STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

PUBLIC HEARING REGARDING NURSING HOME STAFFING RATIOS (PR2022-032)

Hybrid Public Hearing held at the Department of Public Health, 410 Capitol Avenue, Hartford, Connecticut, Conference Room 470C, and Zoom, on Tuesday, August 1, 2023, beginning at 10:14 a.m.

H e l d B e f o r e:

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PUBLIC SPEAKERS

(The hearing commenced at 10:14 a.m.)

HEARING OFFICER ROSS: Good morning. This hearing is being held by the Department of Public Health in accordance with Sections 4-168(a)(1)(F) and 4-168(b) of the Connecticut General Statutes. The purpose of the hearing is to allow all interested persons the opportunity to verbally comment on the proposed regulations pertaining to nursing home staffing ratios, proposed Regulation Number PR2022-032.

This hearing is being recorded and streamed via CT-N. And for the record, today is August 1, 2023, and the time is now 10:14 a.m.

My name is Kathleen Ross, and I'm the legal director for the Department of Public Health. With me today are other DPH staff: Tyra Peluso in the orange jacket, and Francesca Testa in green, who will be assisting me with the hearing.

At this time, I will explain how the hearing will proceed and set out some ground rules. First, please keep in mind that the purpose of the hearing is for the Department to receive and listen to public comments. There will be no discussion or debate allowed. Each person

providing comments will be allotted three minutes. We will keep track of the time, and when time is up, Tyra will raise her hand and state "Time." When you hear and see Tyra's hand and the word "Time," please finish your sentence and yield the floor so that everyone who wishes to speak will have a chance to do so.

Those attending in person and wishing to speak should have signed up on the sign-in sheet near the entrance to this room. Individuals will be permitted to speak in the order in which they signed up in person or on the sign-in sheet or sign onto the Zoom meeting, and we will alternate between those attending in person and those attending via Zoom. Whether you are present in person or present on Zoom, please state your name and your affiliation, if any, before proceeding to make your comments.

For those individuals who have timely requested accommodation from the Department, as requested by the Department in the hearing notice, we have granted those requests and will turn to the list of individuals with accommodations first.

For those attending via Zoom, Tyra will call upon individuals in order and inquire whether

each individual wishes to speak. You are not required to speak during the meeting. As a reminder, if you have not submitted written comments and wish to do so, you may submit your comments to the Department for consideration via the eRegulation system or by email to Dante.Costa@ct.gov on or before August 15, 2023, at midnight, and referencing the matter in the subject line.

Does anyone have any questions before we begin?

NANCY SORGE: Yes. Hello. Yes, we do. If we're online and we want to speak and we didn't sign up for that, what do we do? Are we automatically on, if we're on, to speak?

HEARING OFFICER ROSS: May I inquire who is speaking, please?

NANCY SORGE: Nancy Sorge.

HEARING OFFICER ROSS: Nancy, when Tyra turns to the individuals who are logged in on Zoom, she will call out everyone's name. And at that time, when your name is called, you may indicate that you wish to speak.

NANCY SORGE: Thank you so kindly.

HEARING OFFICER ROSS: You're welcome.

All right.

MS. PELUSO: Thank you, Kathleen.

We will now turn to the individuals with accommodation requests. The first in line to offer comment is John Feliciano. John, if you are on, can you please identify yourself and offer your comment, if you would like to. Is there a Mr. Feliciano online? We'll wait a few seconds and we'll move on to the next individual.

(No response.)

MS. PELUSO: We'll come back to you and offer another opportunity, John, when we're done.

Robert Willis, is there a Robert Willis online that would like to offer public comment?

(No response.)

MS. PELUSO: No Robert Willis.

We're going to move on to the next individual, Susan Bilansky. Is there a Ms. Bilansky on the line that would like to offer comment? No Ms. Bilansky. We'll review the names again at the conclusion.

Yes. Okay. Ms. Bilansky, at the bottom you have a reactions tab, and on that tab there should be an opportunity for you to mute and unmute. We'll try to unmute you on our end. But

it's the reactions tab at the bottom of your screen. We're thinking that you're identifying yourself as "Susan's iPad." We see that on the Zoom. Do you see the reactions tab at the bottom of your screen?

SUSAN BILANSKY: Okay.

MS. PELUSO: Okay. There we go. We can hear you. We'll start the timer now for you, Ms. Bilansky. Thank you.

SUSAN BILANSKY: Thank you for taking the time to review my written testimony regarding the proposed regulations concerning the minimum staffing level for nursing homes. My name is Susan Bilansky, and I'm a long-term care resident in West Hartford. I'm also a member of the Statewide Coalition of Presidents of Resident Councils. I'm here today to share with you the challenges that me and my fellow residents face when there are not enough staff working in our facility and why this regulation, which increases the minimum number of staff, is so important.

As many of you may know, when there are not enough staff members at a nursing facility, it diminishes the quality of care that we receive. This is especially true for individuals which

require a lot of care throughout the day. For example, when there are not enough staff in the building, these individuals are less likely to get help getting out of bed, getting showered or getting assistance in the bathroom. These are not uncommon things to hear, and it's so much more than that. Lack of staffing and lack of care affects our abilities to connect with one another, attend activities and have a sense of community.

This is why I'm here today to share with all of you about what it means to have more staffing. This increase is a step in the right direction to ensure that every resident in a long-term care facility receives the high quality end care that they deserve. Okay.

MS. PELUSO: Thank you, Ms. Bilansky.

We will now turn to Vanessa Lanier. Vanessa, if you are on the line. I don't believe I see a Vanessa logged in. There are a few phone numbers. We'll give you another second and then we will -- we don't see a Ms. Lanier. We'll circle back to the individuals that have not spoken yet.

We do have an individual that has come in person that we'll move to. And I apologize if

I'm mispronouncing this name. Mairead Painter? I'm sorry if I mispronounced that. Thank you. You can come up to the microphone, if you'd like.

MAIREAD PAINTER: Good morning. I'm Mairead Painter, the state long-term care ombudsman. Support for appropriate staffing hours in skilled nursing facilities has never been stronger or more necessary. This increase was established to support the quality of care for residents and to ensure that skilled nursing facilities provide the level of care that residents need and deserve. The quality of care at these facilities is directly related to the number of staffing hours available to provide hands-on care to each individual resident.

Multiple studies have shown that inadequate staffing hours in skilled nursing facilities is associated with poor health outcomes, including increased rates of falls, pressure ulcers, infections, and medication errors. In addition, understaffing can contribute to low staffing morale, job dissatisfaction, leading to high turnover rates and difficulty in recruiting and retaining qualified staff.

Supporting lower staffing numbers and

increasing -- increasing care concerns also increases the cost of overall care to the system. Unfortunately, many skilled nursing facilities continue to operate at staffing levels below the required three hours a day and are insufficient to meet the needs of residents. We have historically heard that the industry reported the majority of nursing homes were already meeting the three hours per day per resident, but we learned that they weren't implementing the policy procedures of the regulations and not counting the hours in a clear and concise way. Their system was allowing for some positions to be counted in ways that would inflate the overall numbers of actual direct care. As a result, many residents are still not receiving the care they need leading to adverse outcomes and decreased quality of care.

