



Senate

General Assembly

File No. 522

January Session, 2021

Substitute Senate Bill No. 1057

Senate, April 19, 2021

The Committee on Human Services reported through SEN. MOORE of the 22nd Dist., Chairperson of the Committee on the part of the Senate, that the substitute bill ought to pass.

AN ACT CONCERNING MINIMUM STAFFING LEVELS IN NURSING HOMES.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2021*) (a) As used in this section,
2 "nursing home" means (1) any chronic and convalescent nursing home
3 or any rest home with nursing supervision that provides nursing
4 supervision under a medical director twenty-four hours per day, or (2)
5 any chronic and convalescent nursing home that provides skilled
6 nursing care under medical supervision and direction to carry out
7 nonsurgical treatment and dietary procedures for chronic diseases,
8 convalescent stages, acute diseases or injuries.

9 (b) On or before January 1, 2022, the Department of Public Health
10 shall establish minimum staffing level requirements for nursing homes
11 of at least four and one-tenth hours of direct care per resident per day,
12 including seventy-five-hundredths hours of care by a registered nurse,
13 fifty-four-hundredths hours of care by a licensed practical nurse and
14 two and eighty-one-hundredths hours of care by a certified nurse's

15 assistant.

16 (c) The Commissioner of Public Health, in consultation with the
17 Commissioner of Social Services, shall (1) review the current definition
18 of the term "direct care" in the regulations of Connecticut state agencies
19 and consider redefining the term for purposes of minimum staffing level
20 requirements, (2) review and implement best practices for establishing
21 and maintaining minimum staffing levels at nursing homes, (3)
22 encourage nursing homes to adopt payment incentives for staff to work
23 in a single nursing home, and (4) prohibit the hiring of any person
24 subject to a consent order issued by the Department of Public Health for
25 violations of health and safety regulations pertaining to nursing homes
26 from working at a nursing home in any capacity.

27 (d) The Commissioner of Social Services, in consultation with the
28 Commissioner of Public Health, shall establish a minimum percentage
29 of Medicaid reimbursement to nursing homes for the provision of direct
30 care to nursing home residents.

31 (e) The Commissioner of Public Health shall adopt regulations in
32 accordance with chapter 54 of the general statutes to implement the
33 provisions of this section.

| | | |
|---|-----------------|-------------|
| This act shall take effect as follows and shall amend the following sections: | | |
| Section 1 | October 1, 2021 | New section |

Statement of Legislative Commissioners:

In Section 1(b), "per resident" was changed to "per resident per day" for clarity.

HS Joint Favorable Subst. -LCO

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

| Agency Affected | Fund-Effect | FY 22 \$ | FY 23 \$ |
|------------------------|-------------|-----------|-----------|
| Social Services, Dept. | GF - Cost | See Below | See Below |

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill results in a cost to the Department of Social Services (DSS) associated with revising nursing home staffing levels and establishing a minimum level of reimbursement for nursing homes.

Staffing ratio requirements will result in a significant cost to DSS to the extent nursing home staffing costs are reflected in future Medicaid payments. The bill specifies that a total of 4.1 hours of direct care be provided per resident per day, including 0.75 hours by a registered nurse (RN), 0.54 hours by a licensed practical nurse (LPN), and 2.81 hours by a certified nurse's assistant (CNA).

Based on 2019 nursing home staffing data, approximately 50% of homes do not meet the bill's requirements for RNs (with an average of 0.70 hours of direct care provided per resident per day). Approximately 10% of homes do not meet the LPN staffing requirements, while approximately 80% do not meet the requirements for CNAs. The cost for nursing homes to staff at the proposed levels will depend on the actual number and level of staff required and their associated wages but is anticipated to be at least \$80 million.

In addition, the bill requires DSS to establish a minimum percentage of Medicaid reimbursement to nursing homes for the provision of direct

care to nursing home residents. The impact depends on the minimum rate that will be established.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

OLR Bill Analysis**sSB 1057*****AN ACT CONCERNING MINIMUM STAFFING LEVELS IN NURSING HOMES.*****SUMMARY**

This bill requires the Department of Public Health (DPH), by January 1, 2022, to adopt regulations modifying minimum staffing levels in nursing homes to require at least 4.10 hours of direct care per resident per day, including 0.75 hours of care by a registered nurse, 0.54 hours of care by a licensed practical nurse, and 2.81 hours of care by a certified nurse's assistant.

Current law requires nursing homes to maintain aggregate licensed nurse and nurse's aide staffing levels of at least 1.9 hours of direct care per resident per day (see BACKGROUND).

The bill also requires the DPH commissioner to do the following:

1. review the current regulatory definition of "direct care" and consider redefining the term for minimum staffing level requirements;
2. review and implement best practices for establishing and maintaining minimum staffing levels at nursing homes;
3. encourage nursing homes to adopt payment incentives for staff to work in a single nursing home; and
4. prohibit anyone subject to a DPH consent order for violations of health and safety regulations related to nursing homes from working in a nursing home in any capacity.

The bill requires the DPH commissioner to take these actions in

consultation with the Department of Social Services (DSS) commissioner. It also requires the DSS commissioner, in consultation with the DPH commissioner, to establish a minimum percentage of Medicaid reimbursement to nursing homes for providing direct care to nursing home residents.

EFFECTIVE DATE: October 1, 2021

BACKGROUND

Current Minimum Nurse Staffing Standards for Nursing Homes

DPH licenses nursing homes at two levels of care: (1) chronic and convalescent nursing homes (CCNHs), which provide skilled nursing care, and (2) rest homes with nursing supervision (RHNS), which provide intermediate care. (Nursing homes generally have been phasing out RHNS beds or converting them to CCNH beds.)

Minimum staffing requirements for CCNHs and RHNS are set by regulation and depend on the time of day as shown in the table below (Conn. Agencies Regs., § 19-13-D8t(m)).

**Table 1: Minimum Nurse Staffing Requirements
for Nursing Homes**

| Direct Care Personnel | CCNH | | RHNS | |
|---------------------------------------|---|-----------------------|--------------------------|-----------------------|
| | 7 a.m. to 9 p.m. | 9 p.m. to 7 a.m. | 7 a.m. to 9 p.m. | 9 p.m. to 7 a.m. |
| Licensed Nursing Personnel | 0.47 hours per patient (hpp) (28 min.) | 0.17 hpp (10 min.) | 0.23 hpp (14 minutes) | 0.08 hpp (5 min.) |
| Total Nurses and Nurse Aide Personnel | 1.4 hpp (1 hr. 24 min.) | 0.50 hpp (30 min.) | 0.70 hpp (42 min.) | 0.17 hpp (10 min.) |

Related Bill

sSB 1030, favorably reported by the Public Health Committee, establishes the same minimum staffing requirements, among other provisions related to long-term care facilities.

COMMITTEE ACTION

Human Services Committee

Joint Favorable

Yea 13 Nay 6 (04/01/2021)