

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Human Services
For SB 1629

Compiled on: Wednesday, May 10, 2023 2:50 AM

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Hearing Date: May 9, 2023 8:00 AM

Mary Nichols
Retired from City Government
Forney, Texas, TX

This bill is critical for making sure we know who really owns our long-term care facilities and just how much is being spent on direct patient care.

Molly Montz
Self
Wichita Falls, TX

In favor of

Terri Isbell
Texas caregivers for compromise
Florence, TX

Strongly in favor

Darla Meister
Texas Essential Caregivers
Valley Mills, TX

I am in favor of this bill.

Sue Wilson, LMSW, CADDCT, CDP

Texas Silver-Haired Legislature

AUSTIN, TX

My name is Sue Wilson. I am an active member of the Texas Silver-Haired Legislature (TSHL) and currently serve as the Chair of the TSHL Legislative Action Committee. I am a Master Licensed Social Worker with over thirty years of experience in various aspects of long-term care. I have worked with residents, their family members, and all levels of staff of nursing homes (both for-profit and not-for-profit) and conducted dementia care training in Texas, Louisiana, and North Carolina. Many of the long-term care communities that I have worked with in Texas provide a desirable quality of care resulting in positive resident outcomes and a favorable quality of life. Yet, we all know of care communities that provide a substandard level of quality, resulting in poor resident outcomes and a terrible quality of life for residents and staff members.

Members of the Texas Silver-Haired Legislature recognize there is a huge need in Texas to increase staffing in nursing homes if we are ever going to enhance the quality of care and quality of life of individuals cared for in nursing homes. Federal (CMS) staffing ratios are said to be forthcoming. For obvious reasons, ratios established for Texas providers must be consistent with federal requirements. To comply, the approximately 1200 nursing home providers across rural and urban Texas must offer competitive wages and benefits to attract and retain needed staff at all levels, provide ongoing professional development to optimize outcomes for residents and career paths for staff, and encourage a culture of full engagement for residents, employees and family members. Maintaining appropriate staffing has been a serious challenge in long term care that was made next to impossible by Covid-19. In addition to the therapeutic care needs that are met by professionals already listed in SB 1629, nursing home residents have psycho-social, emotional, spiritual, recreational, and often serious cognitive needs to be met by licensed social workers, recreational therapists, activity professionals, and spiritual leaders. These professionals should be included in SB 1629 as they are directly associated with the quality of care and quality of life of residents.

Ownership transparency is vital as is recoupment and reinvestment of funds not in compliance with the annual direct care expense rate methodology. Likewise, many homes need upgraded medical equipment, renovation, and added maintenance that must be accounted for in the methodology. There is a lot packed into this complicated bill. It must be considered wisely and implemented in a way that provides for and requires enhanced staffing, thereby allowing for consistent staffing, reduced staff turnover, and improved care and quality of life for long-term care residents whether their care is covered by Medicaid, Medicare, private insurance, non-profit charity, or they have the ability to pay out of pocket.

Thank you for considering our perspectives on this very complicated bill.

Susan Burek

SELF: I am a parent and a volunteer advocate for people with disabilities

Austin, TX

Please vote YES on SB 1629.

This bill relates to the regulation of certain nursing facilities, including licensing requirements and Medicaid participation requirements, and it requires nursing facilities to comply with the direct care expense ratio adopted under Section 32.0286, Human Resources Code. SB 1629 would improve nursing care by increasing the transparency and accountability for nursing homes that participate in the Medicaid program. The "direct care expense ratio" would ensure that 80 percent of Medicaid dollars paid to these facilities are spent on direct care for the nursing home residents.

Thank you very much.

Darla Meister

Texas Essential Caregivers

Valley Mills, TX

I support this bill.

Ryan Harrington
Trinity Healthcare, LLC
Fort Worth, TX

My name is Ryan Harrington and I am against the bill.

While I serve as Chair of the Health and Human Services Long-Term Care Facilities Council, I want to be clear that I am not providing comments in that capacity. I am providing comments as CEO and President of Trinity Healthcare, a Fort Worth based company. We operate 25 nursing homes throughout rural Texas and care for 1,500 residents on a daily basis. Most of the communities we serve have less than 10,000 residents and the vast majority of our resident funding is provided by Medicaid.

My position against the bill is directly related to Section 6, which mandates 80% of Medicaid funding be spent on direct care.

A dollar only goes so far. Mandating that 80% of reimbursement is spent on direct care limits spending on other essential and required services to only 20% of funding. Operating a rural nursing home with only 20% of the cost being allowed to cover capital, general, and administrative expenses is unrealistic. In our homes, rent alone is more than 10% of the Medicaid funding. In addition to rent, we spend money on essential services like payroll, accounting, billing, insurance, regulatory compliance, and IT, none of which are considered direct care costs in this bill.

I want to be clear, our total costs currently exceed the Medicaid reimbursement rate. However, based on the definition in this bill 10 of our 25 facilities would fall short of the 80% mandate, resulting in a recoupment of Medicaid funds.

There is little correlation between the 80% mandate and quality. Of our 10 nursing homes that would not have met the direct care cost mandate in 2022, 50% received a 4 or 5-star CMS Quality Measure rating and 40% received a 3-star CMS Quality Measure rating.

There is also little correlation between the 80% mandate and services required by federal and state regulations. In fact, 55% of federal tags do not relate to direct care. Many of these relate to life safety and other administrative requirements, like maintaining Resident Trust Funds, neither of which are considered direct care costs in this bill.

I support the goal of improving the quality of care in Texas nursing homes, but the proposed bill as it is currently written will not achieve this. Please let each nursing home operate in the manner that is best for their community, and consider changes to this bill that do not mandate spending in one area that limits spending on other basic and essential services for our Texas seniors.