For this reason, I applaud the Department's attention to detail in defining who a direct care worker is and what counts towards the three hours per day. In Section 1 of the regulation, they define what a direct care staff is in greater detail than it has been historically. I believe that this speaks to what the Department, as well as other members of the

NHALTF, Nursing Home and Assisted Living Task Force, heard from residents, family members and staff as to what was needed to provide for individualized care.

This means that licensed nursing personnel and certified nurses aides who engage in direct care services that are not limited to personal care are also providing for residents in the nursing home. This is not dietary, physical therapy and does not include recreation and social work. These individuals help support residents in their daily life and other goals but does not provide for direct care. These changes were made to ensure that residents have enough care team members to provide for their individualized needs.

I also know that the numerous studies over the past years that three hours a day is only a starting point and needs to be increased to the 4.1. The Department of Public Health has worked to ensure that --

MS. PELUSO: Time.

MAIREAD PAINTER: -- and requirements help to ensure improved outcomes for residents.

MS. PELUSO: We do have an offer for you to submit the comments online.

MAIREAD PAINTER: Absolutely. Thank you so much.

MS. PELUSO: Thank you very much.

We have another individual in person that has signed up to give comments, Anna Doroghazi. Good morning, Anna.

ANNA DOROGHAZI: Good morning. My name is Anna Doroghazi, and I'm one of the outreach and advocacy directors at AARP Connecticut. As you'll hear from other folks today and as AARP hears all the time from nursing home residents and family members, staffing levels are critical to quality care in nursing homes. Low staffing levels mean that residents cannot get out of bed, use the bathroom or eat in a timely manner. Staff risk physical injury and cannot give residents the time and attention they deserve. Visits with loved ones may be limited or canceled. And it is more difficult for facilities to contain the spread of infectious diseases.

According to a 2016 report, quote, The connection between staffing levels and other factors that impact care cannot be overlooked. Low staffing levels are associated with high turnover rates and vice versa. It is likely that

adequate staffing levels must be addressed before improvements can be made in other factors such as turnover, management and competency. The Centers for Medicare & Medicaid Services have long recommended 4.1 hours of care per resident per day as the minimum necessary to ensure adequate care. And legislation to improve staffing levels in Connecticut has been raised on a regular basis, even pre-COVID, going back to at least 2014.

Although the proposed regulations today do not raise staffing levels to 4.1 hours of care per resident per day, AARP applauds the new requirement for three hours of care per resident per day as a step in the right direction. We know that the challenges associated with staffing are real, but despite these challenges it is important to require staffing levels that appropriately support the health and safety and dignity of residents as well as the workers who care for them.

There is one exception to our support for the proposed regulations. We believe that there was a bill drafting error in Public Act 21-185 that has led DPH to propose decreased staffing levels for therapeutic recreation staff.

We believe that these regulations, while faithful to the letter of the law, are counter to the legislative intent of Public Act 21-185.

In its final recommendations, the Nursing Home and Assisted Living Oversight Working Group had recommended that the legislature, quote, Update and modernize minimum direct care staffing requirements for nursing homes by modifying ratios for social work and recreational staff for residents with the result that they are lower than present standards.

The workgroup recommended a lower ratio for rec staff, but as written, Public Act 21-185 requires DPH to, quote, Modify staffing level requirements for social work and recreational staff that are lower than current requirements. So somewhere in the bill drafting process lower staffing ratio turned into lower staffing level. These are two opposite things, and we believe it's counter to what the NHALOWG wanted. And based on floor transcripts from the senate debate prior to passage of Public Act 21-185, we think it's counter to legislative intent. On the senate floor, Senator Abrams --

MS. PELUSO: Time.

ANNA DOROGHAZI: -- to wrap up, said that the bill as passed would increase recreational staff. So we believe that somewhere in the process these messages got confused.

Thank you so much for the opportunity to comment today.

MS. PELUSO: Thank you very much.

We do have one accommodation that I will turn to now, Representative Garibay, who I believe is on the line. We will now turn the floor to Representative Garibay. I'm sorry, Representative, I thought you were online. I apologize. Thank you very much for attending today.

REP. JANE GARIBAY: So I want to ditto what Ms. Doroghazi and Ms. Painter said. They said it very clearly. We know that the number one indicator to success in long-term care is the staffing, are the staffing ratios. I hear from nurses. I hear from aides. I hear from families. And they're stressed. They're forced to work with 20 to 30 residents under their care. They are forced to work double shifts to keep their jobs. So when we ask why isn't this better, it's because we're not taking care of our -- they're not able

to take care of our residents.

I come from the business world. And in a business when there is a shortage of employees, especially through COVID, I've seen them pivot. They develop training programs, they develop incentives, better pay, better health care, and they build a team. It's like come and work for us, you're going to be part of something bigger than yourself, you're going to want to work here, and we're going to make these conditions as good as we can. We have to do the same thing in our long-term care. There is no reason why we can't.

It's important. I truly believe people are dying, daily, weekly, monthly. I get reports of people choking, being rushed to the hospital because they have dementia. One thing I learned, that people forget how to swallow and to eat, and there's no one there to supervise them during their eating. We need to increase the ratios. And I don't remember who said it, but in our hearings we heard they were at 3.1 and 3.6 in their staffing ratios already. So why is it such a hard push to get to 3.0. We should be higher. We have to take care of our elderly. We cannot forget them. And thank you for allowing me to

testify.

MS. PELUSO: Thank you, Representative.

We do have one additional accommodation on the line, we have Representative Bolinsky. We will now hear your comments, Representative.

REP. MITCH BOLINSKY: Thank you very much. I am Representative Mitch Bolinsky who represents Newtown in the General Assembly. I want to thank you for the opportunity to comment today. The minimum staffing ratios -- (Inaudible)

MS. PELUSO: Excuse me, Representative. I'm sorry to interrupt you. You're coming through a little muffled.

REP. MITCH BOLINSKY: Is this a little bit better?

MS. PELUSO: Yes. Thank you very much.

REP. MITCH BOLINSKY: All right. I'll start again.

MS. PELUSO: Thank you.

REP. MITCH BOLINSKY: I'm Representative Mitch Bolinsky from Newtown. I want to thank this committee for allowing me the opportunity to comment, and I will submit written comments.

The minimum staffing ratios of three

hours a day are not only reasonable but they're absolutely necessary. If we don't observe them, we're going to continue to see tragic stories coming out of our skilled nursing facilities, our nursing homes. Under no circumstances should we be deviating from or lowering, even considering lowering the 3.0 hours. As a matter of fact, in my opinion and the opinion of most of my colleagues on the Aging Committee, it's too low, and we are planning to legislate it to 4.1 hours in the 2024 session.

Personal care for our residents is not a luxury; it's a necessity. The neglect that we see and the stories that we hear about people that are dying tragically, it's completely real. My story includes the unnecessary death of my mom in a skilled nursing facility on March 30th of 2020, which was two weeks after we closed those facilities to visitors. I was my mother's personal caregiver, and I could no longer see her, so I called the nursing facility several times every day to make sure mom was hydrating, which she tended not to. It fell on deaf ears. My mother dehydrated, developed a serious infection, which led to her becoming septic and passing away

unnecessarily, I might add, in an understaffed nursing facility.

