



Legislative Endorsement

Bill No.	Bill Title	Sponsor(s)	Committee	Legislative history
S 413 H 733	An Act to Improve Employer Standards for Massachusetts Nursing Homes	Sen. Jehlen Rep. Cronin Rep. Garbally	Elder Affairs	Hearing:

Endorsed by 36 members of Dignity Alliance Massachusetts including:

<ul style="list-style-type: none"> • Boston Center for Independent Living • Center for Living and Work, Inc. • COP Amputee Association –COPAA • Disability Policy Consortium • Disability Resource Center • Easterseals Massachusetts • John Ford, Esq. • Lachan Farrow, MD • Judi Fonsh, LCSW, MSW • Wynn Gerhard 	<ul style="list-style-type: none"> • Pamela Goodwin • Greater Boston Chapter of United Spinal Association • Fred Gross • Jerry Halberstadt, Stop Bullying Coalition • Sandy Hovey • Anne Johansen • James Lomastro, PhD • Paul J. Lanzikos 	<ul style="list-style-type: none"> • Massachusetts Advocates for Nursing Home Reform, Arlene Germain, Policy Director • Massachusetts Aging and Mental Health Coalition • Massachusetts Law Reform Institute • MetroWest Center for Independent Living, Paul Spooner, Executive Director • Richard T. Moore • Sandy Alissa Novack, MSW, MBA • SeniorCare, Scott Trenti, CEO
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<https://malegislature.gov/Bills/192/S413>

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SECTION 1: The Department of Public Health shall amend the Licensure Procedure and Suitability Requirements for Long-Term Care Facilities in Massachusetts (105 CMR 153) regulations. Such amendment shall improve upon the Application for a License (105 CMR 153.006) and/or Other Licensure (105 CMR 153.007) procedures included in the existing regulations to establish new requirements for applicants that would precede approval of any application for a new license and/or any notice of intent for transfer of ownership or notice of intent to sell any skilled nursing facility whether for-profit or non-profit.

The Department of Public Health, the Office of Elder Affairs, the Office of Medicaid and the Office of the Attorney General shall work together with all interested stakeholders to review and develop recommendations for the improvements outlined above to the licensing of long-term care facilities in the Commonwealth. Such recommendations shall include amendments to these regulations to:

- Establish additional and stronger threshold requirements for applicants seeking to be “deemed suitable” by the department under 105 CMR 153.006(D). Such new requirements shall include but not be limited to enhanced character and competency review of all applicants, a comprehensive review of the current finances and operations of any skilled nursing facilities or other related businesses owned or control by the applicant, and the submission by the applicant of an initial prospective annual operating budget and of an attestation concerning any anticipated changes to the facility’s workforce or working conditions. Subject to approval and amendment by the department, stakeholders shall also recommend provisions to establish a “provisional licensure” procedure under which original applicants not currently doing business in the Commonwealth would be issued a provisional original license that would be further subject to bi-annual review and revocation procedures.
- Provide more transparent, timely and complete public access to information concerning skilled nursing facility licensing and suitability determination standards; and

c) Otherwise enhance the regulation of skilled nursing facilities in the Commonwealth.

The Department of Public Health shall host the stakeholder process outlined above, review recommendations from those stakeholders and other state entities, and submit appropriate amendments to 105 CMR 153 for public review no later than six months after passage of this Act.

SECTION 2: The Department of Public Health shall amend the Standards for Long-Term Care Facilities (105 CMR 150) regulations. Such amendments shall improve upon the Level 1-3 facility Utilization Review (105 CMR 150.014) processes under those regulations to establish and require an annual survey of the facility's workforce. Such annual worker survey shall include but not be limited to a survey of worker satisfaction with their jobs, worker's views on the quality of care at the facility, and worker's view on management practices and the effectiveness of any joint labor-management activities or other worker engagement. Worker survey results shall be public information accessible upon request to the department, and shall inform the department's review of the services, quality of care, and utilization of a skilled nursing facility.

SECTION 3: Notwithstanding any special or general law to the contrary, the Center for Health Information and Analysis, in consultation with MassHealth, the Department of Elder Affairs, and the Health Policy Commission, shall conduct an examination of cost trends and financial performance among nursing facilities, as defined by 957 CMR 7.02. The information shall be analyzed on an institution-specific, provider organization, and industry-wide basis and shall include, but not be limited to: (i) gross and net patient service revenues; (ii) other sources of operating and non-operating revenue; (iii) trends in relative price, payer mix, case mix, utilization, and length of stay dating back to 2010; (iv) affiliations with other health care providers, including, but not limited to, preferred clinical relationships and partnerships; (v) categories of costs, including, but not limited to, general and administrative costs, nursing and other labor costs and salaries, building costs, capital costs, and other operating costs; (vi) total spending on direct patient care as a percent of total operating expenses; (vii) operating and total margin; (viii) occupancy rates, and (ix) other relevant measures of financial performance and service delivery. These measures should distinguish long-term from short-stay residents where possible. The report and any policy recommendations shall be filed with the clerk of the House of Representatives, the clerk of the Senate, the House Committee on Ways and Means, the Senate Committee on Ways and Means, and the Joint Committee on Elder Affairs no later than six months after the passage of this act.