House
Legislative
Analysis
Section

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NURSING HOME STAFFING RATIOS

House Bill 4441 with committee amendments
First Analysis (11-9-93)

Sponsor: Rep. Burton Leland
Committee: Public Health

THE APPARENT PROBLEM:

The Public Health Code requires nursing homes to have enough workers to provide at least 2.25 hours of nursing care each day for each patient on a 24-hour basis. The code also sets a minimum ratio of staff-to-patients for each of the three eight-hour shifts: eight-to-one in the morning, twelve-to-one in the afternoon, and fifteen-to-one in the evening. However, despite these statutory requirements, nursing homes experience chronic shortages in staffing. This shortage is attested to both anecdotally, in stories told by families of nursing home residents and by nursing home workers, and statistically, in a survey by the Health Care Association of Michigan (representing 240 "for-profit" nursing homes). According to this survey, temporary nursing services ("nursing pools") accounted for 18 percent of all nursing hours worked in the association's facilities, while temporary nursing help accounted for 25 percent of the member facilities' nursing personnel costs.

Testimony submitted to the House Committee on Public Health further related the human costs of inadequate staffing. Relatives and nursing aides told of situations in nursing homes in which residents were not adequately cleaned (for example, one resident was given three showers by staff her first five weeks as a resident, other residents have been left to lie in their own feces or urine until additional staff came on duty) or fed properly (not enough staff to deliver food while it was still warm, or physically disabled residents who did not get the help they needed to feed themselves). Others told of bedridden residents who were not turned frequently enough to avoid bed sores (and the sometimes life-threatening infections accompanying them) or who were left on bedpans because busy aides forgot to return. Legislation has been introduced that would begin to address the problem of chronic understaffing in nursing homes.

THE CONTENT OF THE BILL:

The bill would amend the Public Health Code to modify staffing requirements for nursing homes. It would increase the minimum required daily number of hours of patient care, specify that the staff-to-patient ratio was a ratio between unlicensed staff and patients, require a new staff-to-staff ratio, and prohibit certain staff from providing nursing care.

More specifically, the bill would do the following:

(1) increase the existing minimum number of hours of daily care by nursing home staff from 2.25 hours to 2.65 hours;

(2) require that the existing staff-to-patient ratios for each shift be a ratio between unlicensed nursing staff (i.e. nurses aides) and patients;

(3) require a new ratio (separate from the staff-to-patient ratio) of unlicensed nursing personnel (such as nursing aides) to licensed nurses of not more than five-to-one during the morning and afternoon shifts and of not more than ten-to-one during the night shift.

If a nursing home provided three or more hours of care a day by unlicensed staff per patient, the nursing home would not have to meet the staff-to-patient ratios otherwise required under the bill.

Finally, the act currently prohibits nursing staff (both licensed and unlicensed) from providing basic services such as food preparation, housekeeping, laundry, and janitorial services except in "emergencies" (not defined in statute or rule) or natural disasters. The bill would prohibit staff employed to provide basic services (food preparation, housekeeping, laundry, and maintenance services) from providing nursing care to patients.

MCL 333.21720a

BACKGROUND INFORMATION:

The administrative rules for nursing homes describe patient care and nursing care. Rule 501 says of patient care in general that "The feelings, attitude, sensibility, and comfort of a patient shall be fully respected and given meticulous attention at all times by all personnel." Part 7 of the rules addresses nursing services, and includes rules on the director of nursing, charge nurses, nursing personnel, the reporting and enforcement of nurse staffing requirements, facility evaluation reports, nursing care and services, rehabilitative nursing care, patient care planning, discharge planning, equipment and supplies, "diversional" activities, patient evaluations by mental health workers, and patient councils. Rule 707 details what nursing services, at a minimum, should include:

(a) Care of the skin, mouth, teeth, hands, and feet and shampooing and grooming of the hair.

(b) Oral hygiene shall be provided at least daily and more often as required. Special mouth care shall be regularly provided to the acutely ill patient in accordance with individual need or as ordered by the physician.

(c) A patient's hair shall be combed or brushed daily. A patient's hair shall be shampooed on a routine basis at least weekly and more often as required, unless the attending physician writes an order to the contrary.

(d) A patient shall be offered the opportunity and facilities for, and assistance with, shaving, if necessary, as often as is required for comfort and appearance, unless the patient requests otherwise or the physician writes an order to the contrary. Daily shaving shall be made available on request or for comfort and appearance as needed.