So this is very important. This is very personal to me. My colleagues and my partners on the Aging Committee, including Rep. Garibay with whom I work very, very, very closely and in step with, are depending on you to not roll this back because we plan on rolling it forward. Thank you very much.

MS. PELUSO: Thank you, Representative. We appreciate you taking the time to speak here today.

We will now move to individuals in the waiting room. We did have accommodations. I believe two of the individuals are now online that we had called on first.

John Feliciano. John, are you now on the line?

(No response.)

MS. PELUSO: Vanessa Lanier, are you now on the line?

(No response.)

MS. PELUSO: Okay. We're going to move to individuals in the waiting room based on the login. We have a Nancy Sorge. Do we have a Nancy

here that would like to speak? If you could please identify yourself when you begin to speak.

NANCY SORGE: Good morning. My name is Nancy Sorge, and I'm a resident of Monroe, Connecticut for 35 years. Can you hear me?

MS. PELUSO: If you could start over again, please. There was a little feedback.

NANCY SORGE: My name is Nancy Sorge, a resident of Monroe, Connecticut for 35 years. My mom was currently in a nursing home in Shelton, Hewitt Health & Rehab, and she had been there for quite a few years. And with her decline in the last couple of years, the patient care there was very poor. When I say "poor," my mom's floor, 33 patients, one nurse, one aide. Mom was left, she had dementia and Parkinson's, but left to not be fed because she didn't want to eat with no one helping her, not enough, again, staff to help her in what was a 63-pound weight loss in a matter of three months. Mom had infections because she wasn't changed because they had not enough staff to change. My mom was a two-person change.

And I was going in there. I was spending countless hours from like 3 to 9, 10 o'clock at night for the last seven months because

of the low staff. And unfortunately my mom passed away last week because she was left to die there because she was throwing up blood and ended up aspirating while she was lying down flat with nobody to care for her. So this is very personal. This is very personal to me.

And, you know, I think that these nursing homes need to take accountability and responsibility for what happens with these patients. You know, a 24-hour facility should be able to -- the patient should be taken care of. I'm sorry, I'm just upset because of my mom's death. But, you know, the reality of the whole thing is, you know, my mom should have died with dignity the way she was supposed to die, not the way she did die. And I will continue to advocate and support in this nursing home, as I have with other family friends that have their patients there, I'll continue to advocate so that the staff and all of the patients there continue to get the care that they need. Things need to change. They need to get more people in.

The state is involved with this. It took weeks to get them involved because they're so busy. But my hopes are, like I said, for me to

continue to fight and advocate on behalf of my mom, for everybody that's in that nursing home, and all of the nursing homes in Connecticut. So thank you for listening to me.

I also have another woman here whose mom is in the same nursing home. She came over to talk to you guys as well. Her name is Joyce Beck. If I may put her on, please. Thank you all for listening.

MS. PELUSO: I'm sorry. Thank you, Nancy, for those comments. If we have another individual, we'll have to sign her up. We have quite a few people in the waiting room. So we will circle back.

NANCY SORGE: She's sitting next to me. Her mom is very much alive there.

MS. PELUSO: We will certainly circle back. We have over 50 people that have pre-signed up. So thank you very much. We'll circle back.

NANCY SORGE: Thank you so much.

MS. PELUSO: The next up is Christine Moretti. Christine, if you are on the line, we will turn --

CHRISTINE MORETTI: Yes. Hi. Can you hear me?

MS. PELUSO: Yes. Thank you.

CHRISTINE MORETTI: Hi. Okay. I don't really have anything written out. I'm just going to go for it. I submitted a written comment.

I am a home care aide. I've been a home care aide for 20 years. My dad was at a long-term care facility from July till March 2023. What I witnessed every day there was not enough staff to give my dad basic care for feeding, toileting, just basic care. When I went to visit my dad, I actually worked, I did a lot of hands-on care. My dad lost a lot of weight from not eating. He went in in August and he was 225 pounds. By November he was 202 pounds. I just saw a huge decline in his health.

I saw aides that were burnt out. One aide said that she was there for two weeks and she was going to quit because there were 33 patients and there was only two aides on the floor, and you can't get to everybody.

Like I said, I work in a nursing home, and we see patients, and we spend an hour with each patient. And sometimes when someone is bedbound and their total care they need two aides for safety of the patient and the aides, and

that's usually an hour and a half just to give a bed bath and to do a transfer from the bed to the Hoyer lift, so, I mean, it's pretty detailed.

My dad passed away in the nursing home. He was overmedicated. He was a handful, and I feel they overmedicated him to keep him in bed. I mean, he went in, walking in, what was it, June -- July, and by October he was a Hoyer lift. And he wanted to get up to go to the bathroom, and I called the aides in, and they didn't really know what to do. They were like, well, he has dementia, he can't get up. Well, what do you do when a patient has to go to the bathroom and they didn't know what to do. And the nurse came in and she told them to go get him a bedpan. And it took them over 20 minutes to find a bedpan. They didn't even have a bedpan for the residents.

That's really all I have to say is just they need more staff. I wouldn't want to work in the nursing home because I feel like I couldn't take care of everybody sufficiently, and I would go home feeling very guilty.

MS. PELUSO: That will be time. Thank you very much for offering your comments this morning.

CHRISTINE MORETTI: Thank you.

MS. PELUSO: We now have a Nicholas Hall. Nicholas, if you are on the line.

A VOICE: He's not testifying.

MS. PELUSO: Okay. I'm being told that you will not be speaking. Thank you.

We will turn to Danielle Coppola. Danielle, if you would like to speak.

DANIELLE COPPOLA: Hello. Hi. This is Danielle Coppola. I'm one of the social workers at the Willows in Woodbridge. I do have my resident here that she would like to speak.

Go ahead, Lorraine.

MS. PELUSO: I just ask that you identify your name when you begin to speak.

LORRAINE HATCHER: I live here in Willows here in Woodbridge. We have had problems here with nursing aide assistants. Like you said, they don't have enough -- (inaudible) -- getting out of bed and into the wheelchair in the Hoyer lift. I'm in my own world. All I need is the bath towels, and I usually clean myself up every day and put on my clothes. But when it's time to take a shower, I have to wait two -- (inaudible) -- before I can get someone to give me

a shower. They always make excuses. And I don't understand why, but that's how it is.

They don't have enough residents to take care of patients. And they tell me they don't have enough money to furnish to pay for aides because the state only allows so much money per patient, so many aides per patient. As you heard in terms how many people, the state determines how many people can work in a nursing home per patient. And we have one lady working the whole floor, 20 some patients by herself, and that's not right. And we have difficulty getting people to come back and work once they've been here, so we have problems there.

We also have problems with supplies. I had to wait a whole month before I got my pull-ups. My sister had to buy me some more pull-ups. The doctor where I go to, the urologist, and a heart doctor. I have congestive heart failure, and my doctor said I had to take a certain medicine to drain the fluid off of me. They give me the medicine, I flow like water, my urine, even on the floor if I don't have my pull-ups. And if I don't have my pull-ups, I'm in bad shape.

