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United for Quality Care

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Before the Human Services Committee

On Senate Bill 1057: An Act Concerning Nursing Homes

Good Morning Senator Moore, Representative Abercrombie and members of the Committee. My name is Jesse Martin I am a Vice President for 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 the concept of Senate Bill 1057 and the changes that we think can make it a stronger bill.**

First, I want to acknowledge that this bill looks to address a critical problem within the Nursing Home industry in Connecticut, and we applaud the intent of this bill. Staffing levels were low before the pandemic, and have plummeted since March of 2020, all while acuity of care is rising, and workers have to deal with the new realities of COVID.

The unique factors that are present in this workforce have to be taken into account when considering solutions. These workers have multiple full-time jobs because the pay is so low they cannot afford to live or take care of their families with only one job. They can't afford to stay home. They cannot deliver care through a computer and 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 understand 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 and the people they care for experience daily.

Staffing shortages at nursing homes caused deaths of our members and deaths of residents. In long term care, worker health and safety is resident health and safety. But you can't solve these problems without investing more money in residents and caregivers. Funding for nursing homes must be increased, especially if we are talking about adjusting hours of direct care for residents. Our members' workloads have increased exponentially because of low staffing levels, and they are still underpaid, not to mention risking their lives every day to do their job. We cannot talk about staffing without acknowledging that it will take a massive investment of funding in this industry, and we urge the Committee to go even further with their language in Section 1(d) of this bill.

Our members do this work because they care about residents. They see their residents as family members. They want to be able to care for their patients as they would care for their own family. They want to be able to provide good company and human interaction. They want to make residents feel loved through small gestures and to provide comfort to those that are in hospice.

Because of that, we think going to 4.1 hours of direct care per resident would be an incredibly powerful change. This one change coupled with funding increases will allow Nursing Homes to hire more staff at a higher wage so we can start to recruit and actually retain workers in this industry and change the level of care that residents receive. We recommend swapping the hours of care that are delivered by RNs with the hours of care that are delivered by LPNs. LPNs and CNAs do most of the direct care work in a Nursing Home, so we recommend changing RN hours to .54 and LPN hours to .75.

We also worry that the language in Section 1(c)(3) that says "encourage nursing homes to adopt payment incentives for staff to work in a single nursing home" is not specific enough and could be interpreted in a negative way for workers. District 1199 members understand that staff were unintentionally bringing COVID from building to building in the beginning and 2nd waves of COVID because of the realities of their lives, and we support the concept of policy changes to allow them to only work at one home, but feel we have to be more intentional and more aware of the worker realities when we are implementing policies to solve this problem. For example, early in the pandemic, 1199 advocated for expansion of unemployment compensation to allow workers to keep paying their bills AND only work at one home to limit exposure. We asked for an extension of FMLA protections for any 2nd and 3rd jobs that workers would have to drop to do this. We advocated for worker housing to keep them from going home and infecting their family members or spreading it in the community. These are more specific policies that address the financial realities that our members go

through, while also making sure that employers do not take advantage of workers and because of greed, end up hurting workers and residents alike.

Overall, we support this bill and applaud the Committee for working on this concept with residents and workers in mind. With small tweaks, the bill can be even better and so we urge you to work with us moving forward to make those changes, and also to pass the bill when the time comes. Thank you for your time.