

EXTENSIONS OF REMARKS

IN RECOGNITION OF JAY B. BLOOM, EXECUTIVE DIRECTOR OF BRAND NEW DAY

HON. ROBERT MENENDEZ

OF NEW JERSEY

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 7, 2000

Mr. MENENDEZ. Mr. Speaker, today I honor Jay B. Bloom, Executive Director of Brand New Day, Inc., for his outstanding contributions to community development and low-income housing. In appreciation of his service to the community, Brand New Day is honoring Mr. Bloom at its 15th Anniversary Celebration, entitled "Renewal of Our Commitment to Elizabethport."

A graduate of Columbia Law School, Jay B. Bloom has lived in and around New Jersey all his life. After law school, Mr. Bloom established a law practice specializing in real estate and municipal law. Four successful decades later, he retired.

With the knowledge and experience he gained through the years, and with the desire to help those in need, Mr. Bloom joined Brand New Day (BND), a charitable non-profit community development organization that provides affordable housing for community members in the Elizabethport area. BND acquires and rehabilitates existing structures and purchases land for the construction of new affordable housing developments. BND also sponsors and coordinates community outreach programs.

As the Executive Director of BND, Mr. Bloom developed and implemented a comprehensive neighborhood revitalization program. Under his leadership, BND has revitalized and constructed numerous rental units and homes for low-income community members.

Today, I ask that my colleagues join me in recognizing Jay B. Bloom and Brand New Day for their unparalleled contributions to community development and for their generous and compassionate service to the residents of Elizabethport, New Jersey. As a community leader, Mr. Bloom is an inspiration to all of us.

INTRODUCTION OF THE NURSING FACILITY STAFFING IMPROVEMENT ACT OF 2000

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Thursday, December 7, 2000

Mr. STARK. Mr. Speaker, I am pleased today to introduce legislation with Representative HENRY WAXMAN that focuses clear attention on the critical role that staffing plays in delivering quality care to the 1.6 million people—our parents, grandparents, siblings and spouses—whose fragile health requires them to live in nursing homes.

Policymakers and the public have heard stories for years about the high cost of poor care.

And most of us intuitively know that understaffing is a causal or contributing factor in the hundreds of sad tales of neglect and abuse that are identified and publicized each year.

The impetus for this legislation is both a recent HHS report on nursing facility staffing ratios and a local study conducted in my district that highlights the correlation between quality of care and staffing levels.

The "Nursing Facility Staffing Improvement Act of 2000" proposed a remedy for chronic understaffing in nursing homes: It directs state surveyors to conduct special staffing assessments in instances where they identify quality of care deficiencies that either cause actual harm, or that pose a risk of immediate jeopardy to resident health or safety.

If there is a finding that inadequate staffing has contributed to an actual harm or immediate jeopardy deficiency, the bill requires those facilities to submit corrective action plans within 30 days stipulating the number and type of additional nursing staff necessary to assure resident well-being. Facilities would then face tough scrutiny from state inspectors, who would check and enforce continued compliance during two interim staffing-only surveys that would occur before the next routine annual inspection. In the event that a facility was again found to have inadequate staffing during an interim survey, an additional two years of interim staffing surveys from that date forward would be triggered.

As a separate disclosure requirement, the HHS Secretary would make facility-specific staffing data available on the "Nursing Home Compare" website. The data, which would include total hours of care provided per shift by both licensed and unlicensed nursing staff could be reviewed by family members before placing their loved ones in a facility and aid them in making informed choices.

The legislation does not propose any new fines or penalties for inadequate staffing. Rather, it holds nursing homes responsible for providing consistently adequate levels of nurse staffing, which all experts tell us is the foundation of good medical and supportive care for medically complex, fragile people. It accomplishes this through a system of stepped-up scrutiny and public accountability.

The remedy we are proposing today will improve enforcement of those staffing standards that currently apply, as well as standards that are developed in the future.

This legislation will strengthen our federal oversight system. Under current law, many inspectors find it relatively difficult to document and defend appeals of citations of facility understaffing. This bill would change that by directing surveyors to analyze the role that staffing plays whenever there are serious quality deficiencies. And it will serve as a wake-up call for those facilities they try to control expenses by cutting back on the number and wages of nursing staff.

Last July, phase one of an important HHS staffing study, titled "Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes" was released. It is an important anal-

ysis for many reasons, and the first federal study of its kind. Its central findings is that most facilities are failing to staff at levels that guarantee good care.

In brief, HHS identified two levels of staffing—a "preferred minimum" staffing levels of 3.45 hours of nursing care for each resident each day, with 2 hours of this care providing by nursing assistants, 1 hour by a registered or licensed nurse, and 0.45 hours only by registered nurses. Quality of care in facilities that staffed above this level, the study concluded, was "improved across the board."

HHS also identified a lower "minimum" level of 2.95 hours of nursing care per resident day, with 2 hours of care provided by nursing assistants, 0.75 by registered or licensed nurses, and 0.20 hours only by registered nurses. Regrettably, more than 90% of facilities in the U.S. fall short of this standard today.

The agency's phase one study also shows that many states are acutely aware of staffing shortages in nursing facilities. Many have already moved to impose more stringent staffing requirements under their licensure authority, and some are taking up State legislation to set quantitative minimum staffing standards. California, for example, has a new law requiring all nursing facilities to provide at least 3.2 hours of resident care per day.

At the federal level, we are about a year away from having national recommendations on a minimum ratio requirements from phase two of HHS staffing analysis, which will help to shape future discussions and debate about how to go about establishing federal staffing standards.

The staffing shortages documented in HHS' national study are also reflected in many homes in my district. At my request, the Democratic staff of the House Government Reform Committee prepared an analysis of staffing levels in homes in my district. Titled "Nursing Home Staffing Levels in the 13th Congressional District," the report shows that 86%, or 25 facilities, did not meet HHS' preferred minimum staffing level of 3.45 hours of nursing care per resident day, while 55% did not meet the lower minimum level of 2.95 hours of nursing care.

Equally important, this congressional study looks at the annual surveys of these homes during their most recent annual inspections. Among those facilities that did not staff at preferred minimum levels, 68% were cited for a violation causing actual harm to residents. In contrast, homes that did not staff at preferred minimum levels had no violations causing actual harm. Clearly, staffing levels matter.

The findings of this congressional study and others like it, plus the implied cost of bringing nearly 16,480 nursing facilities throughout the country up to appropriate levels, are already the subject of considerable debate and discussion. In the next Congress, policymakers and stakeholders will begin to seriously grapple with the mechanics of translating HHS' future staffing recommendations into quantitative federal standards.

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