MS. PELUSO: Danielle, can you please indicate the name of this speaker for us, please, for the record. We didn't catch her name.

DANIELLE COPPOLA: Oh, sure. I can write it in the chat. That's fine.

MS. PELUSO: Okay. Thank you very much.

We will be moving on to Mag Morelli.

MAG MORELLI: Thank you. And good morning. My name is Mag Morelli, and I am the president of LeadingAge Connecticut, a statewide membership association representing not-for-profit and mission-driven provider organizations serving older adults across the continuum of aging services and including 35 skilled nursing facilities. On behalf of LeadingAge Connecticut, I want to thank you for this opportunity to present testimony expressing our concerns with the proposed regulations for nursing home staffing ratios and specifically to the proposed ratios for direct care.

Let me begin by stating that LeadingAge Connecticut supports the new statutory minimum nursing home staffing ratio of 3.0 hours of direct care per resident day. We share the Department of

Public Health's goal to ensure Connecticut's older adults receive quality nursing home care and understand that maintaining appropriate staffing patterns is essential to achieving that goal.

We object, however, to the proposed breakdown of the legislated 3.0 hours of direct care into two separate minimum staffing ratios, one placed on licensed nursing personnel and one placed on nursing aide personnel. The proposed regulations creating separate minimum staffing ratios are not authorized by statute. In fact, the legislature considered but rejected use of these categories and modeled the fiscal impact of the minimum staffing legislation on a 3.0 overall staffing ratio without these breakout categories.

The legislature removed the breakouts for good reason. The breakout categories are contrary to the philosophy and intent of the state's newly implemented nursing home acuity rate system. They will work against various high-quality nursing home staffing models that may rely upon a high level of licensed staff.

And finally from a practical perspective, the lack of flexibility within the ratios will expose quality, well-staffed nursing

homes to potential costly penalties that they struggle to find coverage for last-minute staff absences.

We've submitted written comments detailing our concerns with the prospective regulations in the following areas: First, comments on the Public Act 21-185 and the legislative intent of the minimum ratio, the conflict with the state's acuity-based rate system philosophy, the potential impact on diverse, effective and progressive staffing patterns in high-quality nursing homes, and finally, the workforce realities in allowing the Department a level of discretion in their enforcement practices.

To summarize, we cannot support these regulations as proposed and request that they be revised to not only reflect the clear intent of the state legislature but also to take into consideration the needs, structure and evolving nature of high-quality nursing home staffing patterns and practice. We share the same goal of providing quality nursing home care to every nursing home resident and stand ready to work collaboratively with the Department to develop

regulations that will achieve this goal.

Thank you. And as I said, I did submit more detailed written comments.

MS. PELUSO: Thank you very much for that comment.

We do have next a Renita. I would ask when you begin to speak if you could please identify your full name for the record, Renita.

(No response.)

MS. PELUSO: Okay, we'll move on.

A VOICE: Renita, you're muted, honey.

MS. PELUSO: Oh, okay.

A VOICE: I don't know if she knows how to unmute.

MS. PELUSO: You may be on your phone.

RENITA SANDIFORD: Hi. Can you hear me now?

MS. PELUSO: Yes. Thank you very much.

RENITA SANDIFORD: I'm Renita Sandiford. I'm a family member of a patient at Westside Care Center in Manchester. Vanessa Lanier is my sister. She's been there since October of 2021. She went in walking. She now too is having to have the Hoyer lift. My main concern is, like I said, when she went in she went

in walking. She was there for physical therapy. And I can just about count on my fingers the amount of time that she's actually had physical therapy. One of her medical conditions, is a series of, it's IBM, I believe is what it's called, and it has to do with the muscles, so physical therapy is a must for her.

And the lady who just spoke before me kept mentioning quality care. And my experience and my sister's experience has not been about quality. It hasn't even been more about caring. These people, at times, because they're so rushed and overworked, they tend to just say, Look, you've got to do it, whether you can do it or not, you've got to do it. That's the impression that's left on the patients. And I have no idea when my sister will be able to come home. Our goal was to get her home and let her have medical care here with that Money Follows the Patient. But if she's not going to be able to get physical therapy, I don't know if she'll ever be able to come home, and that's my concern.

MS. PELUSO: Thank you for those comments.

RENITA SANDIFORD: I'm done. Thank

you.

MS. PELUSO: Thank you. That's appreciated.

I believe the next person in line is an Adriana Manning. I'm not sure if she's still online or not. We will give her a second. She may have logged off.

(No response.)

MS. PELUSO: I'm not seeing her. We will move on to the next individual. It's John -- and I apologize if I'm mispronouncing this -- John Anantharaj.

JOHN ANANTHARAJ: That was close. John Anantharaj.

MS. PELUSO: Thank you.

JOHN ANANTHARAJ: No problem. Thank you for giving me the opportunity to speak. My name is John Anantharaj, and I work for Ryders Health Management as a corporate clinical director. And I would just like to verbalize everything that everyone that spoke before me said. Our aim is always to provide quality care. And the staffing mandate also, as Mag said, we're having issues, in difference from what she said, is trying to get those staff to be able to work

for us.

To start with, the Connecticut regulations of 7 a.m. to 7 p.m. and 7 p.m. to 7 a.m., I don't think any nursing home works on that shift. We work in three different shifts, namely 7 a.m. to 3 p.m., 3 p.m. to 11 p.m. and 11 p.m. to 7 a.m. Those are the three shifts as I know that has been there for almost two decades. So the 7 a.m. to 9 p.m. and the 9 p.m. to 7 a.m. shifts, I don't think any nursing facility uses that.

Ryders Health Management would definitely love to staff the buildings in the way of 3.2. And to be honest with you, when the 3.0 mandate came, we didn't have much of a problem staffing because they were already following it. The problem arose when agencies came into the picture and started offering double and triple salaries. Even now we have staff members going into agencies because there's no cap on their fees. They're getting three times the pay. And it's more of an auction session trying to get an agency. If I'm an agency nurse working for agency A and they offer me, say, $50 an hour as an LPN, agency B offers me 70, I call out that same day for agency A and I work for agency B. There are

no regulations to hold those people accountable. We staff above the requirement actually so that if there are call-outs we are able to manage it. But nothing happens because there's no regulation to control this type of business.

And prior to the pandemic hitting, we were all staffing well because agencies were literally nonexistent. There were bare minimal agencies. Now we have agencies at every corner which are literally ruining not only the business of the nursing industry but also the quality of care that is supposed to be provided to our patients.

Our patients deserve the best only, and we are there to provide care for them. And if we don't have accountable personnel, even if we are willing to pay for agencies to come into our buildings, where do we stand? That is a question we need to take at hand. It's easy to put laws forward, but when the raw materials are not available it's difficult to construct that quality we're looking into.

So I definitely urge this team to please look into this. It's not that we're fighting the 3.0. We're fighting for the funding

required to manage the 3.0 with the exorbitant level of salaries required by --

MS. PELUSO: That is time. Thank you for those comments.

JOHN ANANTHARAJ: Thank you very much.

MS. PELUSO: Thank you. Next is Curtis Rodowicz. Curtis, if you are on the line.

