SYNOPSIS
Establishes minimum direct care staff-to-resident ratios in nursing homes.

CURRENT VERSION OF TEXT
As introduced.
A4652 JIMENEZ, JOHNSON

AN ACT concerning staffing requirements for nursing homes and
supplementing Title 30 of the Revised Statutes.

BE IT ENACTED by the Senate and General Assembly of the State
of New Jersey:

1. a. Notwithstanding any other staffing requirements as may be
established by law, every nursing home as defined in section 2 of
P.L.1976, c.120 (C.30:13-2) or licensed pursuant to P.L.1971, c.136
(C.26:2H-1 et seq.) shall maintain the following minimum direct care
staff-to-resident ratios:

(1) one certified nurse aide to every six residents for the day shift;
(2) one direct care staff member to every 10 residents for the
evening shift, provided that no fewer than half of all staff members
shall be certified nurse aides, and each staff member shall be signed
in to work as a certified nurse aide and shall perform certified nurse
aide duties; and
(3) one direct care staff member to every 14 residents for the
night shift, provided that each direct care staff member shall sign in
to work as a certified nurse aide and perform certified nurse aide
duties.

b. Upon any expansion of resident census by the nursing home,
the nursing home shall be exempt from any increase in direct care
staffing ratios for a period of nine consecutive shifts from the date of
the expansion of the resident census.

c. (1) The computation of minimum direct care staffing ratios
shall be carried to the hundredth place.
(2) If the application of the ratios listed in subsection a. of this
section results in other than a whole number of direct care staff,
including certified nurse aides, for a shift, the number of required
direct care staff members shall be rounded to the next higher whole
number when the resulting ratio, carried to the hundredth place, is
fifty-one hundredths or higher.
(3) All computations shall be based on the midnight census for
the day in which the shift begins.
d. Nothing in this section shall be construed to affect any
minimum staffing requirements for nursing homes as may be
required by the Commissioner of Health for staff other than direct
care staff, including certified nurse aides, or to restrict the ability of
a nursing home to increase staffing levels, at any time, beyond the
established minimum.
e. The minimum direct care staffing ratios required by this
section shall not apply to any pediatric long-term care facility
licensed by the Department of Health.
f. As used in this section, “direct care staff member” means any
registered professional nurse, licensed practical nurse, or certified
nurse aide who is acting in accordance with that individual’s
authorized scope of practice, and pursuant to documented employee
time schedules.

2. A long-term care facility licensed pursuant to P.L.1971, c.136
(C.26:2H-1 et seq.) may employ certified homemaker-home health
aides to work as certified nurse aides, provided that the homemaker-
home health aide is enrolled in a qualified certified nurse aide
program and is working toward certification as a certified nurse aide.

3. a. There is established in, but not of, the Department of Labor
and Workforce Development the Special Task Force on Direct Care
Workforce Retention and Recruitment. The purpose of the task force
shall be to:
   (1) evaluate current direct care staffing levels in the State;
   (2) examine policies and procedures used to track data on direct
care staffing, including workforce turnover rates in long-term care,
   staffing statistics, and vacancy rates;
   (3) examine the effectiveness of staff retention and recruitment
   strategies and initiatives that are in place for direct care staff;
   (4) identify any existing circumstances that allow for a shortage
   or surplus of direct care staff;
   (5) develop recommendations for legislation, policies, and short-
term and long-term strategies for the retention and recruitment of
direct care staff to ensure an adequate workforce is in place to provide
high-quality, cost-effective health care; and
   (6) develop recommendations for a waiver process.
   b. The task force shall take appropriate actions to effectuate its
   purposes, including, but not limited to, engaging in the evaluation of
   workplace practices and organizational cultures, advancement
   opportunities, job supports and incentives, training opportunities,
wages and benefits, educational initiatives, and certification
   reciprocity rules.
   c. The task force shall consist of 16 members, as follows:
      (1) the Commissioner of Labor and Workforce Development, the
      Commissioner of Human Services, the Commissioner of Health, the
      Secretary of Higher Education, and the New Jersey Long-Term Care
      Ombudsman, or their designees, who shall serve ex officio;
      (2) two members of the Senate appointed by the President of the
      Senate, which members shall not be from the same political party;
      (3) two members of the General Assembly appointed by the
      Speaker of the General Assembly, which members shall not be from
      the same political party; and
      (4) seven public members, including:
         (a) one direct care staff professional who has experience as a
certified nurse aide in a not-for-profit nursing facility, one direct care
staff professional who has experience as a certified nurse aide in a
for-profit nursing facility, and one representative of the Health Care
Association of New Jersey, to be appointed by the Governor;
(b) one representative from a Statewide majority labor representative in non-profit or for-profit nursing facilities and one representative of the New Jersey Hospital Association, to be appointed by the President of the Senate; and

(c) one representative of the American Association of Retired Persons and one representative of LeadingAge New Jersey and Delaware, to be appointed by the Speaker of the General Assembly.

