



House Finance Committee

May 1st 2024

H 7493

**Statement by James Nyberg
Executive Director, LeadingAge RI**

On behalf of LeadingAge RI, whose membership includes non-profit nursing homes and other long-term care providers, we wish to express our support for this bill to provide for a 20% add-on to the Medicaid per diem rate for nursing homes that have single-occupancy rooms and bathrooms.

There is a growing body of research that shows the benefits of single rooms on residents' physical and mental health and well-being, which was clearly exposed by the COVID-19 pandemic. There is also the simple fact that it promotes human dignity. Older Rhode Islanders should not have to share a bathroom and a shower with strangers during a frail time of life.

A comprehensive report on the subject by Health Management Associates, a national consulting firm, found that single rooms decrease the risk of acquiring or spreading infections; improved sleep and reduced agitation among individuals with dementia; greater flexibility in responding to resident care needs; improved resident satisfaction; and a greater sense of home and privacy.

Most recently, The National Academy of Sciences, Engineering, and Medicine (NASEM) has just released a seminal report entitled "The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff." This is a comprehensive report that will help guide public policy on nursing homes at the national and state levels for the foreseeable future. The first goal that is mentioned states that nursing homes should be redesigned as smaller, more home-like environments with single occupancy rooms and private bathrooms to improve resident safety and enhance quality of life. The report further recommends that nursing home owners, with the support of federal and state governmental agencies, should construct and reconfigure (renovate) nursing homes to provide smaller, more home-like environments and/or smaller units within larger nursing homes that promote infection control and person-centered care and activities.

This is an opportune time to support such an initiative, given that occupancy in nursing homes remains down at about 86%. So, supporting single room occupancy and conversions should not affect overall availability of nursing home care.

Moreover, this is an opportunity to support change to the institutional model that was created when facilities were built 50 years ago and reflect the movement that supports resident-centered care, resident rights, and a more homelike environment.

The per diem increase of 20% is based on an analysis done by Plante & Moran, a national consulting firm well-known in the long-term care field. The analysis showed that the increased operating costs and capital costs average \$50 per patient day. Based on Rhode Island's average Medicaid per diem rate of \$274 (per EOHHS recent caseload testimony), this would equate to a roughly 20% add-on to make operating a facility with single rooms more financially sustainable.

This bill is an important first step in moving towards the national goal of supporting single occupancy rooms. The time is right, and Rhode Island can be a national leader by pursuing this policy.

Research on the Benefits of Single Rooms.

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- American Bar Association. "Policy Change to Put the Home Back Into Nursing Homes" July 2021. https://www.americanbar.org/groups/law_aging/publications/bifocal/vol-42/bifocal-vol--42-issue-6--july---august-2021-/policy-change-to-put-the-home-back-into-nursing-homes/.
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- Health Affairs. "The Big Idea Behind a New Model of Small Nursing Homes" March 2021. <https://www.healthaffairs.org/doi/10.1377/hlthaff.2021.00081>.
- The Gerontologist. "Exploring the Cost and Value of Private Versus Shared Bedrooms in Nursing Homes" April 2007. <https://academic.oup.com/gerontologist/article/47/2/169/683650>.