CURTIS RODOWICZ: Hold on one second. Can you hear me?

MS. PELUSO: Yes.

CURTIS RODOWICZ: Okay. So members of the committee and colleagues that are on the call as well, my name is Curtis Rodowicz. I'm a third generation co-owner and administrator of Colonial Health & Rehab Center of Plainfield. Colonial has been providing nursing home care in our community for the past 40-plus years. We're a 90-bed skilled nursing facility, and we have about 132 employees. We're providing comments today in the spirit of the regulatory change that is proposed.

No one would disagree that we'd love to enhance skilled nursing facility services and providing 3 staffing ratios to our residents. However, that comes at a cost. It's extremely concerning that the reported testimony that

Senator Osten had with a DPH commissioner that the proposed regulation insinuates that there's no fiscal impact. Senator Osten was very clear about the concern of the lack of coordination between DPH and DSS to evaluate the language changes and how they would have an increased fiscal impact. DPH only affirmed its position and that there's no fiscal impact and made this false representation regarding the price tag of this proposed regulation.

As I previously testified at the Health and Human Services Committee on the climate of our labor market, it's best described as disintegrating. In order to attain the proposed regulatory changes, our facility is going to be required to reach a level of basically having four CNAs on our night shift from 9 p.m. to 7 a.m. instead of three, at minimum, to meet that demand.

DPH's proposed regulation will cause a substantial increase in demand for CNA labor on all shifts across the entire state. As an introductory course in economics teaches, when the demand increases, if overall supply in the market is going to meet it, the overall price must rise. Here the price for the CNA labor must rise

substantially across the board to meet the substantial increased demand by DPH's new proposed regulation.

Simply put, current wages cannot be used to determine the cost of adding new staff members as they do not exist in the workforce. This, plus the uncoupling of the total staffing ratio and the certified and licensed levels being counted separately adds to this financial burden. DSS would have to fund the regulation with a payment algorithm that generally represents 70 percent of nursing homes' primary payment source, Medicaid recipients.

In sum, Colonial requested on April 20th from DSS to fund $613,527 annually effective March 1st by increasing Colonial's Medicaid rate accordingly. In order to enforce any recommendation for staffing levels of 3.0 with the DPH language decoupling of the combined license and CNA staffing hours, Connecticut has an obligation to ensure that it has a workforce available if were such a drastic increase could be ever considered.

Having conducted a needs assessment for these added positions and how many we're going to

need, have you considered the fiscal impact with providers in DSS? Have you forecasted enrollment and graduation rates? When will those resources be available to us to meet this demand?

If the staff are not currently or readily available to the workforce, there's no way providers can meet that mandate. Is the state securing a pool from outside of Connecticut that providers can utilize to fill vacancies? Is the military being called in to backfill the vacancies?

MS. PELUSO: Thank you, Curtis.

CURTIS RODOWICZ: Yes.

MS. PELUSO: Thank you. That would be time. You do have the opportunity to file written comments.

CURTIS RODOWICZ: I did submit other information. And I obviously just request that this proposal be reversed or phase-in requirements be initiated.

MS. PELUSO: Thank you for those comments.

CURTIS RODOWICZ: Thank you.

MS. PELUSO: We do have an accommodation that we will turn back to, Robert

Willis. Robert, if you are now with us?

(No response.)

MS. PELUSO: We'll give you a second to unmute, Robert. We'll give you another second, and then we have to move on to the next individual signed up. Is that you, Robert?

MARTIN SBRIGLIO: No, this is Martin Sbriglio.

MS. PELUSO: Okay. Sorry about that. We do have our next individual signed up, and I believe it's Bujwid with the initial "B," if you could please pronounce your full name for the record.

(No response.)

MS. PELUSO: Okay. We're going to move on to, we only have a first name, Nicole. If Nicole is on the line, if you could please provide your full name for the record when you begin speaking.

(No response.)

MS. PELUSO: Okay. We will move on to the next individual, Craig. We only have a first name. Craig, if you could identify your full name for the record, please.

CRAIG DUMONT: Yes. Hello. My name is

Craig Dumont. I am a licensed nursing home administrator in Connecticut. Thank you for the opportunity to speak.

Just to be clear, we are not opposed to any increase in Connecticut's direct care staffing minimums, but we are strongly opposed to how specifically it has been interpreted and how it has been separated into two separate regulations proposed. It's also -- how it was proposed lacks the current reimbursement funding to make staffing numbers sustainable and still provide a quality home-like environment and how it's currently being implemented with the current nationwide labor shortage.

There has been no cost of living rate adjustments in the last five years when it comes to our Medicaid rates, making insufficient Medicaid reimbursement rates available, services to assure that these residents, these people that we care for day in and day out are being properly funded so that we can provide that care for them.

If it's unrealistically regulated, underfunded and not resident centered, there is only one inevitable result, system failure. Those facilities that cannot sustain will close, and

closing will overpopulate and not provide resident choice so that they can go to the facilities that they need, rushed and inadequate planning, uneducated, unsustainable eyes off remote decision-making on a population not known by the decision-makers, and lack of industry specific consultation, arbitrary clinical assumptions and regulations, without proper staffing and funding it's not going to be sustainable. We ask that you please make substantial changes to this proposed regulation. And if you want this to happen, we need the funding to make it happen. Thank you.

MS. PELUSO: Thank you for those comments.

Next, we have Richard Mollot. Richard, if you are on, the floor is yours.

(No response.)

MS. PELUSO: You may have logged off.

We will move on to the next individual. We have Hilary Felton-Reid. Hilary, if you are on the line.

HILARY FELTON-REID: I'm so sorry. I'm just listening. I'm not here to speak. Thank you so much.

MS. PELUSO: Thank you very much for

confirming that.

We do have a first name of Alicia. Alicia, if you are on the line and wish to speak, can you please provide your full name.

ALICIA HUGHES: Hi. Yes, my name is Alicia Hughes. Thank you for this opportunity.

So my husband has been in a nursing home for three months now. He was admitted the beginning of May. And I just wanted to speak a little bit to the level of care or lack thereof that I witnessed. He does have dementia, and he is bedridden. So, you know, to reinforce what Renita said, those patients who may have a diminished mental capacity and who are bedridden are by far the most neglected. The people who are able to speak up for themselves and to ambulate on their own I think have a little bit better opportunity to advocate for themselves and to socialize a bit more.

But as somebody who is bedridden and has diminished mental capacity, I've seen firsthand they have forgotten to feed him. I mean, he can feed himself. They've forgotten to actually bring his meal to the room. Other times they have brought his meal to the room but not

opened anything for him so he cannot eat. He can't open packages by himself. I've seen them let him go 7 to 8 hours sitting in his own waste because he's a two-person change and they don't have the staff or the staff that they do have there is just burnt out and don't want to bother with it.

As a dementia patient, he's high risk for UTIs, and a UTI, if you're not familiar with dementia, greatly exacerbates his condition. He's also a Type 2 diabetic. So if he were to get any kind of skin breakdown from sitting in his own waste, he could become septic and die. So aside from just the degrading factor of being forced to sit in his own waste for 7, 8 hours at a time, there are serious health implications obviously with that too.

