

SENATE HEALTH, HUMAN SERVICES AND SENIOR CITIZENS COMMITTEE

STATEMENT TO **SENATE, No. 2712**

with committee amendments

STATE OF NEW JERSEY

DATED: SEPTEMBER 14, 2020

The Senate Health, Human Services and Senior Citizens Committee reports favorably and with committee amendments Senate Bill No. 2712.

As amended by the committee, this bill requires nursing homes to maintain certain minimum direct care staff-to-resident ratios. Specifically, the bill will require:

- (1) one certified nurse aide to every six residents for the day shift;
- (2) one direct care staff member to every 10 residents for the evening shift, provided that no fewer than half of all staff members are to be certified nurse aides, and each staff member will sign in to work as a certified nurse aide and will perform certified nurse aide duties; and
- (3) one direct care staff member to every 14 residents for the night shift, provided that each direct care staff member is to sign in to work as a certified nurse aide and perform certified nurse aide duties.

As used in the bill as amended, “direct care staff member” means any registered professional nurse, licensed practical nurse, or certified nurse aide who is acting in accordance with that individual’s authorized scope of practice, and pursuant to documented employee time schedules.

The amended bill sets forth a methodology for computing the appropriate ratio, and provides that a nursing home that experiences an increase in resident census is exempt from increasing the number of direct care staff members for nine consecutive shifts.

Nothing in the bill is to affect any minimum staffing requirements for nursing homes as may be required by the Commissioner of Health for staff other than direct care staff or to restrict the ability of a nursing home to increase staffing levels, at any time, beyond the established minimum. The staffing ratios required under the bill will not apply to pediatric long-term care facilities.

As amended, the bill provides that long-term care facilities may employ certified homemaker-home health aides to work as certified nurse aides, provided that the homemaker-home health aide is enrolled

in a qualified certified nurse aide program and is working toward certification as a certified nurse aide.

As amended, the bill establishes in, but not of, the Department of Labor and Workforce Development the “Special Task Force on Direct Care Workforce Retention and Recruitment. The purpose of the task force will be to:

- (1) evaluate current direct care staffing levels in the State;
- (2) examine policies and procedures used to track data on direct care staffing, including workforce turnover rates in long-term care, staffing statistics, and vacancy rates;
- (3) examine the effectiveness of staff retention and recruitment strategies and initiatives that are in place for direct care staff;
- (4) identify any existing circumstances that allow for a shortage or surplus of direct care staff;
- (5) develop recommendations for legislation, policies, and short-term and long-term strategies for the retention and recruitment of direct care staff to ensure an adequate workforce is in place to provide high-quality, cost-effective health care; and
- (6) develop recommendations for a waiver process.

In carrying out its work, the task force will evaluate workplace practices and organizational cultures, advancement opportunities, job supports and incentives, training opportunities, wages and benefits, educational initiatives, and certification reciprocity rules.

The task force will consist of 16 members, including: the Commissioner of Labor and Workforce Development, the Commissioner of Human Services, the Commissioner of Health, the Secretary of Higher Education, and the New Jersey Long-Term Care Ombudsman, or their designees, who will serve *ex officio*; two members of the Senate representing different political parties and two members of the General Assembly representing different political parties; and seven public members with knowledge and experience related to nursing facilities, to be variously appointed by the Governor, the Senate President, and the Speaker of the General Assembly.

The task force will be required to organize within 120 days after the effective date of the bill and hold at least one public hearing in each of the northern, central, and southern regions of the State, the purpose of which hearings shall be to meet with long-term care providers and solicit their input and recommendations regarding the retention and recruitment of direct care staff.

No later than one year after the date of the task force’s organizational meeting, it will be required to prepare and submit a report to the Governor and the Legislature concerning its activities, findings, and recommendations. The task force will expire upon submission of its report.

COMMITTEE AMENDMENTS:

The committee amendments revise the bill to make it more generally applicable to direct care staff, with certain exceptions, and to revise the ratio on the day shift from one certified nurse aide (CNA) for every eight residents to one CNA for every six residents. On the night shift, the ratio is revised from one CNA for every 16 residents to one direct care staff member for every 14 residents. The amendments require direct care staff on evening and night shifts to sign on as CNAs and be prepared to perform CNA duties.

The committee amendments provide that the staffing ratios do not apply to pediatric long-term care facilities.

The committee amendments add a provision to the bill allowing long-term care facilities to employ certified homemaker-home health aides in lieu of CNAs, provided the certified homemaker-home health aide is working towards certification as a CNA.

The committee amendments establish the Special Task Force on Direct Care Workforce Retention and Recruitment, which will be tasked with reviewing various aspects of the direct care workforce and identifying strategies to improve the retention and recruitment of direct care workers. The task force will expire upon producing a report of its findings and recommendations.