



Better Staffing is Achievable

A Look at For-Profit versus Non-Profit Nursing Homes

On September 6, 2023, the Centers for Medicare & Medicaid Services (CMS) released its long-awaited Notice of Proposed Rule Making (NPRM) that would establish a minimum staffing standard in nursing homes. Since February 2022, when President Biden announced that his administration would implement a minimum staffing rule, the nursing home industry has voiced staunch opposition, claiming that it would be unable to meet a staffing minimum. Since the rule was released, the for-profit lobbying industry has intensified the [rhetoric](#), stating it could bring a system collapse.

What is not disclosed, however, is that the non-profit nursing home industry is, on average, providing staffing that far exceeds the proposed staffing standard by CMS. A [2023 staffing study commissioned by CMS](#) found that non-profit homes provide a total of 4 hours and 17 minutes of direct resident care per resident each day. That is 43 minutes more each day than the average for-profit home. In fact, Consumer Voice's state by state analysis of CMS's Payroll Based Journal staffing data found that in all but one state, non-profit homes reported staffing levels considerably higher than for-profit homes.

On average, non-profit homes staff 23% higher than for-profit homes.

CMS is proposing to require 3.0 hours of direct care per day per resident (HPRD). This number would have to include at least 2.45 HPRD of certified nursing assistant care (CNA) and .55 HPRD of registered nurse (RN) care. Importantly, the average non-profit home already staffs well above this standard according to CMS's study, with non-profit homes providing .91 HPRD of RN care each day, and 2.5 HPRD of CNA care. Thus, this would be a step backwards for staffing levels in many non-profit nursing homes.

Critically, the staffing data and CMS's study shows that a higher staffing standard is possible. Consumer Voice is recommending a staffing level of 4.2 HPRD total staffing standard. This standard would include a 1.4 HPRD licensed nurse requirement, .75 HPRD of which must be RN care, along with 2.8 HPRD of CNA care. It is also clear that thousands of homes are already providing this level of care, particularly non-profit homes. Costs for this standard, according to an [industry commissioned study](#), would be less than 5% of the near [\\$100 billion dollars](#) nursing homes receive annually from taxpayers.

For years, the for-profit nursing home industry has purposefully understaffed their facilities to maximize profits. They [funnel billions of dollars through related parties](#) with no accountability for how that money is spent. A staffing standard would require the for-profit industry to primarily use the billions of dollars it receives in taxpayer dollars each year on resident care. We must stand with nursing home residents and adopt a strong staffing standard that requires Medicare and Medicaid dollars to be spent on resident care and not diverted to other line items, in profits for owners and operators.

State Averages of Direct Care Staffing in Hours Per Resident Day Broken Down by Profit Status