They've taken away his call bell on a number of occasions because he rings to get help and they don't want to be bothered sending staff to his room. It's really quite appalling the lack of care that he's getting there and other patients are receiving there.

And I understand the financial implications with this bill and that it will cost

more to the facilities to staff, but also understand that patients' families have lost homes, have lost their assets, are financially destitute trying to do what's best for their loved one to not get any care. So it's a little frustrating on this end too. Sorry, I'm a little emotional.

The other ramification with them being short staffed is that the staff that are there are basically bulletproof, and they know it. They have no reason to care. They have no reason to do their duties with any kind of due diligence because they know they won't get fired.

MS. PELUSO: I do want to thank you for those comments.

We do have the next individual, first name is Rose. Rose, if you are on the line and would like to speak, please identify your full name.

(No response.)

MS. PELUSO: Okay. Possibly you don't want to provide comments.

I'll move on to Sean Kennedy. Do we have a Sean Kennedy on the line?

SEAN KENNEDY: Hello. My name is Sean.

I'm a registered nurse who's been in this industry for about nine years now. Listening today to a lot of these comments has been very difficult. There are a lot of us in this industry who have been giving our kind of heart and soul into this, and there's been a lot of negative outcomes as of late. And it has never been our intention. We have been doing as much as possible to provide the best quality care that we can.

As far as nursing goes, we are always looking for additional help. And our current status, financially our buildings are struggling. There are more change of ownerships and sales of our industry than ever before. And it's an extremely punitive relationship with DPH. We're always hearing of our failures, never our successes. And, I mean, like we are all in support of additional help, but we need the resources to be able to do it. We would love for the time to have additional training, but we don't have the staff available to be off the floor to provide that training.

I mean, our industry needs help and we need it now. Whatever resources we can get, we are all in. We are happy to take advantage of

anything you can provide. Thank you.

MS. PELUSO: Thank you for those comments.

I will circle back to an earlier accommodation, Robert Willis. Robert, if you are on the line and would like to offer comment. I believe we saw that you did want to offer comment.

KIOMARA: Robert, you're on mute. They can't hear you.

ROBERT WILLIS: All right. Can you hear me?

MS. PELUSO: We can hear you now.

ROBERT WILLIS: Okay. Thank you. How are you all doing today?

MS. PELUSO: Very good. The floor is yours.

ROBERT WILLIS: Okay. Yes. I was listening to everyone's story. And I'm a resident here at Westside, and I'm also the Residential Council president. And I think that overall the level of care due to the lack of staffing is, it is limited to every patient to get the full amount of care that they deserve to receive, and a lot of that is due to staffing.

But at the same time, I would just like

to say that I would be wondering what happened to all the COVID money. Because I noticed at the end of the year with all the cutbacks that are going on, there are a lot of people that receive bonuses. So, I mean, if people can still receive bonuses, why isn't there money to staff the place and bring it up to a level of efficiency that it needs to be? So that would be some of the first questions that I would ask is where is all the money going.

And secondly, the level of care to the patients as far as with aides, mind you, it's not every aide that doesn't, let's say, adhere to the entails of what their job description or title details. Aide, that means to assist. So if a person has lost that desire, because this is a field in which every day you come in, you must have that desire to help people. So I would bring into question the mentality of a lot of the aides because you have a lot of individuals that have been in the field or in these different facilities that's been working there, let's say, for 20, 30 years or maybe a little longer. And it's to my understanding that after 20, 25 years a person is relatively institutionalized.

So with that being said, my main thing would be to have all the aides reassessed, their mentality addressed, and then we will proceed with the proper process and maybe elimination of some of them and letting the new blood come in, and maybe they can do, you know what I mean, the job and the level of care that the older ones can't. Because, I mean, we're all human --

MS. PELUSO: That is time.

ROBERT WILLIS: If a person is 65, it may be a little more difficult for them to lift a person, do you know what I mean, to help them, do you know what I mean, more efficiently -- (TIME LAPSED)

MS. PELUSO: We will just have to hit mute at this point. We did hit time. But I thank you for those comments.

ROBERT WILLIS: Okay.

MS. PELUSO: The next individual in line we just have a first name. We have a first name Nancy. Nancy, if you'd like to speak, if you can identify your full name for the record. We do see you on mute. We'll give you a second to unmute and then we'll have to move on to the next individual. We have two Nancys logged in.

NANCY PICANIA: Am I the Nancy that you're referring to?

MS. PELUSO: Yes. If you could please state your full name for the record.

NANCY PICANIA: My name is Nancy Picania. I grew up in Southington, Connecticut, and I now live in Hartford. And I have experienced just the saddening of long-term health care. I didn't expect to speak today, so thank you. They definitely need more staff. There's no question about that. And I do hope that there could be some additional training put into place so that we could have more nursing aides so that the facilities will have staff available. We do have an aging population here in Connecticut, and it's only right to help our elders. Thank you.

MS. PELUSO: Thank you for those comments.

I am going to continue. I just wanted to pause briefly. The list I have, I'm reading the names of everyone that is logged into the Zoom meeting or the Teams meeting. If you do not wish to speak, we will proceed to the next person. So if you don't wish to speak, you can simply just say that and I'll move on.

The next individual we have is Jim Bergers. Jim, if you would like to speak, the floor is yours. I'll give you a moment to unmute.

(No response.)

MS. PELUSO: Okay, we'll move on. The next individual I have, it's just one name, "Storres." I'm not sure if I'm mispronouncing that. If you are on the line and wish to speak, if you could identify yourself.

JAMES BERGERS: This is Jim Bergers. Hello.

MS. PELUSO: Okay. Jim, yes, the floor is yours. Thank you.

JAMES BERGERS: Thank you. Jim Bergers, Lord Chamberlain, 190-bed skilled nursing facility in Stratford, Connecticut. I've worked here for many years. And I'd just like to thank everybody for the opportunity to speak.

Just briefly, while all of our state legislators and many of our representatives sit in the comfort of their home watching and critiquing our staffing ratios, I feel that most often you fail to give us the resources that we need to be successful.

We went through a pandemic, we went

through a war, and it was very difficult for our staff and our residents. It feels like we're kicking an industry while we're down. The most vulnerable and the most needed need support from our state legislators, and they need the resources so that we could adequately increase our staffing levels. We would love to do that. We beg and ask the state for resources. There's not a day that goes by that we don't want to take care of our residents and support our staff.

But for us personally here at Lord Chamberlain, our Medicaid rate is $265 a day. I don't know about you, but you can't even rent a hotel these days for $265 a day, and we're required to provide 24-hour care to our residents who are in need. It's a shame. Meanwhile, we have nurses that work for the agencies that are commanding over $100 an hour. It's egregious. We need those resources to support our staff. We are fully aware that more staff do help, but it's not more staff, you don't throw more people at a problem. It's consistent, healthy, mental physically staff in the building that are in an environment that they want to provide care for the residents. That is the formula for success.

Thank you, everybody.

MS. PELUSO: Thank you. We now have an individual. It just says "Zoom user." We don't have your name. If someone has logged on as a Zoom user and would like to speak.

(No response.)

MS. PELUSO: If not, we will move on. The next person we have is a Roberta Desell. Roberta, if you are on, we'll give you a moment to unmute.