(e) A complete tub or shower bath shall be taken, under staff supervision, by, or administered to, an ambulatory patient at least once a week, unless the physician writes an order to the contrary.

(f) A bedfast patient shall be assisted with bathing or bathed completely at least twice a week and shall be partially bathed daily and as required due to secretions, excretions, or odors.

(g) A patient shall be provided the opportunity for, and, as necessary, assisted with, personal care, including toileting, oral hygiene, and washing of hands and face before the breakfast meal. A patient's hands shall be washed before and, as required, after all meals and snacks.

(h) A patient's clothing or bedding shall be changed promptly when it becomes wet or soiled.

(i) A patient shall receive skin care as required according to written procedures to prevent dryness, irritation, itching, or decubitus [i.e. bedsores].

(j) A patient shall receive care as required according to written procedures to prevent complications of inactivity or prolonged periods of being bedfast.

(k) An inactive or bedfast patient shall be positioned according to written procedures so that major body parts are in natural alignment. Such position shall be changed appropriately at regular and specified intervals. Supportive devices shall be employed as indicated to maintain posture, support weakened body parts, or relieve undue pressure.

(l) A patient shall have, during each day, planned periods of rest, exercise, and diversional activities consistent with the patient's health status and desires.

(m) A patient shall be weighed and have his or her temperature, pulse, respirations, and blood pressure taken and recorded on admission and at least monthly thereafter or more frequently if ordered by a physician. The patient's measured or estimated height shall be recorded on admission.

(n) Provisions shall be made for the marking, laundering, ironing, and mending of the clothing of each patient. The clothing of each patient shall be stored individually. A system of inventory for patient clothing shall be implemented and maintained to prevent and control loss or theft insofar as possible.

(o) A patient who is out of bed in the daytime shall be dressed in comfortable clothing, unless contraindicated by the patient's medical condition or preference and justification thereof is documented in the patient's clinical record. Ambulatory patients shall wear appropriate footwear. Nonambulatory patients shall at least wear appropriate protective foot coverings.

FISCAL IMPLICATIONS:

According to a Department of Public Health analysis, the bill would have unspecified budgetary implications for the state. (9-22-93)

ARGUMENTS:

For:

In a way, the Public Health Code's use of the phrases "nursing care" and "nursing staff" (neither phrase is defined in statute or rule, though Rule 707 describes "nursing services") with regard to nursing homes is confusing and misleading. Many if not most people probably would assume that "nursing staff" referred to nurses, that is, to licensed registered nurses (RNs) or licensed practical nurses (LPNs). Most people also probably would assume that the minimum number of hours of "nursing care" required by the health code for each nursing home resident would refer to the help needed by (and given to) nursing home patients in their daily activities. Yet "nursing care" basically includes two kinds of care and is provided by two kinds of nursing home staff: Nurses aides, unlicensed personnel who help nursing home patients in activities of daily living ("ADLs") and professional, licensed nursing staff. Unlicensed personnel provide help with activities such as eating, dressing, dental and hair care, toileting (including emptying bedpans and changing patients when they soil themselves), repositioning patients to avoid bedsores -- in short, aides provide "hands on" help with all of the activities patients engage in throughout the day. The professional care provided by licensed nurses, in contrast, follows their professional standards of practice and rarely involves the "hands on" kind of physical care involved in ADLs. Instead, the kind of "care" provided by licensed nurses consists basically of supervising non-licensed staff (aides), administering medications, and doing the required regulatory and reimbursement paperwork. Licensed registered nurses (RNs) also develop and implement patient care plans for each nursing home resident, document residents' care, and are accountable for the safety of residents and for the care provided to patients by aides.

Because there are these two kinds of nursing home "care" and two kinds of nursing home "care" providers, it is possible for nursing home patients to suffer from inadequate mental and physical care even while, technically, the nursing home might be meeting or even exceeding all of the code's minimum staffing requirements and minimum number of hours of daily "nursing care" per patient. This is possible because when nursing homes calculate the number of staff and hours needed to meet the code's required minimums, nursing homes include both licensed and unlicensed staff and the hours that they work, even though the licensed nurses don't generally help patients with eating, dressing, bathing, toileting, dental care, turning bedridden patients to avoid bedsores, and so forth. Yet this kind of care, which is done by the nurses aides, is a major component of the quality of care provided to any nursing home resident. Without enough aides to provide this kind of basic care, nursing home residents suffer, both emotionally and physically -- sometimes even to the point where their very lives are endangered.

