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Written testimony of Matthew V. Barrett, President/CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center For Assisted Living (CAHCF/CCAL)

Good afternoon Senator Abrams, Representative Steinberg, and to the distinguished members of the Public Health Committee. My name is Matt Barrett. I am the President and CEO of the Connecticut Association of Health Care Facilities (CAHCF), our state's trade association and advocacy organization of one-hundred and sixty skilled nursing facilities and assisted living communities. Thank you for this opportunity to submit testimony concerning **S.B. No. 1030 (RAISED) AN ACT CONCERNING LONG-TERM CARE FACILITIES.**

As the committee further deliberates on the legislation, CAHCF/CCAL has the following recommendations for your consideration.

Infection Prevention and Control Specialist (Sec 1)

CAHCF/CCAL agrees in elevating that status of Infection Preventionists (IPs) in our Connecticut nursing homes. Effective infection prevention and control programs can decrease infection rates and health care acquired infections, improve attention to hand hygiene and transmission-based precautions, improve employee health, and reduce hospitalizations and adverse events among nursing home residents.

While most Connecticut nursing homes have designated full time IPs, others have one or more part-time, specially trained IPs with additional duties. Prior to COVID-19, nursing homes already experienced a nationwide shortage of registered nurses (RNs) and other challenges in recruiting qualified staff, including IPs. The pandemic has only exacerbated these workforce challenges. The increased demand for resources and dedicated, specifically trained IPs, which are most often fulfilled by an RN, remain a challenge, especially for smaller nursing homes. For these reasons, we recommend:

- The amount of time required for an IP be adjusted based on each facility's bed count, demographics of the facility's surrounding area, individual factors contributing to infection control risk levels, and flexibility for smaller facilities.
- A phased-in requirement to give nursing homes time to recruit and train the new IPs.

We also recommend that infection prevention training requirements have the flexibility to be met by training materials prepared by CAHCF/CCAL's national affiliate, the American Health Care Association (AHCA), include funds to cover any training costs, and that the intent of training language be clarified to mean the training applies to the administrator and RN supervisor.

Personal Protective Equipment Requirements (Sec 3)

CAHCF/CCAL appreciates that the proposed PPE stockpile requirements seek to establish a statewide stockpile acquired and managed by the Department of Public Health equal to a three months PPE supply level for use by nursing homes. We would like to point out that storing a three-month supply of PPE on site at the facility will present great challenge for many nursing homes with insufficient storage capabilities. Therefore, we are asking that the legislation provide the option for the PPE to be earmarked for a specific nursing home, but actually housed in a central storage site managed by the state and accessed as needed by the nursing homes. We also recommend that quarterly N-95 fit testing be available for new employees and that an annual fit testing be the standard for existing employees according to OSHA standards.

Licensed and Certified Staff to Start Intravenous Lines (Sec. 4)

CAHCF/CCAL is asking the committee to recognize that due to RN staffing shortages, most nursing homes must contract with a long-term pharmacy to secure qualified staff to start intravenous lines. Accordingly, we recommend that the language be modified to include IV starts by contracted staff, including a 24-hour remote coverage by the external contracted service provider, in addition to staff employed by the nursing homes.

Establishment of a Family Council (Section 8)

We recommend that this provision include a cross reference to federal rules concerning the establishment of family councils to assure consistency and compliance with federal requirements.

Increased Nursing Home Staffing (Sec 13)

As reported by the Staffing Levels Subcommittee of the Nursing Home and Assisted Living Oversight Work Group (NHALOWG) in January 2021: “Adequate numbers of qualified, trained, appropriately compensated, and caring staff are integral to support the needs of nursing home residents in a holistic and person-centered manner.” There is no disagreement from CAHCF/CCAL on the policy goals expressed by the subcommittee. Further, the subcommittee acknowledged that achieving this result necessarily involves diverse strategies, including, but not limited to: Establishing a daily minimum staffing ratio of at least 4.1 hours of direct care per resident, composed of: ▪ .75 hours Registered Nurse ▪ .54 hours Licensed Practical Nurse ▪ 2.81 hours Certified Nurse Assistant. To help inform the implications of increasing staffing in this manner, CAHCF/CCAL obtained the support of the *Center for Health Policy Evaluation in Long Term Care* (“The Center”) to provide a framework for estimating the costs of increasing minimum staffing ratios in Connecticut nursing homes. The full report is attached.