(No response.)

MS. PELUSO: Marisa Jones is the next individual in line. Marisa, if you would like to speak.

MARISA JONES: Can you hear me?

MS. PELUSO: Yes. The floor is yours, Marisa.

MARISA JONES: My name is Marisa Jones. I'm the executive director at Parkway Pavilion in Enfield. We are proud members of the Connecticut Association of Health Care Facilities and a recent --

MS. PELUSO: Marisa, I'm sorry to interrupt. If you could just maybe slow down just a bit. It's coming through a bit muffled.

MARISA JONES: Okay. Sorry about that. We are proud members of the Connecticut Association of Health Care Facilities. Is that coming through okay?

MS. PELUSO: It seems a bit loud, Marisa. Maybe if you have a volume that you can lower on your end just a tad.

MARISA JONES: Sure. Is that better?

MS. PELUSO: It's a little better. I'll just say maybe go a little slow. We'll give you the three minutes again, okay?

MARISA JONES: Okay. I'm sorry about that. So again, my name is Marisa Jones. I'm the executive director at Parkway Pavilion in Enfield. I have it down pretty low. I can tell it's still loud for you. We are a recent recipient of the bronze quality award through the Health Care Association.

As echoed by many of my colleagues, we do not oppose an increase in the minimum staffing ratio. We just have many issues with the way in which it's outlined and proposed for implementation. The proposed regulation reverses a public health code rule that appropriately allowed for a licensed staff to be counted for a

minimum staffing standard. This approach eliminates our flexibility to staff to meet the needs and acuity of our residents. If implemented, it will not create a better outcome. It will likely worsen the situation for us.

In theory, this proposed legislation or regulation looks good on paper, but it is impossible for us to meet at this point in time. There is an insufficient supply of workers to meet our needs. As stated previously, there was -- (AUDIO INTERRUPTION) -- workers with the (AUDIO INTERRUPTION) all efforts to recruit staff. We sponsored candidates to become CNAs. Unfortunately, these efforts have not been sufficient to -- (AUDIO INTERRUPTION)

MS. PELUSO: Marisa, I'm sorry, I don't really want to interrupt you, but it's really coming through muffled. I'm not sure if it's the connection, but we did have an email address so you can provide the written comments for us. And I would ask kindly if you could do that for us.

MARISA JONES: I will do that. Thank you.

MS. PELUSO: Thank you very much. And I'm sorry about the connection there.

We do have Martin Sbriglio, and I apologize for mispronouncing that, but Martin, if you are on.

MARTIN SBRIGLIO: I'm surprised, it's a very common name. Obviously I'm kidding. I'm CEO of Ryders Health Management. We own and operate skilled nursing facilities in Connecticut. I'm also a registered nurse. And I'd like to say I agree with almost everything I've heard today. We certainly support the staffing ratios, have always. And, in fact, we have always had ratios to that level or in excess of that in our company. The challenge is no matter what staffing ratios we mandate, many others have said this, there are not enough resources. We advertise seven days a week, 24 hours a day. We're actually offering sign-on bonuses as high as $10,000 to get a nurse into the building. We can't get them.

Others have touched upon a detriment to the goal of providing quality of care. We want to do that. The nursing agencies and nursing pools in the last 12 months have exploded. We have asked the legislature for assistance to deal with this crisis. We hire a wonderful nurse's aide, and within a week or two the pool recruits them

and they're gone. The nurses' agencies that send staff frequently do not care about the patients and do not show up if they don't want to. We have no recourse. If you could put the staffing ratios to 10, it will not change the labor shortage and the crisis we're facing with these nursing pools and nursing agencies.

If we don't address the root cause, no matter what mandate you put out there, it's just going to create more shortages, more penalties that we can't address. We are shutting down admissions in our buildings every day. I know one legislator on the call said she was a businesswoman. Would you like turning away customers because you don't have enough staff? That's exactly what we're doing every day. We want more staff. We need more staff.

I do disagree with some of the things that were said on the call earlier. Physical therapists do provide care in the morning. They go to patient rooms. They do hands-on care which is part of the rehabilitation process. And many of these have master's degrees and Ph.Ds physical therapists. But the way the separate ratios for nurses and nurse's aides will result in a reduced

quality of care. In order to fund the increased nurse's aides, we may have to reduce nurses.

And someone spoke earlier about resources. The industry estimated an implementation cost of $77 million. The DSS put in $500,000. It's unsustainable. It's insincere, frankly, and I'm glad somebody from OPM is on the call because we've seen over the last two decades the right size and rebalancing initiatives that have reduced dramatically resources to skilled nursing facilities. I don't know if that was the intent, but it certainly doesn't contribute to greater staffing in skilled nursing facilities and better care. Thank you.

MS. PELUSO: That is time. Oh, perfect timing. Thank you, Martin, for that.

MARTIN SBRIGLIO: Thank you.

MS. PELUSO: The next individual we have is B.R. Hall. And if you would like to provide comment, I would ask that you just state your full name for the record when you begin. B.R. Hall?

B.R. HALL: I'm just here to support the agency that I work for. Thank you.

MS. PELUSO: Thank you very much for

that.

The next individual we have is a Kristin-Rae DelSesto. Kristin, if you are on and would like to offer comment.

(No response.)

MS. PELUSO: If not, we can move on to Kerri Roche. Kerri, if you are on the line and would like to provide comment. We'll give you a moment to unmute if you would like to comment.

(No response.)

MS. PELUSO: The next individual we have is a White Dann. If you would like to provide comment, we'll give you a moment to unmute.

(No response.)

MS. PELUSO: We do have next on the line Senator Heather Somers. Senator, if you are on the line and would like to provide comment.

(No response.)

MS. PELUSO: I will move on to the next person. If you would like to speak, Senator, just simply use the raise hand function and I will circle back to you.

Nicole L. Nicole, if you are on the line and would like to speak, I'd just ask that

you give your full name for the record.

(No response.)

MS. PELUSO: If not, we will move on to Jennifer O. Jennifer?

(No response.)

MS. PELUSO: We have a first name Elizabeth. If you are on the line and would like to speak, if you could state your full name for the record.

(No response.)

MS. PELUSO: The next person we have up is A. Ruple. A. Ruple?

A. RUPLE: No comment at this time.

MS. PELUSO: Okay. Thank you very much.

Jen Gilchrist. Jen, if you are on the line and would like to offer comment.

(No response.)

MS. PELUSO: We have a first name Nancy. I believe we heard from a Nancy earlier. I'm not sure if there's a second Nancy. There were two signed in.

NANCY PICANIA: I'm sorry, this is Nancy Picania. I already did speak. And I apologize for logging in two times. I had some

problems with the first one.

MS. PELUSO: Thank you very much.

NANCY PICANIA: Again, we definitely need more staffing and if we could come up with some funds to afford to train more nurse's aides. Then we would have the staffing available and also increase the hours.

MS. PELUSO: Okay. The next person we have is a Kenneth Przybysz. Kenneth, are you on the line, if you would like to speak. Perhaps state your whole name. I may have mispronounced the last name. We'll give you a second.

(No response.)