As testimony before the House Public Health Committee made abundantly clear, both nursing home patients and workers are being harmed by chronic staffing shortages. For example, bedsores ("decubitus ulcers" or "decubes") not only are extremely painful for patients, but can lead to further complications requiring hospitalization and even resulting in death. One woman testified that her 85-year-old mother, a stroke victim, developed a "Stage IV" bedsore on her foot as the result of not being repositioned for long periods of time in bed and in a "geri chair." Ultimately, her mother's leg had to be amputated above the knee because of the bedsore. A nursing home aide also described seeing bedsores so large "you could put your fist in them up to your wrist." If there aren't enough aides to regularly reposition bed- or wheelchair-bound patients, as often appears to be the case, these patients are at risk for developing these painful sores and the subsequent, sometimes fatal, consequences. Other testimony, both by nursing home aides and by relatives of nursing home patients, movingly told of the suffering of patients and relatives.

At the same time, overworked aides testified to the anguish they experienced when they are unable to adequately care for residents because the aides simply had too many patients to care for and not enough time to take care of them. Some aides told of being unable to protect patients from other, violent patients, let alone being able to protect themselves from these patients when busy trying to care for other patients. Overworked aides told of working consecutive shifts because there was no one

to take their place, and of seeing overworked co-workers falling asleep while trying to feed patients.

Nursing home staffing shortages are real and chronic and dangerous to both nursing home residents and to aides. Staffing levels urgently need to be increased -- especially aides -- in order to protect the health and safety both of nursing home residents and of nursing home aides. By establishing separate aide-to-resident ratios and nurse-to-aide staff ratios, the bill would begin to address the problem of chronic nursing home understaffing and perhaps begin to improve the quality of care provided to nursing home patients.

Against:

National surveys reportedly have indicated that staffing in nursing homes has not changed significantly in the past 15 years, even though the clinical needs of the average nursing home resident have changed significantly. With an increase focus on reducing costs through shorter hospital stays, patients in nursing homes frequently are sicker than past nursing home residents. The professional nursing care needs of nursing home residents have become clinically complex in the last several years, yet the levels of professional nursing staff necessary to meet these complex clinical needs has not kept pace with the residents' needs. While it may be important to calculate the staffing ratios for (unlicensed) aides separately from the ratios for licensed nurses, it also is important to provide a level of licensed staffing that will not compromise standards of professional nursing practice. Merely increasing the level of unlicensed personnel doesn't address the nursing home's responsibility for adequately providing both those aspects of care which only licensed nurses provide and for the adequate supervision of care delegated by nurses to (and provided by) unlicensed nursing home workers.

The proposed minimum ratios for licensed nurses could not only compromise professional standards of nursing practice, it could create working conditions that would undercut gains made by increasing staffing ratios for unlicensed personnel. For example, under the bill, licensed nurses potentially could be accountable for up to 40 patients on the day shift, up to 60 patients on the afternoon shift, and up to 150 patients on the night shift! The issue of adequate staffing levels for licensed nurses needs to be more adequately addressed, either in this bill or in the near future.

Against:

Nursing homes say that they wouldn't be able to afford the bill, arguing that it would increase their costs without providing any additional source of funds to pay for these new costs. Nursing homes support the need for adequate staffing, but they need to pay -- and to be paid -- for any additional costs brought on by additional staffing requirements. Nursing homes already must staff above the minimum levels (because of employees who call in sick, who are otherwise absent, or who are fired) in order to ensure that they can meet even these minimum levels; the bill's requirements would force many nursing homes (up to one third, on one estimate) to hire additional staff without proposing any kind of funding mechanism for their increased costs. The bill's unlicensed staffing requirements would force many homes to add additional nursing aides or Certified Nurse Assistants (CNAs), while its new staff-to-staff ratio requirement would force (on one estimate) the average nursing home to add seven additional licensed nurses. In addition, nursing homes argue, their existing regulatory burden already has forced them to divert their licensed nurses from patient care in order to spend more time on paperwork to meet regulatory requirements. Adding to nursing homes' administrative burden, they say, would simply result in less, not more, patient care, as licensed nursing staff would have to spend even more time on paperwork (such as scheduling staffing) and even less time on patient care.

