I have had the privilege of serving as Louisiana’s Long-Term Care Ombudsman since 1991, about the same time that the final provisions of the Nursing Home Reform Amendments of OBRA ’87 were to be implemented. Therefore, one of my early tasks was to understand the law and what it could mean for nursing home residents. Under the excellent tutelage of the National Ombudsman Center and the extraordinary advocates who staffed and volunteered with the National Citizens Coalition for Nursing Home Reform, I learned that the law established a new and remarkable standard of care for residents—a standard that, if met, could allow this nation to justly claim to provide for its vulnerable citizens in a humane and civilized way. I also learned that this standard was based, not in ideology but on the best practices of nursing homes around the country—on the work of caring people who had found a way to make it happen.

Since 1991, I am delighted to say that I have met many individuals who have devoted their energies and their abilities to achieving that standard—among them were ombudsmen, surveyors, professional care givers, family members and residents. I have seen the lives of individuals, both residents and care professionals, made better by efforts to embrace the opportunities envisioned by OBRA ’87.

Unfortunately, as described by one journalist, the improvement seems to come at a glacial pace. While many facilities are embracing the promise of OBRA ’87, many still seem to be stuck in an antiquated model of care and business despite the growing evidence that it is simply bad business to do so. The reasons for this seem to be myriad and deeply entrenched. The enforcement system does not seem to have the ability to discern, or the means necessary to close providers who are unable or unwilling to progress. State and federal regulators are under-resourced, as are many ombudsman programs. The means for training staff and providers in better methods and practices is under-developed. The reimbursement system is convoluted and fragmented.

Finally, but perhaps most importantly, the heart of what makes long-term care either a positive or horrendous experience, the quality of the interactions with direct care-givers and the sheer adequacy of the numbers of staff, is left unaddressed. I look forward to the day when they will not be necessary, but until that time, minimum staffing ratios must be established.

Thank you for this opportunity to comment.