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**The Honorable Mary Pilcher-Cook, Chair  
Senate Public Health and Welfare Committee**

**Re: HB 2160: Quality Care Assessment on Skilled Nursing Care Facilities**

Good afternoon Madam Chair and Committee Members. My name is Ernest Kutzley and I am the Advocacy Director for AARP. AARP represents more than 335,000 members in Kansas. Thank you for this opportunity to submit our written comments on their behalf.

AARP Kansas has long been a proponent of long-term care services and assisting the state in achieving the highest quality of care possible for nursing home residents. We believe that, when families make the very important and difficult decision to admit their elderly loved ones into a nursing home, they should have confidence that their parents, grandparents or loved ones are in good care.

In Kansas, the current required minimum staffing hours, by law, is 2 hours of direct care by nursing staff each day. There has been no increase in the minimum care requirement for more than 30 years, while the longevity and level of frailty of persons living in nursing facilities, the assistance they require, and the level of complexity of their care, has climbed steadily upward. The current level of two hours of care per day does not meet the level of care necessary to prevent harm or to maintain functional ability of elders residing in Kansas nursing homes. These findings indicate a serious need for improvement that can be addressed through increasing staffing hours.

No fewer than four national studies have researched and recommended increased resident care by nursing staff in nursing facilities. Those same studies have concluded that residents have improved outcomes when receiving levels of care from 4.13 up to 4.85 hours per day.

Kansas could see savings in reimbursements based upon nursing facilities cost reports from those facilities below the 4.44 hours per patient day recommended staffing level. The state could also achieve:

- Significant improvements in quality of life and care for Kansas nursing home residents;
- Reduction in nursing home turnover;
- Avoidance of unnecessary hospitalizations of people in nursing homes.

In advocating for quality care assessment legislation, nursing home associations have supported the passage specifically to fund increased staffing levels. In an effort to create the Connecticut provider tax,

“The for-profit Connecticut Association of Health Care Facilities (CAHCF) supported the tax, while the Connecticut Association of Not-for-Profit Providers for the Aged (CANFPA) was against it.

“In supporting the tax, CAHCF's Executive Vice President Toni Fatone testified that the state's nursing home industry was in a state of fiscal crisis and that many other states had already adopted such taxes. She was joined by Jane McNichol of the Connecticut Citizens Coalition for Nursing Home Reform, who spoke of the need to increase staffing levels to improve care for the elderly and said such a tax could make this possible” (Olsen, 2012).

Also, in Illinois,

“A group representing the state’s for-profit nursing homes, the Health Care Council of Illinois, has said the \$6.07-per-resident bed tax will help the industry carry out a landmark nursing home reform law approved by state lawmakers and Gov. Pat Quinn in 2010.

“But Bellows, a Skokie businessman whose properties include Maple Ridge Care Center in Lincoln, said the council’s members have “united in support of the provider assessment because of what it means for the Medicaid-dependent residents throughout the state, especially those who are extremely frail and require significant care.

“The council pushed for the bed tax, arguing that it would help nursing homes pay for higher nurse staffing levels required under the reform law” (Cohen, 2004).

HB 2160 states that all monies “shall be used to finance initiatives to maintain or improve the quantity and quality of skilled nursing care” and shall be “deposited in the quality care fund and used to finance actions to maintain or increase healthcare in skilled care facilities”.

Therefore, on behalf of the over 18,000 residents living in Kansas nursing homes, AARP Kansas recommends that dedicated quality care assessment funding be set aside to increase the required minimum staffing hours from the current 2.0 hour level to 4 hours and 26 minutes per day.

Thank you for this opportunity to submit our comments.

Respectfully,  
Ernest Kutzley

**References:**

Cohen, R. K. (2004, November 4). *Nursing home provider tax – Pros and cons*. OLR Research Report 2004-R-0857.

Olsen, D. (2012, January 14). *Nursing home ‘bed tax’ creates winners, losers*. The State Journal-Register. [dean.olsen@sj-r.com](mailto:dean.olsen@sj-r.com)