

SEPTEMBER 15, 2000

**SCHAKOWSKY, BLAGOJEVICH AND RUSH INTRODUCE LEGISLATION
TO PROTECT SENIORS & GUARANTEE ADEQUATE STAFFING IN NURSING HOMES**

WASHINGTON, D.C. - U.S. Representatives Jan Schakowsky (D-IL), Rod Blagojevich (D-IL), and Bobby Rush (D-IL) introduced legislation that would offer real protections to seniors in nursing homes and strengthen federal standards. The Quality Care for Nursing Home Patients Act, H.R. 5166, would guarantee adequate staffing ratios at nursing homes receiving Medicare or Medicaid funding.

Earlier this year, the members released a report that found that inadequate staffing is a major contributor to the violations that take place in nursing homes in Chicago. The report cited an example of a nursing home where a single nurse aide was left to care for an entire floor of 68 residents in the middle of the afternoon. As a result of staff shortages, seniors were left in the same position and in soiled diapers for hours and suffered from bedsores, malnutrition, and a host of other disturbing and preventable ailments.

The legislation would set minimum administration and staffing ratio standards for nursing homes that receive Medicare and/or Medicaid funding, while requiring that the Health Care Financing Administration to provide adequate reimbursement to meet those standards. Finally, the bill requires that information on staffing levels be made available to patients, their families, and the public.

"Experts agree that the surest way to dramatically reduce substandard care is to increase the number of qualified and properly trained staff. The Quality Care for Nursing Home Patients Act will help us achieve this goal for our seniors," said Schakowsky.

"This legislation creates a basic standard of attentive care for nursing homes that will help ensure that seniors who live there live with dignity," said Blagojevich.

The Legislation is also cosponsored by Representatives Henry Waxman (D-CA), Carolyn McCarthy, and Martin Frost (D-TX).

THE PROBLEM

The Health Care Reform Act was enacted into law as part of the Omnibus Budget Reconciliation Act of 1997 (OBRA '97). Following on the heels of a 1996 Institute of Medicine study that found serious quality problems in the nation's nursing homes, this law requires that each nursing

"must have sufficient nursing staff and provide nursing and related services to attain or maintain the highest practicable physical, mental and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care." Despite

OBRA 97, there continue to be serious deficiencies in the quality of care at nursing homes. In March 1999, a U.S. General Accounting Office study, "Nursing Homes: Additional Steps Needed to Strengthen Enforcement of Federal Quality Standards," found that more than 1 in 4 homes had violations that resulted in actual harm or had the potential to cause serious injury or death. The most common deficiencies are:

- Pressure sores - leading to pain, infection, skin loss, and large wounds exposing skin tissue and bone
- Failure to provide supervision or assistance devices to prevent accidents - a common cause of preventable hip and other fractures
- Failure to provide comprehensive assessment of resident needs and necessary care
- Unacceptable nutritional status - leading to infection, cognitive impairment and premature death
- Failure to provide appropriate treatment for incontinency - a cause of sepsis
- Improper use of physical restraints

While there are many steps that must be taken to improve the situation, experts agree that providing adequate numbers of well-trained staff is key. For example, federal regulations only require that there be an RN present for 8 hours a day, a licensed nurse (RN, LVN or LPN) 24 hours a day. There is no adequate definition of the "sufficient nursing staff" in OBRA '97 and no requirement for proportionate staffing (i.e., more staff in homes with more beds).

MAJOR PROVISIONS OF THE QUALITY CARE FOR NURSING HOME PATIENTS ACT

The legislation would set minimum administration and staffing ratio standards for nursing homes that receive Medicare and/or Medicaid funding, while requiring that the HCFA act to make sure that reimbursement levels are adequate to meet those standards. Finally, the bill requires that information on direct care staff be made available to patients, their families and the public. These standards are based on recommendations made by the Harvard Nursing Research Institute, National Citizen's Coalition on Nursing Home Reform, the National Committee to Preserve Social Security and Medicare, and others.

Administration Standards

Facilities must provide:

- A full-time director of nursing who is a registered professional nurse
- A part-time assistant director of nursing (full-time in facilities of 100 beds or more)
- A part-time director of In-Service Education (full-time in facilities of 100 or more)
- A nursing facility supervisor on duty at all times, 24 hours per day, 7 days per week.

Direct Care Staffing Standard

There must be a minimum number of direct care staff distributed as follows:

Minimum Level of Direct Care Staff (RN, LVN/LPN, or CNA):

- **□ Day Shift□ 1 FTE for each 5 residents**
- **□ Evening Shift□ 1 FTE for each 10 residents**
- **□ Night Shift□ 1 FTE for each 15 residents**

Minimum Level of Licensed Nurses (RN and LVN/LPN) providing direct care, treatments and medications, planning coordination and supervision at the unit level:

- **□ Day Shift□ 1 FTE for each 15 residents**
- **□ Evening Shift□ 1 FTE for each 20 residents**
- **□ Night Shift□ 1 FTE for each 30 residents**

Staffing ratios are minimums only.□ HCFA may issue regulations providing upward adjustments for residents with higher nursing care needs (i.e., for residents classified under the Resource Utilization Groups as being in the category requiring extensive nursing care).

Reimbursement Adjustment

- **HCFA must modify reimbursement levels to reflect the any additional costs of meeting direct care staffing ratios.**

- **HCFA must make recommendations to Congress on ways to increase the number of adequately trained staff are available to meet direct care staffing ratios and how to retain existing staff.**

Disclosure of Staffing Levels

- **A long-term care nursing facility shall post the number of licensed and unlicensed nursing staff directly responsible for resident care and the current ratios of residents to staff, which show separately the number of residents to licensed nursing staff and the number of residents to (direct caregivers) unlicensed staff.□ This information shall be displayed on a uniform form.**

- **Such information shall be posted for the most recently concluded cost reporting period in the form of average daily staffing ratios for that period.**

- **This information must be posted in a manner that is visible and accessible to all**

residents, their families, caregivers and potential consumers in each facility.

- A poster provided by the licensing agency that describes the minimum staffing standards shall also be posted in the same vicinity.