

Nurses Belong in Nursing Homes Act

Senators Wyden, Kim, Booker, Warren, Luján, Murphy, and Blumenthal

Section 1. Short Title. Nurses Belong in Nursing Homes Act

Section 2. Nurse Staffing Requirements. This section amends Medicare and Medicaid nursing home requirements to establish minimum staffing standards. Nursing homes must have at least one registered nurse on site 24 hours a day, 7 days a week. In addition, this section sets an initial minimum staffing floor of 3.48 total nursing hours per resident day, meaning that each resident in a nursing home would receive at least 3 and a half hours of nursing care per day. These hours must be met through an appropriate skill mix of registered nurses (RNs), licensed practical or vocational nurses (LPNs/LVNs), or certified nursing assistants (CNAs) to ensure resident safety. This section also removes statutory waivers of nursing staffing requirements. These new staffing requirements take effect within 180 days of enactment.

In addition, this section establishes an ongoing review of newly established federal minimum nursing home staffing requirements. Within two years of enactment and every four years after, the Secretary of the U.S. Department of Health and Human Services (HHS) must direct a designated entity (the Assistant Secretary for Planning and Evaluation, the Comptroller General, the Medicare Payment Advisory Commission, or the Medicaid and CHIP Payment and Access Commission) to complete a study on whether current staffing levels are sufficient to meet resident needs. In conducting the study, the designated entity must consult with residents, families of residents, frontline workers, nursing home operators, unions, long-term care ombudsmen, and long-term care workforce researchers; evaluate whether the minimum staff to resident ratio established in this bill or in the previous study should be increased based on patient acuity; and determine whether minimum ratios should be established for specific categories of direct care workers. The designated entity must submit a report with recommendations to the Secretary.

Within 180 days of receiving the study, the HHS Secretary must submit to Congress the study's findings, recommendations, and implementation plans. The study must justify the rationale for not adopting any recommendations. Within one year of receiving the study, the HHS Secretary must issue regulations updating the minimum staffing ratios to be consistent with the study's findings and recommendations. This section provides \$50 million for HHS to conduct these studies.

Section 3. Permanent Funding for the Survey and Certification Program for Nursing Homes and Other Health Care Entities. This section provides a mandatory, permanent appropriation for state survey and certification activities. It appropriates \$800 million annually beginning in FY 2027 to support state inspections and enforcement activities for nursing homes and other health care entities overseen by the Centers for Medicare & Medicaid Services (CMS).

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Section 4. Investing in the Nursing Home Workforce. This section requires that a significant portion of Medicare and Medicaid civil money penalty (CMP) funds raised from penalties sanctioned on nursing homes be reinvested in the long-term care workforce. Specifically, states must use at least half of the CMP funds for nursing home workforce recruitment, education, and training through grants to educational institutions, advocacy organizations, and labor unions; nursing home career pathway development programs; and student loan repayment or tuition assistance for qualified nursing home staff who commit to at least three years of service in a nursing home. CMP funds may not be provided to entities with related-party relationships to nursing homes. States must annually submit a report to HHS on the use of CMP funds to invest in the nursing home workforce and how these funds will improve staff vacancy and turnover rates, median hourly wages, and quality outcomes of nursing home residents.

Section 5. Codification of Regulations Regarding Requirements for Long-Term Services and Supports and Payment Transparency Reporting. This section codifies regulations finalized by the Biden administration that improve the transparency of how Medicaid payments to nursing homes invest in the direct care workforce. States must report to CMS the share of Medicaid payments to nursing homes that is spent on compensation for direct care workers and support staff, such as housekeeping, food service, and transportation workers who support residents' daily needs. In calculating the percentage of payments spent on compensation, the regulations exclude costs related to training, travel, and personal protective equipment (PPE). This exclusion is intended to ensure that facilities are not discouraged from investing in workforce training, infection control, or safety measures to meet reporting benchmarks. Both states and CMS are required to make reported institutional payment information publicly available on accessible websites.

Endorsed by: AARP, Caring Across Generations, Center for Medicare Advocacy, ConsumerVoice, Elder Justice Coalition, Justice in Aging, The Long Term Care Community Coalition, National Health Law Program, American Federation of Labor and Congress of Industrial Organizations (AFL-CIO), American Federation of State, County & Municipal Employees (AFSCME), American Nurses Association, PHI, Service Employees International Union (SEIU), International Association of Machinists Union (IAM Union), National Domestic Workers Alliance, United Food & Commercial Workers (UFCW).