In this initial and preliminary framework, the *Center* reviewed creating minimum nurse staffing to resident thresholds in nursing homes (RN = 0.75, LPN = 0.54, and CNA = 2.81) for a Total Nursing Staffing of 4.1. In the report, the Center characterized the facilities currently below this threshold and calculated the number of additional staff and labor costs needed to achieve the proposed minimum staffing. They used staffing levels collected by the Center for

Medicare and Medicaid Census (CMS) from nursing home payroll data. To estimate total labor costs, they used average state labor costs, fringe benefits, and payroll tax rates. Further, the Center observed.

Based on Q3 2020 staffing data, 181 (88.7%) of nursing homes in Connecticut are below the proposed minimum staffing threshold. The analysis was repeated using pre-COVID Q4 2019 staffing census data. Under pre-COVID conditions, the number of nursing homes below the minimum staffing threshold rose to 199 (97.5%). A big driver for this increase was a higher census pre-COVID. The average Connecticut nursing home census in Q4 2019 was 104 compared to 86 in Q3 2020. This is a 17% decline, which exceeds the national average decline of 14%. On average, Connecticut nursing homes below the staffing threshold are larger and have more Medicaid residents than the others. Their November 2020 Five-Star ratings were on average lower.

For Connecticut to implement minimum staffing ratios, we estimate it will require between 1,793-3,364 FTEs and cost \$140.9-\$273.9 million dollars. The exact figure will depend on resident census.

To get the current 181 nursing homes above the proposed minimum staffing threshold, 1,793 FTEs would be needed statewide at a total annual cost of \$140.9 million, including fringe benefits and payroll taxes. CNAs make up most of the needed FTEs (1,426) and cost (\$95.0 million). This assumes census stays the same as it is now, which is much lower than before the COVID pandemic.

To estimate the costs when census increases, our simulation was repeated using pre-COVID-19 Q4 2019 PBJ staffing census data. In this analysis, the number of nursing homes below the minimum threshold rose to 199 (97.5%). Also increasing were the number of needed FTEs (3,364) and costs (\$273.9 million) to meet the minimum staffing.

As census returns over the next 18 months, we can anticipate these costs to increase further, necessitating accompanying reimbursement increases.

- CAHCF/CCAL supports the effort to ensure adequate staffing at all nursing homes and to compensate all nursing home caregivers and employees at a level that recognizes their value. However, we favor a focus on elevating the status and importance of long-term care staff through recruitment and retention strategies and providing long underfunded nursing homes with the financial resources needed to address these staffing issues. A significant state and federal investment will be required to increase staffing requirements, minimum staffing ratios, or minimum wages during or after the pandemic when there are limited trained individuals to fill the positions and not enough resources to cover additional, unfunded costs.
- We do not support a recommendation to establish a minimum percentage of reimbursement to be spent on staffing without further study of the issue in the context of planned shifts in reimbursement structure to an acuity-based system and more thorough consideration of potential impacts of such a requirement. Finally, nursing homes should be given the flexibility on where to direct the percentage of staffing resources to RNs, LPNs and CNAs to address the specific care needs of the individual nursing homes.

Essential Support Caregiver or Support and Video Monitoring and Technology

CAHCF/CCAL will continue to review and offer our recommendations on the use of technology to facility visitation and monitoring in nursing homes to both the Public and Health Committee and the Aging Committee, where legislation has now been favorably reported (HB 6552) on this matter, and is also addressed in **Section 12 and 14 of SB 1030**. Similarly, we will continue to review and offer our recommendations concerning an Essential Support Person initiative to the Public Health Committee and the Human Services Committee where legislation is under consideration (HB 6634) and is also addressed in **Section 10 of SB 1030**. At this time, because visitation in nursing homes unrestricted outside of a public health emergency, any provisions for essential caregivers or essential support persons should apply only when visitation is actually restricted by federal or state rules. Finally, additional training requirements on nursing homes, if adopted, to implement an essential caregiver or support person initiative must include additional funds for this purpose.

Thank you again for this opportunity to testify on the bill as drafted. I would be happy to answer any questions you may have.

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