It takes nursing homes two years to recover their costs under the Medicaid program, because Medicaid reimburses on the basis of the nursing home's audited costs two years prior to the reimbursement. At the very least, the bill should be tie-barred to an appropriations bill that would give nursing homes money for these additional costs as those costs are incurred (called a "pass through" or "forward funding"). Without some kind of "forward funding", nursing homes would simply be forced to absorb these additional costs, even as they already incur losses under Medicaid reimbursement. Although nursing homes settled a successful federal lawsuit against the state in 1990 to increase their Medicaid funding by a new inflation factor, and although the current payment system is better for nursing homes, an industry representative says that their most recent data indicate that only about 51 percent of nursing homes got their Medicaid costs covered in 1992. If nursing homes currently aren't being adequately reimbursed for their Medicaid

costs it would only increase the financial burden on nursing homes to require them to hire more staff without at the same time providing them with adequate funding.

Response:

Proponents of the bill argue that although increased staff will cost additional money "up front," this increased staffing has the potential for saving money in the long run by decreasing the incidence both of costly care problems and of workers' compensation costs. Increased staffing will mean that patients' needs will be more adequately met and that patients consequently won't develop as many serious problems and conditions; thus, costs for inadequate care will be reduced. In addition, increased staffing could reduce nursing home workers' compensation costs by decreasing workers' back problems, the most common workplace injury in nursing homes. Back problems are caused, in large part, because the mostly female workforce is forced to lift heavier patients by themselves and without adequate help. Nurses aides also testified to problems that occur, when they are shortstaffed, with violent patients attacking both the aides and other residents and there not being enough staff to protect either.

Additionally, some of the millions of dollars in enhanced federal Medicaid matching money could be used to fund any additional costs to the Medicaid program. Through an enhanced federal match program, the state of Michigan reportedly collected an additional $115 million from the federal government in 1993 because of money contributed by county- and city-owned nursing homes. This money apparently was used to balance the state budget instead of going to nursing homes, but some of the money from this "enhanced federal match program" could be used to finance additional staffing in nursing homes. Instead of putting all of this money into the state general fund, the state could use some of it (as little as 3.3 percent, or $5 million, the estimated cost of implementing the bill's requirements) for additional nursing home staffing.

Reportedly, on an average, states put 50 percent of their total Medicaid budget into nursing home care, while only 21 percent of Michigan's Medicaid budget is spent on nursing home care. Michigan also reportedly has the lowest per capita number of nursing home beds in the Midwest, and is below the national average in the number of nursing home beds for its elderly population. If adequate nursing home care is important to the state then it can and should make the necessary money available for nursing home care.

Against:

Nursing home industry representatives say that the existing staffing requirements were never meant to address quality of care issues but were intended instead to ensure that nursing home residents could be evacuated in case of fires or other emergencies. At the same time, they point out that most nursing homes (by one estimate, up to 75 percent) currently voluntarily meet or exceed both the current and proposed requirements. For example, staffing studies of county medical care facilities done in 1992 showed that the lowest staffed facility had an overall staffing ratio of 2.92 hours per day, while the overall average staffing ratio for all county facilities was 3.47 hours. The majority of hospital-affiliated nursing care facilities (hospital-attached long term care units and hospital-owned and operated freestanding nursing homes) also reportedly are already operating above the proposed new minimum ratio of 2.65 hours per patient per day. Reportedly state-owned nursing homes (i.e. in prisons) average 4.14 hours per day, while for-profit homes average 2.82 hours per day.

But even if only the present minimum staffing hours were being met, opponents of the bill argue that no study or clinical evidence has been offered that would support increasing the minimum number of hours or changing the staffing ratios, let alone adding a new staff-to-staff ratio. Even though the majority of nursing homes already meet or exceed the proposed 2.65 hours a day of patient care, proponents of the bill have failed to show that homes staffing at 2.50 or 2.60 hours provide lower quality care than those staffing at 2.65 or 2.85 or even 3.00 hours a day. And, as one representative of the nursing home industry pointed out, there hasn't even been any convincing proof that nursing homes now staffing below 2.65 hours a day are, either individually or in general, providing inadequate care to their residents.

The fact that most nursing homes meet or exceed the proposed daily minimum number of hours of patient care, however, doesn't mean that the bill wouldn't be a problem for nursing homes. Because the bill would require new staff-to-patient ratios that would include only unlicensed staff and because it would add a separate and new system of ratios for licensed nurses for the three daily shifts, even nursing homes currently meeting or exceeding the

proposed 2.65 hours a day requirement still would likely have to hire up to seven additional licensed nurses. Until proponents of the bill can prove that the current requirements -- much less the proposed requirements -- result in better patient outcomes or higher quality patient care, attempting to improve quality of care by tinkering simply with the numbers truly is just a "numbers game" and nothing more.

