

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) CONCERNING S.B. NO. 265 AN ACT CONCERNING NOTICE OF STAFF-TO-PATIENT RATIOS, ROOM TELEPHONE ACCESS AND ASBESTOS MITIGATION MEASURES AT NURSING HOME FACILITIES.

Good morning Senator Miller, Representative Garibay, and to the distinguished members of the Aging Committee. My name is Matt Barrett. I am the President and CEO of the Connecticut Association of Health Care Facilities (CAHCF), 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 testify concerning **S.B. No. 265 AN ACT CONCERNING NOTICE OF STAFF-TO-PATIENT RATIOS, ROOM TELEPHONE ACCESS AND ASBESTOS MITIGATION MEASURES AT NURSING HOME FACILITIES.**

Opposed to New Nursing Home Internet Direct Care Staffing Postings

S.B No. 265 would require the full range of direct care staffing posting now required under state and federal law to also be posted on the nursing home's internet website. Current state law now requires nursing homes facility to calculate on a daily basis the total number of nurses and nurse's aides providing direct patient care to residents of the nursing home facility. The law requires that the nursing home can't include any nurse or nurse's aide who is on transportation duty and who is not providing direct patient care for the primary portion of his or her shift or any nurse or nurse's aide who is categorized as a member of the nursing home facility's management or administration and who is not providing direct patient care for the primary portion of his or her shift.

In addition, nursing homes must now post under state law, and in accordance with federal on a daily basis at the beginning of each shift, in a legible format and in a conspicuous place readily accessible to and clearly visible by residents, employees and visitors of the nursing home facility, including, but not limited to, persons in a wheelchair:

- Total number of (i) advanced practice registered nurses, (ii) registered nurses, (iii) licensed practical nurses, and (iv) nurse's aides, who will be responsible for direct patient care during the shift;
- Total number of hours such (i) advanced practice registered nurses, (ii) registered nurses, (iii) licensed practical nurses, and (iv) nurse's aides are scheduled to work during the shift; and
- Total number of nursing home facility residents.
- The minimum number of nursing home facility staff per shift that is required by the regulations of Connecticut state agencies to be responsible for providing direct patient care to residents of the nursing home facility; and
- The telephone number or Internet web site that a resident, employee or visitor of the nursing home facility may use to report a suspected violation by the nursing home facility of a regulatory requirement concerning staffing levels and direct patient care.

We object to the provisions in Sections 1 subsections (b) and (c), which require nursing home facilities to update the facility's website on a daily basis prior to each shift, the total number of nurses and nurse's aides providing direct patient care and the minimum number of staff required for each shift. These requirements will be burdensome for facilities given that staffing changes frequently occur throughout the day due to staff call outs and absences as well as changes in resident census due to new

admissions and discharges. It would be extremely burdensome for facilities to be required to constantly update the staffing notice on the website prior to each shift and facilities do not have adequate resources to do so. Updating the facility's website would require facilities to coordinate with IT staff, who are likely not full-time employees, to update the website to reflect the staffing changes throughout the day. In addition, current provisions under Subsection (d) provide a sufficient mechanism for members of the public to request the staffing information without being physically present in the facility.

Proposed New Landline Phone Requirements Require Reimbursement

Section 2 of S.B. 265 would prohibit a nursing home or rest home from charging a resident for the installation, use or maintenance of a landline phone to make local calls. The bill also would require a residential care home or rest home shall provide at least one landline phone in good working order in any common area of such home, and a nursing home to provide such phone in good working order in any resident room upon request by a resident for exclusive use by such resident or persons authorized by such resident to use such phone.

We object to Section 2 as it requires that the facilities to bear the cost of resident telephone service and use. We request the ability for a nursing home facility to be able to include the cost of providing telephone service in cost reports filed with the Department of Social Services for purposes of direct pass through Medicaid reimbursement for these unfunded costs.

Proposed New Asbestos Written Disclosures Revision Requested

Finally, Section 3 of the bill would require nursing homes to disclose information on "asbestos" and "asbestos abatement" in writing when existing required reports do not contain any such information. Specifically, the bill would require written disclosure of (1) whether any asbestos exists in the facility, and if asbestos does exist in the facility, the

location of the asbestos, and (2) any asbestos abatement scheduled to occur in the facility, the dates and times such abatement will occur and steps to ensure the safety of nursing home facility residents and patients during such asbestos abatement.

Current law now requires nursing homes to permit the inspection of reports pertaining to nursing home facilities made by the Department of Public Health, the State Fire Marshal, local fire and health departments or other state and local agencies having jurisdiction over the institution, and all summary copies of current inspection reports of the United States Department of Health and Human Services as provided in the Social Security Act.

CAHCF/CCAL is not opposed conceptually to this provision, however, we request to amend the language in Section 3 as it is ambiguous as to the scope of reports and disclosures that are required to be provided in response to a request. We recommend amending the provision to state the following: "If such reports do not contain information on "asbestos" and "asbestos abatement", as defined in section 19a-332, **and information regarding asbestos is requested**, each nursing home facility shall disclose ~~in writing (1) any report indicating that asbestos exists in the facility whether any asbestos exists in the facility,~~ and if asbestos does exist in the facility, the location of the asbestos, and (2) any asbestos abatement scheduled to occur in the facility, the dates and times such abatement will occur and steps to ensure the safety of nursing home facility residents and patients during such asbestos abatement."

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

For additional information, contact: Matt Barrett, mbarrett@cahcf.org or 860-290-9424.