	For-Profit Homes (Hours Per Resident Day)					Non-Profit Homes Hours Per Resident Day ¹					
State	# Homes	RN	LPN	CNA	Total	# Homes	RN	LPN	CNA	Total	% by which NP staffing exceeds FP Staffing
AK	6	1.95	0.88	3.71	6.54	14	2.5	0.78	4.76	8.04	23%
AL	188	0.56	0.84	2.29	3.69	37	0.7	0.9	2.57	4.17	13%
AR	190	0.35	0.99	2.44	3.78	28	0.65	0.96	2.91	4.52	20%
AZ	122	0.66	1.03	2.11	3.8	20	1.15	1.01	2.74	4.9	29%
CA	987	0.48	1.19	2.45	4.12	183	1.05	1.32	2.84	5.21	26%
CO	177	0.82	0.71	2.08	3.61	40	1.03	0.76	2.71	4.5	25%
CT	164	0.65	0.87	2.03	3.55	39	1.03	0.74	2.59	4.36	23%
DC	9	1.2	0.66	2.44	4.3	8	1.86	0.68	2.75	5.29	23%
DE	30	0.85	0.93	2.12	3.9	14	1.54	1	2.69	5.23	34%
FL	497	0.61	0.85	2.29	3.75	200	0.85	0.79	2.51	4.15	11%
GA	238	0.42	1	1.89	3.31	119	0.51	1.09	2.15	3.75	13%
HI	26	1.47	0.42	2.47	4.36	17	1.63	0.4	2.95	4.98	14%
IA	229	0.66	0.57	2.25	3.48	182	0.83	0.6	2.42	3.85	11%
ID	61	0.8	0.81	2.31	3.92	20	1.37	0.69	3.15	5.21	33%
IL	530	0.63	0.67	1.89	3.19	163	1.1	0.61	2.47	4.18	31%
IN	281	0.58	0.79	2.1	3.47	240	0.7	0.83	2.28	3.81	10%
KS	181	0.62	0.66	2.28	3.56	132	0.85	0.66	2.9	4.41	24%
KY	222	0.7	0.85	2.16	3.71	52	1.19	1.02	2.82	5.03	36%
LA	214	0.26	1.12	2.08	3.46	55	0.35	1.33	2.48	4.16	20%
MA	253	0.62	0.93	2.02	3.57	100	0.81	0.96	2.41	4.18	17%
MD	165	0.75	0.89	1.97	3.61	60	1.13	0.93	2.48	4.54	26%
ME	60	0.9	0.59	2.83	4.32	27	1.32	0.34	3.12	4.78	11%
MI	312	0.66	0.9	2.1	3.66	118	1.02	0.9	2.71	4.63	27%
MN	111	0.83	0.65	1.98	3.46	238	1.13	0.68	2.53	4.34	25%
MO	399	0.4	0.66	2.03	3.09	110	0.7	0.83	2.45	3.98	29%
MS	160	0.53	1.07	2.2	3.8	42	0.96	1.13	2.71	4.8	26%
MT	30	0.63	0.59	1.86	3.08	32	0.95	0.5	2.71	4.16	35%
NC	347	0.51	0.92	2.13	3.56	74	1.02	1.07	2.81	4.9	38%
ND	4	0.94	0.85	2.06	3.85	72	0.91	0.6	2.94	4.45	16%
NE	74	0.65	0.7	2.34	3.69	112	0.76	0.72	2.64	4.12	12%
NH	45	0.69	0.81	1.92	3.42	28	0.86	0.83	2.98	4.67	37%
NJ	269	0.61	0.9	1.96	3.47	79	1.14	1.03	2.58	4.75	37%
NM	81	0.56	0.73	2.07	3.36	17	0.8	0.45	2.65	3.9	16%
NV	55	0.79	1.03	2.15	3.97	12	0.99	0.89	2.92	4.8	21%
NY	398	0.57	0.73	1.96	3.26	208	0.92	0.89	2.33	4.14	27%
OH	763	0.57	0.95	1.91	3.43	183	0.79	1.04	2.3	4.13	20%
OK	256	0.34	0.93	2.42	3.69	36	0.39	1	2.92	4.31	17%
OR	108	0.67	0.93	3.11	4.71	21	1.09	0.9	3.59	5.58	18%
PA	381	0.64	0.88	1.82	3.34	291	0.98	0.91	2.27	4.16	25%
RI	64	0.77	0.48	2.28	3.53	11	0.98	0.32	2.89	4.19	19%
SC	143	0.54	1.01	2.11	3.66	44	1.08	1.11	2.68	4.87	33%
SD	33	0.65	0.46	2.07	3.18	64	0.85	0.47	2.48	3.8	19%
TN	250	0.53	1.1	1.94	3.57	61	0.75	1.23	2.17	4.15	16%
TX	891	0.34	1.02	1.85	3.21	302	0.44	1.05	2.13	3.62	13%
UT	61	1.19	0.56	2.43	4.18	37	1.15	0.48	2.34	3.97	-5%
VA	208	0.51	0.96	1.75	3.22	81	0.85	1.17	2.45	4.47	39%
VT	25	0.73	0.98	2.36	4.07	10	0.93	0.93	2.66	4.52	11%
WA	146	0.8	0.85	2.41	4.06	51	1.18	0.73	2.88	4.79	18%
WI	185	0.83	0.63	2.07	3.53	146	1.14	0.58	2.63	4.35	23%
WV	95	0.65	0.88	1.93	3.46	27	1.1	1.12	2.68	4.9	42%
WY	15	0.69	0.57	2.06	3.32	20	1.05	0.51	2.64	4.2	27%
	10,739					4,277					

¹ All not-for-profit homes are included in this category, including government run facilities. All data is from Q1 2023 Payroll Based Journal Provided by the Centers for Medicare & Medicaid Services.