

MAINE STATE LEGISLATURE

The following document is provided by the
LAW AND LEGISLATIVE DIGITAL LIBRARY
at the Maine State Law and Legislative Reference Library
<http://legislature.maine.gov/lawlib>



Reproduced from scanned originals with text recognition applied
(searchable text may contain some errors and/or omissions)



119th MAINE LEGISLATURE

FIRST REGULAR SESSION-1999

Legislative Document

No. 1432

H.P. 1021

House of Representatives, February 23, 1999

**An Act to Improve Care to Nursing Home Residents by Requiring
Adequate Staff to Provide Hands-on Care.**

(EMERGENCY)

Reference to the Committee on Health and Human Services suggested and ordered printed.

A handwritten signature in black ink that reads "Joseph W. Mayo".

JOSEPH W. MAYO, Clerk

Presented by Representative ETNIER of Harpswell.
Cosponsored by Senator BENNETT of Oxford and
Representatives: DAVIDSON of Brunswick, HEIDRICH of Oxford, JOY of Crystal,
LOVETT of Scarborough, Senator: PINGREE of Knox.

2 **Emergency preamble.** Whereas, Acts of the Legislature do not
become effective until 90 days after adjournment unless enacted
as emergencies; and

4
6 **Whereas,** there is ample evidence that nursing facilities are
under-staffed and that resident care is endangered; and

8 **Whereas,** short staffing leads to preventable illnesses and
injuries on the part of residents that actually increase the cost
of care; and

12 **Whereas,** short staffing hurts workers and diverts resources
away from direct care; and

14
16 **Whereas,** in the judgment of the Legislature, these facts
create an emergency within the meaning of the Constitution of
Maine and require the following legislation as immediately
18 necessary for the preservation of the public peace, health and
safety; now, therefore,

20 **Be it enacted by the People of the State of Maine as follows:**

22 **Sec. 1. 22 MRSA c. 405-E is enacted to read:**

24 **CHAPTER 405-E**

26 **NURSING FACILITY STAFFING STANDARDS**

28 **§1890. Nursing facility staffing standards**

30 **1. Definitions.** As used in this chapter, unless the
32 context otherwise indicates, the following terms have the
following meanings.

34 **A. "Direct-care providers" means registered nurses,**
36 **licensed practical nurses and certified nursing assistants**
who provide direct care of nursing facility residents.

38 **B. "Direct care" means hands-on care provided to residents,**
40 **including but not limited to feeding, bathing, toileting,**
dressing, lifting and moving residents. "Direct care" does
42 **not include food preparation, housekeeping or laundry**
services except in circumstances when such services are
44 **required to meet the needs of an individual resident on a**
given occasion.

46 **C. "Licensed staff" means registered nurses and licensed**
48 **practical nurses responsible for direct-care of residents,**
as defined in paragraph B, or for coordination and planning
50 **of resident care and supervision of direct-care providers.**

2 D. "Day shift" means the period from 7 a.m. to 3 p.m.

4 E. "Evening shift" means the period from 3 p.m. to 11 p.m.

6 F. "Night shift" means the period from 11 p.m to 7 a.m.

8 2. Minimum staffing standards. The following are the
10 minimum staffing standards required for care to nursing home
12 residents.

12 A. Every nursing facility shall maintain a ratio of
14 direct-care providers to residents of no less than:

16 (1) On the day shift, one direct-care provider for
18 every 5 residents;

20 (2) On the evening shift, one direct-care provider for
22 every 8 residents;

24 (3) On the night shift, one direct-care provider for
26 every 12 residents;

28 B. In addition to the requirement in paragraph A, every
30 nursing facility shall maintain a ratio of licensed staff to
32 residents of no less than:

34 (1) On the day shift, one licensed nurse for every 15
36 residents;

38 (2) On the evening shift, one licensed nurse for every
40 20 residents; and

42 (3) On the night shift, one licensed nurse for every
44 30 residents.

46 C. In addition to the requirements in paragraphs A and B
48 every nursing facility shall at mealtimes maintain a ratio
50 of one direct-care provider to every 3 residents. This
ratio may be reached by staggering mealtimes for residents
as long as residents are not required to wait more than 5
hours between meals.

52 3. Public right to staffing information. A nursing
54 facility shall prominently post for each shift information on the
56 actual number of licensed and unlicensed direct-care providers
58 then on duty as well as the ratio of direct-care providers to
60 residents, including information on the ratio of licensed staff
to residents. This information must be displayed on a
standardized form supplied by the department. In addition, this

2 information must be posted for the most recently concluded
4 cost-reporting period in the form of average daily staffing
6 ratios for that period. This information must be posted in a
8 manner that is visible and accessible to all residents, staff and
10 visitors to the facility. A poster provided by the department,
12 posted in the same vicinity, must describe the minimum staffing
14 standards set forth in this chapter.

16 **Sec. 2. Methodology to determine nursing staffing.** The Department
18 of Human Services shall contract with one or more experts in the
20 field of nurse staffing research and long-term care to recommend
22 a methodology for determining appropriate nursing facility
24 staffing levels based on resident acuity. The Commissioner of
26 Human Services shall present a proposal and any necessary
28 legislation to implement this methodology to the Joint Standing
30 Committee on Health and Human Services by May 1, 1999.

32 **Emergency clause.** In view of the emergency cited in the
preamble, this Act takes effect when approved.

SUMMARY

24 This bill increases the ratios of direct-care providers to
26 residents, defines "direct care" as hands-on care and requires
28 extra staff at meal times to ensure adequate nutrition to
30 residents. This bill requires the Department of Human Services
32 to contract with one or more experts in the field of nurse
staffing research and long-term care to recommend a methodology
for determining appropriate nursing facility staffing levels
based on resident acuity and to report back to the Legislature by
May 1, 1999.