



**House Committee on Health and Human Services  
March 26<sup>th</sup> 2024**

**H. 7733**

**LeadingAge RI Statement  
James Nyberg, Executive Director**

Thank you for this opportunity to express our opposition to this bill to create a Nursing Home Workforce Board. This Board would have the authority to “set minimum statewide compensation and working standards for nursing home workers.” It should be noted at the outset that nursing home providers are already subject to numerous statutory and regulatory requirements that govern its operations, including RIDOH, EOHHS, CMS, OSHA, and more. There is no need for another entity with vaguely defined authority to impose additional requirements on an already hyper-regulated industry. Moreover, it could supersede the authority of the General Assembly and the aforementioned agencies, which is simply inappropriate.

To be more specific, the nursing home Medicaid reimbursement system is clearly defined in statute, incorporated in the annual budget process, and implemented by EOHHS. There is already a provision that at least 80% of any inflation index (e.g. a cola) be allocated to fund an increase in wages, benefits, or related employer costs of direct-care staff of nursing homes. So we already have a mechanism in place to allocate resources for direct care workers. Given the well-documented Medicaid underfunding over the years, nursing homes need to retain the flexibility of allocating the remaining scarce resources for other staff expenses (e.g. social workers, activity directors, etc.) and of course to pay for the operational costs of providing care 24 hours a day 365 days a year, such as food, utilities, mortgage, and other overhead costs. The idea that a Nursing Home Workforce Board can decide to establish additional rate requirements is simply not compatible with how nursing homes are funded and is unnecessary.

On the regulatory side, nursing homes must abide by RIDOH regulations, which are very detailed in their scope, over 100 pages. They also must abide by federal CMS requirements, which total 185 pages. Plus they must meet OSHA workplace safety standards, CDC requirements, and more. In addition, they are surveyed by RIDOH on an annual basis, or more if there is a complaint reported. Lastly, the RI long-term care ombudsman regularly visits nursing homes to ensure safety and compliance. So it is safe to say that nursing homes are already highly regulated with layers of oversight, and again, it is not clear how or why a Nursing Home Workforce Board could impose additional requirements.

This bill would also “establish minimum standards for nursing home worker training programs to ensure nursing home workers are property trained and aware of their workplace rights,” which

would basically require nursing homes to allow a labor organization to come in and educate workers on the aforementioned rights. In other words, it would be state-sanctioned union organizing efforts, and it is inappropriate to target one industry with such an effort. Workers in RI and across the country are already aware of their right to organize, and if they choose to do so, that is their prerogative. It is also not clear that being a unionized home has a connection to better quality of care. For example, SEIU 1199, which is behind this bill, is only present in 5 nursing homes in RI, out of 77. Four of those 5 homes have a 1 Star quality rating from CMS's Nursing Home Compare website, out of a possible 5 Stars.

This proposed board is based on a similar effort in Minnesota, which just went into effect last year, and we do not fully understand its implications. For example, the Workforce Board in Minnesota is contemplating a minimum wage of \$25 per hour. But it is not clear how it will be paid for, which would obviously be an unfunded mandate. It is an unusual experiment in Minnesota to target one industry, and we should be very cautious about following suit because of the potential disruptive effects. Some nursing home workers in that state have already gone on strike to try and force the Board there to adopt such a requirement.

LeadingAge RI can assure this Committee that its members are committed to providing high quality care to their residents while operating with a well-documented lack of financial resources and working to comply with the myriad of regulatory requirements. The last thing this beleaguered industry needs is to be further demonized for its efforts and have an additional layer of requirements imposed by a vaguely-defined Nursing Home Workforce Board.

Thank you for your consideration of these comments.