CAHCF/CCAL
Connecticut Association of Health Care Facilities
Connecticut Center for Assisted Living

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Written testimony of Matt Barrett, President/CEO of the Connecticut Association of Health Care Facilities and the Connecticut Center For Assisted Living (CAHCF/CCAL) in support of S.B. No. 371 AN ACT ALLOWING INFECTION PREVENTION AND CONTROL SPECIALISTS TO PROVIDE SERVICES TO ADJACENTLY LOCATED AND COMMONLY OWNED OR OPERATED FACILITIES

Senator Anwar, Representative Steinberg, and 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 and the Connecticut Center for Assisted Living (CAHCF/CCAL), a state 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 in support of S.B. No. 371 AN ACT ALLOWING INFECTION PREVENTION AND CONTROL SPECIALISTS TO PROVIDE SERVICES TO ADJACENTLY LOCATED AND COMMONLY OWNED OR OPERATED FACILITIES and to offer substitute language on the bill.

S.B. No. 371 amends important legislation adopted last session (*PA 21-185, An Act Concerning Nursing Homes and Dementia Special Care Units)* by reasonably clarifying that each nursing home and dementia special care unit with more than sixty residents must employ a full-time infection prevention and a part-time infection prevention and control specialist is permitted when there are sixty residents or less.

The bill makes clear that the focus and attention of the infection prevention and control specialist is to implement procedures to monitor the infection prevention and control practice of each daily shift for purposes of ensuring compliance with relevant infection prevention and control standards. The bill deletes an unworkable provision that had required that the IP work on a rotating schedule ensuring coverage for each eight-hour shift at least once per month.

In the interest of efficiency without undermining quality, the bill allows an infection prevention and control specialist to provide services to both a nursing home and a dementia special care unit or to two nursing homes, when the nursing home and dementia special care unit, or the two nursing homes, are (1) adjacently located to or on the same campus as one another; and (2) commonly owned or operated.

In light of the staffing challenges Connecticut nursing homes face today, we believe that permitting a facility with sixty residents or less to employ a part-time infection prevention and control specialist will actually improve the ability to improve infection prevention with the part-time option, and without compromising quality in any manner. Similarly, the ability to efficiently use staff in short supply to support infection prevention to an adjacent facility or on the same campus facility will also improve access to quality care.

Also related to staffing, we are recommending that add a provision to S.B. No. 371 to address a technical, but important, revision to the social worker staffing requirements also adopted in *PA 21-185, An Act Concerning Nursing Homes and Dementia Special Care Units*. We offer the following recommended statutory language to clarify that social work staffing levels may be applied proportionately to the individual nursing home's resident census. This small change is consistent with current public health code policy and would allow more precise staffing levels to meet resident needs.

RECOMMENDED SUBSTITUTE (NEW SECTION) FOR S.B. 371:
Subsection (a) of Section 10 of Public Act 21-185 is repealed and the following is substituted in lieu thereof:
Sec. 10. (a) On or before January 1, 2022, the Department of Public Health shall (1) establish minimum staffing level requirements for nursing homes of three hours of direct care per resident per day, and (2) modify staffing level requirements for social work and recreational staff of nursing homes such that the requirements (A) for social work, ***hours that*** *are* ***based on*** *one full-time social worker per sixty residents* ***and that will vary proportionally based on resident census,*** *and (B) for recreational staff are lower than the current requirements, as deemed appropriate by the Commissioner of Public Health.*

The now elongated pandemic has elevated the importance of enhancing infection prevention and control, and more precise social worker staffing levels, in congregate settings serving vulnerable populations. An infection prevention and control specialist in every building will improve quality outcomes throughout the entire facility by overseeing practices based on

Core Principles of Infection Prevention. They will oversee outbreak mitigation strategies, and work with medical providers on Antibiotic Stewardship initiatives, manage vaccine programs and remain current on the frequent and often overwhelming changes that occur in the CDC, CMS and state specific guidance. Many smaller nursing homes are significantly challenged to recruit and retain an Infection Preventionist in this historic environment of staffing shortages. For these reasons, we urge adoption S.B. No. 371 with the recommended substitute language.

Thank you for your consideration.

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