MS. PELUSO: The next person we have is an Irma Rappaport. Irma, if you are on the line and would like to offer comment.

(No response.)

MS. PELUSO: Portera, we only have a login of Portera. If you would like to speak, if you could state your full name for the record.

(No response.)

MS. PELUSO: Next we just have one word, Kiomara. Kiomara, if you would like to speak, please state your full name.

(No response.)

MS. PELUSO: We have an "Enoonan." Enoonan, I'm not sure if that's initial "E" Noonan or one word.

(No response)

MS. PELUSO: We have a first initial Y. Dejesus. Y. Dejesus, if you would like to offer comment.

(No response.)

MS. PELUSO: We will move on. We have Representative Anne Hughes. Representative, if you would like to speak.

REP. ANNE HUGHES: Thank you all for holding this hearing. And I join my colleagues on the Aging and the Human Services Committee in really putting our heads together, and let's strive for a solutions-based intersectional way to address both the staffing shortage, the underinvestment in the care industry, and the quality of care that every resident deserves regardless of their needs, regardless of their high needs, acuity needs, or whether they have dementia. I really heard loud and clear that the continuity of care is so important, especially for those who have cognitive impairment. We need staff that know them, that know their preferences,

know their dietary needs, and know how they like to be cared for by name. And without that, and with this, you know, agency temporary folks coming in, that really puts our most vulnerable folks at risk, at risk of neglect, maybe not intentional, but just systemic.

So we hear you loud and clear. We hear you on the need for Medicaid reimbursement increased rates. We need more investment in this care industry. And that's going to cost the state. And it's global. It's not just Connecticut. We're part of a long-term care workforce network across the country, and everyone is facing this challenge. If we can come up with the intersectional solution, we'll be a model for the country.

So I appreciate all the departments putting their heads together on this. Thanks.

MS. PELUSO: Thank you for those comments.

We have an Alicia Jones. Alicia, if you are on the line and would like to offer comment, we'll give you a moment to unmute.

(No response.)

MS. PELUSO: We'll move on to a Claudio

Gualtieri. Claudio, if you are on the line and would like to offer comment.

CLAUDIO GUALTIERI: Thank you. I'm on the line and thoughtfully listening and reflecting on the comments here today. Appreciate it.

MS. PELUSO: Thank you very much.

Next we have Kesha Diop. Kesha, if you are on the line and would like to offer comment.

(No response.)

MS. PELUSO: If not, we will move on to a Richard Mollot. Richard, if you are on the line and would like to provide comment.

RICHARD MOLLOT: I would. Thanks very much. Hi, my name is Richard Mollot. I'm with the Long Term Care Community Coalition. We were formed in 1989 as a nonpartisan nonprofit organization entirely dedicated to improving care and quality of life for residents in nursing homes.

I want to address a couple of the issues here today. One is, I will -- first of all, just a little bit about my background. I've studied nursing homes for over 20 years now. And we have known since 2001 as a result of a landmark federal study that nursing home residents need a

minimum of 4.1 hours of direct care staffing time per day just to meet their basic clinical needs. That does not include good infection control practices. It doesn't include care with dignity. It just includes meeting their basic clinical needs. And again, that's just nursing staff, CNAs, LPNs and RNs. Therapy staff is important, social work staff is important, et cetera, but we're just talking about the need for nursing staff.

I would say that in my view if a facility is providing less than 4.1 hours, they are likely committing fraud in either one or two ways. One, that they are not providing the care that they are promising to residents, families and taxpayers; or two, they are retaining residents who do not need nursing home care.

I also wanted to mention that the problem is not finding staff. The problem, and we've known this for many, many decades, study after study has shown this, even the industry itself often admits it, the problem is retaining staff. And this is something since well before my time. You can look at testimony, congressional testimony from the eighties people were talking

about this, that nursing homes have enormous turnover rates. The average is over 50 percent, but many nursing homes approach 100 percent. So of course they're not able to maintain staff because they are -- or maintain high enough sufficient staffing levels because they are not retaining their staff.

Very quickly the reasons for that, nursing home care is poorly paid. Nursing home care is a very dangerous profession. It's always in the top ten or so in my history of working in the US census as one of the most dangerous occupations. And I think probably foremost is that it is a very demeaning place to work. We've done studies on this, others have too, finding that people feel that they are crushed, frankly, by working even in a so-called "good" nursing home.

Lastly, I just want to say this should not have to cost the state any amount of money. Again, nursing homes are paid and they agree to provide sufficient care. About 25 percent of nursing homes do provide over 4.1 hours of direct care staff time. The problem is, in the absence of good enforcement, it really comes down to being

voluntary. It shouldn't be voluntary, and that's why these standards are so important.

The last point I just want to make is that I think in fact putting more money into nursing homes, from the state into nursing homes could in fact be dangerous and deleterious to both residents and staff because that just sends a message to predatory providers that they can get more money and still not meet or barely meet the needs of their residents.

So thank you very much for allowing me to speak today. I really appreciate it. Again, Richard Mollot, Long Term Care Community Coalition. Thank you.

MS. PELUSO: Thank you. We do have another individual. I only have initials. I have an "ML." ML, if that is someone that wishes to provide comment, if you could please state your full name for the record. If not, I will move on.

(No response.)

MS. PELUSO: There were a few accommodations made earlier of individuals that did not speak yet, so I'll go back. We have a John Feliciano and a Vanessa Lanier.

(No response.)

MS. PELUSO: There were quite a few individuals that signed up onto the Teams meeting. We did go through that list. Right now I will pause because we have covered the list of individuals that signed up to speak, and we will open the floor to those who may not have had a chance to sign up ahead of time. If there is anyone that did not sign up ahead of time and would like to speak, I'll ask that you use the raise hand function. It's in the reactions option at the bottom of your screen.

I would also take this opportunity to remind everyone that comments can be submitted in writing by August 15th at 12 midnight. Those comments can be submitted by email to Dante.Costa@ct.gov. That information was made available in the notice. There is also an eRegulation system where those can be filed.

I'm not seeing any individuals raising their hand. We did cover those individuals that signed up, and I will pause now. Is there anyone else in the room that would like to provide comment that hasn't? I believe we covered the two individuals that had signed up ahead of time. I'm not seeing anyone.

(No response.)

MS. PELUSO: I thank everyone for their time. And I'll just pause to see if there's any final comments from my colleagues, but we did touch on all the individuals that signed up. And I thank everyone for their time in attending this session this morning. For the record, I'll log the time. It is now 11:40 a.m. And we do have this recording, and we do have a transcriptionist here. Again, ending the public comment hearing at 11:40 a.m. Thank you.

(Whereupon, the above proceedings concluded at 11:40 a.m.)

CERTIFICATE FOR HYBRID PROCEEDING

I hereby certify that the foregoing 68 pages are a complete and accurate computer-aided transcription of my original stenotype notes taken of the PUBLIC HEARING before the DEPARTMENT OF PUBLIC HEALTH IN RE: NURSING HOME STAFFING RATIOS (PR2022-032), which was held remotely before KATHLEEN ROSS, ESQ., LEGAL DIRECTOR, on August 1, 2023.

Lisa L. Warner, CSR 061
Court Reporter