March 4, 2014

Written testimony of Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), Inc. concerning H.B. No. 5322 (RAISED) AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS.

Good afternoon Senator Slossberg, Representative Abercrombie and to the members of the Human Services Committee. My name is Matthew V. Barrett, Executive Vice President of the Connecticut Association of Health Care Facilities (CAHCF), our state's one hundred and sixty-seven (167) member trade association of skilled nursing facilities and rehabilitation centers. Thank you for this opportunity to offer testimony this afternoon on H.B. No. 5322 (RAISED) AN ACT CONCERNING NURSING HOME FACILITY MINIMUM STAFFING LEVELS.

We recommend further study of the minimum staffing levels required in the bill so the full fiscal impact of the legislation on both the skilled nursing facility and the state budget can be better understood.

The legislation would modify the minimum staffing required in nursing facilities by requiring each nursing facility in the state to have sufficient nursing staff to maintain a daily nursing staff hours to resident ratio of not less than 2.1 nursing staff hours per resident from 7:00 a.m. to 9:00 p.m. and not less than .6 nursing staff hours per resident from 9:00 p.m. to 7:00 a.m. The bill calls for financial penalties for noncompliance.

Among other things, it defines a "nursing home facility" to include both a chronic and convalescent nursing home (CCHN) and a rest home with nursing supervision (RHNS). It further defines "nursing staff hours" as the number of daily hours nursing staff spend providing "direct care" to the facility residents.

The bill does not distinguish between chronic and convalescent homes and rest homes with nursing supervision. This conflicts with current regulations where it is recognized that the residents of RHNSs require "a much lower level of care" than the residents of CCHNs. Compared to the current minimum staffing in RHNSs, the new minimum is significantly more. As a result, compliance would likely cause additional cost to those providers. The bill fails to authorize funding for the additional costs – in effect it would be an unfunded mandate, unless Medicaid funding is specified. With regard to the definition of "nursing staff hours," compared to current rules, the bill redefines countable hours. The Public Health Code (PHC) already sets forth minimum staffing requirements for chronic and convalescent nursing homes. Current rules do not limit the licensed nursing to be counted towards staffing minimums to those providing direct care. In addition, in facilities with 60 beds or less, the director of nursing may be included in meeting the direct-care-staff-to-resident ratios. Also, in facilities of 120 beds or less, the assistant director of nurses may be included in meeting the above requirements. If enacted, the proposed legislation would exclude personnel currently included in the calculations of staffing ratios and therefore would increase minimum staffing requirements more significantly than the numbers alone would indicate. We

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would also note that there are already federal and state laws and other mechanisms in place to ensure that nursing homes staff buildings to meet the needs of their residents. Both federal and state regulations specifically require that facilities employ sufficient nurses and nurse's aides to meet the needs of the residents, a standard which more appropriately focuses on staffing to meet the acuity needs of the residents. In addition, a nursing home's Five Star Quality Rating is based upon the facility's staffing levels and the specific hours per resident per day are set forth on the Nursing Home Compare website (www.medicare.gov/nursinghomecompare) , which is available to the public.

We concur with the intent of the bill – to ensure quality---and we open to consider this further when there is a better understanding of the bill's implications. . We hope that the committee will consider that many factors beyond staffing alone, such as staffing turnover, retention and qualifications play a greater role in determining the quality of care and we believe our Connecticut nursing homes already excel in these areas.

In summary, we urge the committee to study this matter further because our sector is concerned that the fiscal impact of the measure is unknown and is unaddressed in this bill, and would be happy to work with the committee, the Office of Fiscal Analysis, the Department of Public Health, the Department of Socials Services and the state Office of Policy and Management in this regard.

I would be happy to answer any questions you may have.

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