



February 27, 2025

Testimony of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL):

On behalf of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL), a trade association of skilled nursing facilities and assisted living communities, my name is Matthew Barrett, the association's President and CEO. Thank for this opportunity to present testimony in support of H.B. No. 7026 (RAISED) AN ACT CONCERNING EXCEPTIONS TO THE NURSING HOME BED MORATORIUM.

The legislation amends the strict nursing home bed moratorium by allowing the Department of Social Services to accept or approve requests for additional nursing home beds either to be relocated from one licensed nursing facility to another licensed nursing facility to meet a priority need identified in the strategic plan developed pursuant to subsection (c) of section 17b-369 or new beds added to an existing facility or a new facility with preference given to a nontraditional, small-house-style nursing home facility that incorporates the goals for nursing facilities referenced in the department's strategic plan for long-term care to address priority needs reflected by area census trends. The legislation also updates the demonstrated bed need standard by requiring it be based on the recent occupancy percentage of area nursing facilities with occupancy above ninety-six per cent for a minimum of two consecutive quarters.

This legislation, we understand, was introduced at the request of Department of Social Services Commissioner Barton-Reeves, and I would like to begin by thanking the commissioner and the agency for its diligence and careful monitoring of rising nursing home occupancy percentages and potential access to nursing home access care issues in our state, noting that fifteen nursing homes have closed in Connecticut since 2021, and thousands more beds have been delicensed in alignment with the state's long term care services rightsizing and rebalancing

policy goals. We also have to acknowledge the leadership of the Human Services Committee for advancing committee legislation in 2023 establishing the Nursing Home Excess Bed Capacity Working Group, which reported findings and recommendations in 2024, specifically identifying the potential access to nursing home care issues that are directly on point with the proposed legislation before the committee today:

Finally, the Work Group noted that nursing home recovery in the area of occupancy percentages is also moving in the direction of pre-pandemic occupancy levels (almost 88% as of March 2024) due in part to bed reductions and closures in combination with increased demand. Work Group discussions included the observation that a reduction of less than 700 licensed beds from the system would result in a Connecticut occupancy percentage of 90%, which would be among the highest occupancy percentages in the nation, and almost 10 points above the current national average. In this regard, the Work Group recommended continued monitoring of the improving occupancy percentages both statewide and in particular regions of the state where high occupancy percentages may signal potential access to care issues in the system (emphasis added), resulting in delays in hospital discharges for individuals no longer needing acute care in a hospital setting. (p.8) See <https://portal.ct.gov/-/media/departments-and-agencies/dss/medicaid-nursing-home-reimbursement/excess-bed-workgroup-report--june-2024.pdf>

Moreover, the Nursing Home Excess Bed Capacity Work Group observed in the report issued a year ago, and again so on point with proposed HB 7026 “.... that a reduction of less than 700 licensed beds from the system would result in a Connecticut occupancy percentage of 90%, which would be among the highest occupancy percentages in the nation, and almost 10 points above the current national average.” (p.8)

For these reasons we agree with the measured and limited exception to the nursing home beds moratorium proposed HB 7026.

Finally, we recommended the proposed legislation be amended as follows (IN CAPS) in subsection (a) IN CAPS), as a measure to improve infection prevention identified during the COVID-19 public health emergency:

“...or new beds added to an existing facility or a new facility with preference given to a nontraditional, small-house-style nursing home facility, OR PREFERENCE GIVEN TO SINGLE RESIDENT ROOMS TO ENHANCE FACILITY INFECTION PREVENTION AND CONTROL, that incorporates the goals for nursing facilities referenced in the department's strategic plan for long-term care, as outlined in section 17b-355, as amended by this act, to address priority needs reflected by area census trends;

Thank you again for the opportunity to testify, and I would be happy to answer any questions you may have.

For additional information on this testimony, please contact Matthew Barrett, President and CEO of CAHCF/CCAL, at mbarrett@cahcf.org.