



## Legislative Endorsement

**Bill No. and Title:** Bill S403 H724 An Act to Improve Nursing Home Job Standards and Care Quality

**Sponsor(s) and Committee:** Sen. Feeney, Rep. Balsler, Elder Affairs

**Legislative History:** Hearing:

**Legislation Text:** SECTION 1: Chapter 111 of the Massachusetts General Laws, as so appearing, is hereby amended by adding the following new section:-

For the purposes of this section the following words shall, unless the context clearly requires otherwise, have the following meanings:

"Health Care Workforce", personnel employed by or contracted to work at a skilled nursing facility that influence the delivery of quality care to residents, including but not limited to registered nurses, licensed practical nurses, certified nursing assistants, unlicensed assistive personnel, service, maintenance, clerical, and all other health care workers.

"Skilled Nursing Facility" shall mean a Level 1, Level 2, or Level 3 long term care facility as defined in Massachusetts standard operations of long-term care facility regulations (105 CMR 150).

(a) Notwithstanding any special or general law to the contrary, each skilled nursing facility shall establish and develop a health care workforce care planning committee within 90 days of the effective date of this act. The membership of the planning committee shall include at least one nurse, one certified nurse assistant, one unlicensed assistive care worker, and one representative for each labor organization representing bargaining units at the facility. The membership of the planning committee shall include no more than the same number of management representatives relative to the number of appointed members of the health care workforce.

(b) The committee shall participate in at least one meeting of labor management committee training. Such training shall be provided by an outside training vendor with demonstrated experience in labor-management training. The training vendor shall be selected by majority vote of the planning committee and the facility shall pay for costs of this training. 2

(c) Each facility's health care workforce planning committee shall develop, implement, monitor and regularly adjust a comprehensive care team plan that accounts for each unit or other skilled nursing facility division in which direct patient care is provided. The care team plan shall be developed to ensure that the assigned health care workforce members are sufficient to ensure a safe working environment and to provide quality care to the facility's residents. Further, the care team plan shall account for all anticipated variables that can influence a facility's delivery of quality patient care. The care team plan shall include account for (i) the numbers and skill mix of needed health care workforce members to be assigned to residents, (ii) anticipated resident census, (iii) the time needed

to complete expected care tasks, (iv) the need for specialized equipment and technology, (v) the physical environment of the facility; and (vi) the necessity of ensuring a safe working environment.

(d) As a condition of licensure, each skilled nursing facility shall submit the care team plan developed under subsection (b) and (c) to the department of public health on at least an annual basis. Such submission shall include a certification from each member of the health care workforce planning committee that the care team plan submitted accurately represents the consensus decisions of the facility’s planning committee.

(e) The department of public health shall develop rules and regulations as needed to implement this section.

SECTION 2: Notwithstanding any general or special law, rule or regulation to the contrary, the Department of Public Health shall amend the regulations governing “Nursing Services” and the standard operations of long-term care facilities (105 CMR 150.007). Such amendments shall establish enhanced operational standards for Level 1, 2, and 3 facilities mandating that, on and after October 1, 2022, compliance with sufficient staffing standards must include the provision of a minimum number of hours of care per resident per day (PPD) of 4.0 hours, of which at least 3.5 hours must be care provided to the resident by a certified nursing assistant.

<https://malegislature.gov/Bills/192/S403>

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<b>Endorsed by 32 members of Dignity Alliance Massachusetts including:</b>		
<ul style="list-style-type: none"> <li>● Boston Center for Independent Living</li> <li>● Center for Living and Work, Inc.</li> <li>● COP Amputee Association – COPAA</li> <li>● Disability Policy Consortium</li> <li>● Disability Resource Center</li> <li>● Easterseals Massachusetts</li> <li>● John Ford, Esq.</li> <li>● Lachan Forrow, MD</li> <li>● Judy Fonsh, LCSW, MSW</li> <li>● Wynn Gerhard</li> </ul>	<ul style="list-style-type: none"> <li>● Pamela Goodwin</li> <li>● Greater Boston Chapter of United Spinal Association</li> <li>● Fred Gross</li> <li>● Jerry Halberstadt, Stop Bullying Coalition</li> <li>● Sandy Hovey</li> <li>● Anne Johansen</li> <li>● James Lomastro, PhD</li> <li>● Paul J. Lanzikos</li> </ul>	<ul style="list-style-type: none"> <li>● Massachusetts Advocates for Nursing Home Reform, Arlene Germain, Policy Director</li> <li>● Massachusetts Aging and Mental Health Coalition</li> <li>● Massachusetts Law Reform Institute</li> <li>● MetroWest Center for Independent Living, Paul Spooner, Executive Director</li> <li>● Richard T. Moore</li> <li>● Sandy Alissa Novack, MSW, MBA</li> <li>● SeniorCare, Scott Trenti, CEO</li> </ul>

**Contact: Richard Moore, Dignity Alliance Massachusetts Legislative Chair,**  
[rmoore8743@charter.net](mailto:rmoore8743@charter.net)