Industry representatives further argue that instead of focusing on increasing the quantity of staffing in nursing homes, they need to increase the quality of their staffing -- primarily by keeping their existing staff, which would mean raising nursing home staff wages and benefits to match those paid by hospital and public facilities (including county medical care facilities, whose higher state reimbursements reportedly allow them to offer better wages and benefits than those in private homes). Because of the lack of parity in wages and benefits between nursing home staffs and the staffs of other health care institutions (such as hospitals), nursing homes continually lose staff and thus have to continually recruit and train new employees. In fact, one industry representative argues that improved patient care won't come from requiring more nurses aides but from hiring and keeping licensed nurses, both RNs and LPNs. The bill completely fails to address what the industry sees as one of its major problems, namely that of wage parity for its licensed staff, not increases in their unlicensed staff.

Response:

Surely it is ludicrous to claim that the level of staffing of nursing homes has nothing to do with the quality of patient care. Nursing homes, like other industries involving intensive physical care of human beings (like child care, which also experiences chronic staffing problems, or even hospitals, which periodically experience shortages in their nursing staffs), need to have enough staff to provide for the physical and emotional needs of nursing home residents. Testimony by relatives of nursing home patients and by nursing home aides repeatedly attested to the physical and mental pain suffered by nursing home residents because of virtually routine staffing shortages. In fact, their testimony made a mockery of the administrative rule that requires that "the feelings, attitude, sensibility, and comfort" of nursing home patients "be fully respected and given meticulous attention at all times" by all nursing home personnel. While the testimony made it abundantly clear that nursing home staffs are highly dedicated and extremely hardworking, the same testimony also made it abundantly clear that both patients and staff are suffering from the fact that there just aren't enough people to do the necessary work. Official statistics on the "adequacy" of nursing home staffing levels -- that is, levels that meet the current minimum requirements -- are possible only because these statistics include the hours of the licensed nurses, who, apparently, rarely provide the kinds of "hands on" care needed to keep nursing home patients physically (much less mentally and emotionally) healthy.

In addition, if, as the nursing home industry claims, most nursing homes currently meet existing -- and even the proposed -- requirements, then the bill would help those nursing homes that apparently are falling below current industry practice while not adversely affecting the majority of homes. In this sense, the bill could, in the long run, benefit the industry as well as helping nursing home patients.

Finally, although there are no scientific studies of the numbers presented in the bill, there is compelling data indicating that nursing homes that operate below these proposed standards are more likely to pose problems both to consumers and to the regulatory system. For example, according to figures from the Department of Public Health, 32 percent of the homes (or 10 out of 31) ordered by the department to limit their admissions had fewer than 2.65 hours of staffing when ordered to limit their admissions. The same percentage of nursing homes (32 percent, or 18 out of 56) that lost the right to conduct initial nurses aide training or testing programs (as of September 1993) also had fewer than 2.65 hours of staffing when they lost their right to provide initial training to their unlicensed staff. Even greater percentages of nursing homes (54 percent and 60 percent, respectively) had fewer than 2.85 hours -- the number of hours claimed by the industry that would effectively be required under the bill because of its required separate aide-to-licensed nurse ratios -- of staffing when ordered to limit admissions or when losing the right to conduct initial nurses aide training. So, contrary to claims that no evidence exists to support the bill's proposed requirements, data does in fact exist that supports the bill.

Against:

The bill isn't needed because the Department of Public Health already has the statutory authority to require a nursing home to hire more staff, regardless of the number of hours of care being provided. What is more, nursing homes providing

inadequate staff and/or supervision are readily identified by the department during the inspection process and are required to take corrective actions. Finally, the Public Health Code already requires nursing homes to "employ nursing personnel sufficient to meet the needs of each patient in the nursing home."

Response:

If the Department of Public Health were adequately regulating nursing homes there wouldn't be so many formal and informal complaints about inadequate care. Not only does the department suffer from budgetary restrictions (as is generally true of regulatory agencies), but the existing sanctions in law clearly are inadequate. Though proponents of the bill weren't able to present time and motion studies done on nursing homes, anecdotal and other evidence supports the severity of the problem of chronic understaffing. For example, in 1989 and 1990, the Michigan Ombudsman Program reportedly received over 400 complaints that there were not enough staff in nursing homes to do "what was needed to be done," while during this same period residents and their support systems reported over 500 cases of nursing home residents who received inadequate basic hygiene care and over 200 people complained of nursing home residents being left in their own urine or feces for long periods of time. In addition to these statistics, anecdotal evidence supports claims of inadequate nursing home care: whenever public hearings are held on problems in the nursing home industry, the problem of chronic staff shortages inevitably is brought up. It seems clear -- claims to the contrary notwithstanding -- that existing sanctions against, and regulation of, nursing homes for failing to meet even minimum standards need improvement.