d. All appointments to the task force shall be made within 120 days after the effective date of this act. Any vacancies in the membership shall be filled in the same manner as the original appointments. The members of the task force shall serve without compensation but may be reimbursed for reasonable expenses incurred in the performance of their duties, within the limits of funds made available to the task force for this purpose.

e. The Department of Labor and Workforce Development shall provide professional and clerical staff to the task force as necessary to carry out its duties and effectuate its purposes.

f. The task force shall organize as soon as practicable, but not more than 120 days after the effective date of this act. The task force shall meet and hold hearings at the times and places it may deem appropriate and necessary to fulfill its duties and effectuate its purposes under this section. The task force shall hold at least one public hearing in each of the northern, central, and southern regions of the State, the purpose of which hearings shall be to meet with long-term care providers and solicit their input and recommendations regarding the retention and recruitment of direct care staff.

g. No later than one year after the date of the task force’s organizational meeting, the task force shall prepare and submit to the Governor and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, a report of its activities under this section. The report shall identify the task force’s findings on long-term care issues and its recommendations for addressing those issues.

h. The task force shall expire upon submission of the report required pursuant to subsection g. of this section.

4. Pursuant to the “Administrative Procedure Act,” P.L.1968, c.410 (C.52:14B-1 et seq.), the Commissioner of Health shall adopt rules and regulations to effectuate the purposes of this act.

5. This act shall take effect of the first day of the fourth month next following the date of enactment, but the Commissioner of Health may take such anticipatory administrative action in advance thereof as shall be necessary for the implementation of this act. Section 3 of this act shall expire upon submission of the task force’s report required pursuant to subsection g. of section 3 of this act.

STATEMENT
This bill requires nursing homes to maintain certain minimum
direct care staff-to-resident ratios. Specifically, the bill will require:
(1) one certified nurse aide to every six residents for the day shift;
(2) one direct care staff member to every 10 residents for the
evening shift, provided that no fewer than half of all staff members
are to be certified nurse aides, and each staff member will sign in to
work as a certified nurse aide and will perform certified nurse aide
duties; and
(3) one direct care staff member to every 14 residents for the
night shift, provided that each direct care staff member is to sign in
to work as a certified nurse aide and perform certified nurse aide
duties.
As used in the bill, “direct care staff member” means any
registered professional nurse, licensed practical nurse, or certified
nurse aide who is acting in accordance with that individual’s
authorized scope of practice, and pursuant to documented employee
time schedules.
The bill sets forth a methodology for computing the appropriate
ratio, and provides that a nursing home that experiences an increase
in resident census is exempt from increasing the number of direct
care staff members for nine consecutive shifts.
Nothing in the bill is to affect any minimum staffing requirements
for nursing homes as may be required by the Commissioner of Health
for staff other than direct care staff or to restrict the ability of a
nursing home to increase staffing levels, at any time, beyond the
established minimum. The staffing ratios required under the bill will
not apply to pediatric long-term care facilities.
The bill provides that long-term care facilities may employ
certified homemaker-home health aides to work as certified nurse
aides, provided that the homemaker-home health aide is enrolled in
a qualified certified nurse aide program and is working toward
certification as a certified nurse aide.
The bill establishes in, but not of, the Department of Labor and
Workforce Development the “Special Task Force on Direct Care
Workforce Retention and Recruitment. The purpose of the task force
will be to:
(1) evaluate current direct care staffing levels in the State;
(2) examine policies and procedures used to track data on direct
care staffing, including workforce turnover rates in long-term care,
staffing statistics, and vacancy rates;
(3) examine the effectiveness of staff retention and recruitment
strategies and initiatives that are in place for direct care staff;
(4) identify any existing circumstances that allow for a shortage
or surplus of direct care staff;
(5) develop recommendations for legislation, policies, and short-
term and long-term strategies for the retention and recruitment of
direct care staff to ensure an adequate workforce is in place to provide
high-quality, cost-effective health care; and
(6) develop recommendations for a waiver process.
In carrying out its work, the task force will evaluate workplace practices and organizational cultures, advancement opportunities, job supports and incentives, training opportunities, wages and benefits, educational initiatives, and certification reciprocity rules.

The task force will consist of 16 members, including: the Commissioner of Labor and Workforce Development, the Commissioner of Human Services, the Commissioner of Health, the Secretary of Higher Education, and the New Jersey Long-Term Care Ombudsman, or their designees, who will serve ex officio; two members of the Senate representing different political parties and two members of the General Assembly representing different political parties; and seven public members with knowledge and experience related to nursing facilities, to be variously appointed by the Governor, the Senate President, and the Speaker of the General Assembly.

The task force will be required to organize within 120 days after the effective date of the bill and hold at least one public hearing in each of the northern, central, and southern regions of the State, the purpose of which hearings shall be to meet with long-term care providers and solicit their input and recommendations regarding the retention and recruitment of direct care staff.

No later than one year after the date of the task force’s organizational meeting, it will be required to prepare and submit a report to the Governor and the Legislature concerning its activities, findings, and recommendations. The task force will expire upon submission of its report.