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

CURRENT VERSION OF TEXT
As reported by the Senate Budget and Appropriations Committee on September 21, 2020, with amendments.

(Sponsorship Updated As Of: 9/24/2020)
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
1[certified nurse aide] direct care staff\(^1\) -to-resident ratios:
   (1) one certified nurse aide to every \([8]^2\) eight\(^2\)
   residents for the day shift;
   (2) one \([6]^1\) six\(^1\)
   residents for the evening shift \(^1\), 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\(^4\); and
   (3) one \([16]^1\) sixteen\(^1\)
   residents for the night shift \(^1\), provided that each
   direct care staff member shall sign in to work as a certified nurse
   aide and perform certified nurse aide duties\(^1\).

b. Upon any expansion of resident census by the nursing home,
the nursing home shall be exempt from any increase in \([\text{certified}
\text{nurse aide}]\) direct care\(^4\) staffing ratios for a period of nine
consecutive shifts from the date of the expansion of the resident
census.

c. (1) The computation of \([\text{certified nurse aide}]\) minimum
direct care\(^4\) 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 \([\text{direct care staff,}
\text{including certified nurse aides}]\) for a shift, the number of
required \([\text{certified nurse aides}]\) direct care staff members\(^4\) 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 \([\text{direct}
\text{care staff, including certified nurse aides}]\) to restrict the ability
of a nursing home to increase staffing levels, at any time, beyond
the established minimum.

EXPLANATION – Matter enclosed in bold-faced brackets \([\text{thus}]\) in the above bill is
not enacted and is intended to be omitted in the law.

Matter underlined \(^1\) is new matter.
Matter enclosed in superscript numerals has been adopted as follows:
\(^1\)Senate SHH committee amendments adopted September 14, 2020.
\(^2\)Senate SBA committee amendments adopted September 21, 2020.
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.¹

¹ 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.

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.