Against:

Neither the current system of staffing nor the proposed system bear any relationship to the needs of individual patients. In fact, the bill simply shores up the archaic, inflexible 8-hour shift method of staffing under which nursing homes now operate, without trying to find out whether there is a better way to care for patients. The latest federal nursing home reform laws reportedly create a regulatory and enforcement scheme based on outcomes, not on minimum staffing requirements. In order to meet the needs of today's potential employees and to care for differing patient populations, nursing homes need to develop new and innovative staffing patterns, and not be tied to old, outmoded ways of doing things.

Response:

Staffing does not always follow patient or employee needs. For example, recent changes in the federal nursing home laws required increases in coverage by registered nurses, and what modest increase in staffing that has resulted reportedly is the result of this federal requirement. (Besides, as noted above, increases in numbers of registered nurses does not generally mean more daily care for nursing home residents, since that care is given by the non-licensed staff.) Reportedly staffing ratios also are higher in the non-profit sector (about 30 percent of nursing homes in the state, both public and private) than in the "for profit" sector (about 70 percent of the total), which presumably wouldn't occur if staffing were based strictly on patient need. And while new and innovative nursing home care is greatly to be desired, people currently in nursing homes with inadequate staffing cannot wait for such research to be conducted. They need help now--and the help they apparently need most is simply more people to care for them, which this bill would require.

Against:

Decisions regarding staffing are made for a number of reasons, including the availability of labor and the nursing requirements of residents. The new requirement will simply guarantee that some nursing homes will have to hire additional staff regardless of whether or not they are needed and whether or not qualified people are available.

Response:

Nursing home workers, as well as residents themselves and their families, have testified to the problem of shortstaffing. Workers tell of having to work consecutive shifts, of being unable to adequately care for residents or to answer their call lights -- because of shortstaffing. Workers tell of working shortstaffed "more times than full staffed" and of employers failing to call in replacements when a worker calls in sick. Workers tell of not having enough staff to turn bedridden patients, and of these patients then developing bed sores. They tell of residents being overmedicated or physically restrained because there was not enough staff to keep track of them otherwise. Family members tell of finding elderly parents soaked in urine because the aides were "working short", of going to nursing homes to provide their parents with basic care (such as showering and feeding) because they could not otherwise be sure there was enough staff to provide these services.

It also seems clear that there is a problem getting and keeping staff at nursing homes, with a major problem being the low levels of pay and lack of benefits for staff. The average hourly wage for a Michigan nurses' aide in 1990 reportedly was $4.73. Most workers do not have health insurance, and many who do cannot afford to pay the premium. Virtually none of the workers have a pension plan. While the nursing home industry received a major increase in reimbursement of $30 million in 1991 through a federal court settlement with the state of Michigan, and though workers were to get a modest increase in wages through a "wage enhancement" provision of the settlement, in the year following the settlement less than ten percent (about 40) of nursing homes even applied for this provision. When wages and benefits are increased, the pool of available labor will increase and there will be less turnover in existing staff. Better wages and working conditions would attract more workers, which would improve not only the care of nursing home residents but the working conditions of the workers as well.

POSITIONS:

The Service Employees International Union (SEIU) supports the bill. (11-3-93)

Citizens for Better Care (the Michigan Office of the State Long Term Care Ombudsman) supports the bill. (11-3-93)

The American Association for Retired Persons (AARP) supports the bill. (11-5-93)

The Arc Michigan (a mental health advocacy group) supports the bill. (11-8-93)

The Michigan Protection and Advocacy Service supports the bill. (11-5-93)

The Alzheimers' Association -- Michigan Council (representing all eleven state chapters of the national association) supports the bill. (11-8-93)

Several representatives of Voices of the Elderly (VOTE) testified in support of the bill. (6-8-92)

The Michigan Nurses Association supports the concept of the bill. (11-5-93)

The Department of Public Health opposes the bill. (11-8-93)

The Health Care Association of Michigan (which represents 250 for-profit long-term care facilities) opposes the bill. (11-7-93)

The Michigan County Medical Care Facilities Council opposes the bill. (11-5-93)