Help Improve Care for Residents of Nursing Homes and Skilled Nursing Facilities

Co-Sponsor H.R 952, the Put a Nurse in the Nursing Home Act

Endorsed by: National Consumers Voice for Quality Long-Term Care, American Nurses Association, American Association of Nurse Assessment Coordination, Altarum Institute’s Center for Elder Care and Advanced Illness, Wider Opportunities for Women, Justice in Aging, National Association of State Long-Term Care Ombudsman Programs, National Committee to Preserve Social Security and Medicare, Center for Medicare Advocacy, National Consumers League, OWL - The Voice of Women 40+, Hartford Institute on Geriatric Nursing, Public Citizen, American Assisted Living Nurses Association, National Association of Local Long-Term Care Ombudsmen, National Academy of Elder Law Attorneys, Service Employees International Union (SEIU), National Association of Social Workers, United Spinal Association, National Gerontological Nurses Association, National Association of Directors of Nursing Administration in Long Term Care, Inc (NADONA), American Association for Long Term Care Nursing, Gerontological Advanced Practice Nurses, National Hartford Centers of Gerontological Nursing Excellence, Association of Rehabilitation Nurses, National Council on Aging, National Hispanic Council on Aging, American Federation of Teachers (AFT)

State and Local Organizations: Alaska Office of the Long-Term Care Ombudsman, California Office of the State Long-Term Care Ombudsman, Imperial County Long-Term Care Ombudsman Program, Napa Long-Term Care Ombudsman Program, Long-Term Care Ombudsman, Riverside, California Long-Term Care Ombudsman Association, Humboldt Del Norte Counties Long-Term Care Ombudsman, Ombudsman Services of San Mateo County, Inc., Mother Lode Office of Catholic Charities, Senior Advocacy Services, Advocacy, Inc., Ombudsman Services of Contra Costa County, So. Central Council of Governments, Statewide Coalition of Presidents of Resident Councils (Connecticut), District of Columbia Long-Term Care Ombudsman Program, Helping Hand Family Council at Transitions Healthcare Capitol City, Families for Better Care, Office of the Georgia State Long-Term Care Ombudsman, Coastal Georgia Ombudsman Program, Middle George Long-Term Care Ombudsman Program, Hawaii State Long-Term Care Ombudsman Program, Office of the Iowa State Long-Term Care Ombudsman, The Hale Group, Community Action Partnership, Area II Agency on Aging, Disability Action Center NW, Southeast Idaho Council of Governments Area Agency on Aging, Area Agency on Aging of Eastern Idaho, CSI Office on Aging, National Certification Board for Alzheimer Care, Indiana Office of the Long-Term Care Ombudsman, Long-Term Care Ombudsman Office, Area 2, National Association to Stop Guardian Abuse, Kansas Advocates for Better Care, Nursing Home Ombudsman Agency of the Bluegrass, Massachusetts State Long-Term Care Ombudsman Program, Massachusetts Advocates for Nursing Home Reform, Maryland Long-Term Care Ombudsman Program, Montgomery County, MD Long-Term Care Ombudsman Program, Family Council of Ellicott City Health Care Center, Maine Long-Term Care Ombudsman Program, Michigan Long-Term Care Ombudsman Program, Adult Well-Being Services - Long Term Care Ombudsman Program, Michigan Elder Justice Initiative, Office of the Minnesota State Long-Term Care Ombudsman, Advocacy Solutions for Quality in Long-Term Care, Inc., VOYCE St. Louis, Rocky Mountain Development Council Area Agency on
Dear Colleague:

Did you know that nursing homes and skilled nursing facilities (‘nursing facility’) are required to have a registered nurse (RN) on duty for 8 hours per day regardless of the size of the facility? I was shocked to learn that for 16 hours a day, not a single RN may be in a nursing home. Is it any wonder that residents are experiencing avoidable injury, increased illness acuity, and premature death due to the lack of a direct care RN on duty at their nursing facility.

The Put a Registered Nurse in the Nursing Home Act would require nursing facilities to have at least one direct care RN on duty 24 hours per day, 7 days a week.

The evidence is clear that the absence of direct care RNs for any period during the day reduces the quality of care received by nursing facility residents. Registered nurses are the only nursing personnel with the education, training, and licensure to provide timely clinical assessments and medical intervention. The absence of direct care RNs for any period throughout the day leaves residents without access to this expertise.

Unfortunately, federal requirements have not kept up with the evidence. Current law allows a nursing facility to leave their residents without the care of a RN for up to 16 continuous hours each day. Nursing facilities have taken advantage of flexibility to save money on staffing at the expense of the health of their residents. Instead of employing adequate RNs in addition to licensed practical nurses (LPNs) and certified nursing assistants (CNAs) to care for residents, some rely solely upon LPNs and CNAs to care for their residents during the majority of the day. While the LPNs and CNAs work hard to provide the best care possible for the residents, they do
not possess the training and licensure necessary to meet the medical assessment and intervention needs of residents that arise throughout the day.

Nursing facility residents and our health care system cannot afford this understaffing any longer. The medical intensity and complexity of care for nursing facility residents continues to increase. Advancements in medicine continue to increase our ability to treat and discharge patients out of hospitals sooner. It is becoming increasing common for residents who are elderly, frail, and/or have multiple complex conditions to be discharged from the hospital to a nursing facility one to two days after a major surgery or other medical intervention. Those patients and our health care system are reliant upon nursing facilities having the adequate RN staffing available to care for those patients, prevent costly complications and readmissions, and to improve or maintain their health condition.

I urge you to join me in supporting continuous direct care RN staffing to ensure that some of our most vulnerable Americans have the care they need and deserve in nursing facilities. If you have any questions or would like to cosponsor this legislation, please contact Amy Kelbick in Rep. Jan Schakowsky’s office at 225-2111 or amy.kelbick@mail.house.gov.

Sincerely,

Jan Schakowsky