You can read the whole article for their complete findings, but in particular, "Researchers have determined that the better staffed a facility was, the fewer residents they lost to Covid-19. More employees meant that patients received better care and were more closely monitored. When the pandemic hit, staffing came under additional strain as nurses and workers fell ill."[1]

Today, you have heard stories from our members about the level of care that they are able to give and the level of care that they would like to provide as experienced caregivers. Most of our members got into this work because they care about the residents they work with. They see their residents as family members and they want to be able to take care of their patients like they would their own family. They want to be able to provide companionship and a deeper level of human interaction – which is vital to maintaining residents' physical and mental health. It's their loving dedication that keeps your mother, your father, your grandmother from slipping into depression. Countless times, they are the only person in the room to comfort your loved ones and hold their hands as they pass away. And it's those same caregivers who are raising their voices today – because their hearts break EVERY DAY – as they assist residents KNOWING they deserve more. Increasing staffing numbers, and holding nursing homes accountable for compliance with minimum staffing ratios on every shift, would allow 1199 caregivers to provide this quality level of care. So we applaud the Committee for raising this bill. We feel that it IS a strong start towards a much needed conversation about the quality of care that we give to Connecticut's aging and addicted population.

However, we do have some recommended changes that should be made to the bill before it comes out of the Committee:

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[1] https://www.nytimes.com/2021/03/13/business/nursing-homes-ratings-medicare-covid.html

Section 1: This section needs oversight. Add language requiring the Infection Prevention and Control Specialist to file Infection Control reports monthly to the Department of Public Health.

Section (b)(1): Add language that says "and other languages where there is a significant population of workers who speak that language."

Section 3:

- The length of time that should be covered should be changed to six months. As we saw at the beginning of the COVID pandemic, it took longer than three months for the supply chain to right itself and so we worry that three months is not long enough.
- We think fitting workers quarterly for a N-95 is a huge step and we applaud the Committee for making this step.
- Add worker access language as well as language that would establish penalties for administrators that withhold access to PPE from workers.

Section 4: Add a subsection requiring that the Nursing Home must pay for the worker to get certified in this, and that it must be an allowable cost under Medicaid.

Section 5:

- Define who makes up the Committee and make sure that there is direct care worker, non-direct care worker, management, non-management and Union input (at the homes that are Union) on the Committee.
- Add language that would require Committee notes to be kept for a specific period of time at the home, or filed to the State and made a part of the survey notes.

Section 7: Add "Once a month, or more frequently as determined by DPH." To line 84

Section 8: Add Family Council reports that are either kept for a specific period of time on the premises at the Home, or filed to the Ombudsman's Office.

Section 9:

- Timelines that are created should be submitted to the state.
- Need to address staffing levels for Social Workers and Director of Nursing. They do this work.
- Add a subsection making this training an allowable cost under Medicaid

Section 11: Include the Union on this Committee

Section 13: Change staffing levels to equal 4.1.

- RN's should be .54
- LPN's should be .75
- CNA's stay at 2.81
- Change "lower" to "raise" in line 168
- 1 Social Worker for 75 residents
- 1 Recreational Aide for 25 residents

Section 13(C): District 1199 opposes this language. We would like to eliminate subsection c. It is an insult to workers, and the solution to staffing levels is not to mandate worker's work longer shifts.

We are also concerned that there are no penalties for staffing violations. We have seen in other states around the country that if enforceable penalties are not a part of staffing legislation, the staffing changes DO NOT get enforced.

Needs to be added:

- Penalties need to be added in multiple sections. Penalties should be taken from management fees, not direct care funding.
- Would like to get race/ethnicity/gender data on residents and staff in Nursing Homes
- Home should be required to notify DPH if non-medical grade PPE is being used and if a staff member has died from an infectious disease
- NH have to give DPH quarterly lists of licensed staff and contact information
- Add "Mandatory reporting on Data for nursing home systems.

  Posting of information on web site. (a) The Department of Public Health shall establish a template for daily mandated reporting for nursing home systems around COVID-19 data and a quarterly report when we are not in a pandemic. Such system shall be based on nationally recognized and recommended standards.

  (b) During the declared public health emergency: Each Nursing Home shall post daily on their Home's public internet web site information collected by the Home pursuant to the mandatory reporting on COVID-19 data that was established under subsection (a) of this section. Such information shall include, but need not be limited to, the following: (1) Current inpatient data of COVID-19 cases, hospitalizations, and deaths by hospitals (2) Exposed & Symptomatic Employees Tested for COVID (3) Asymptomatic Employees Tested (4) COVID-19 Vaccines Administered (5), Census Data of Beds and Ventilators (6) Planning for the Future of Inpatients (6) Inventory or PPE that includes quantity on hand and utilization rate.

(c) Each Nursing Home shall post monthly reports (not during the pandemic) to their Home's public internet web site information collected by the Nursing Home pursuant to the mandatory report on inventory or PPE that includes quantity on hand and utilization rate.

District 1199 believes that our state can be better if we just have the courage to stand up and fight for racial and economic justice for workers like these. We won't stop fighting. Thank you for your time. Please pass this bill with our recommended changes and continue to improve the quality of life for workers and residents. Thank you for your time.