



The National  
**CONSUMER VOICE**  
for Quality Long-Term Care

March 24, 2025

Chairman Vern Buchanan  
House Committee on Ways and Means  
Health Subcommittee  
United States House of Representatives  
Washington, DC 20515

Ranking Member Lloyd Doggett  
House Committee on Ways and Means  
Health Subcommittee  
United States House of Representative  
Washington, DC 20515

Dear Chairman Buchanan and Ranking Member Doggett:

National Consumer Voice for Quality Long-Term Care (Consumer Voice) submits the following statement in reference to the hearing in the Ways and Means Health Subcommittee titled “Ensuring Access to Quality Post-Acute Care” held on March 11, 2025. Consumer Voice is the leading national voice representing consumers in issues related to long-term care. We are a primary source of information and tools for consumers, families, caregivers, advocates, and ombudsmen to help ensure quality care for the individual. Consumer Voice has 50 years of experience advocating for quality long-term care.

We thank the Health Subcommittee for convening the hearing on this important topic. Two issues are of paramount importance in ensuring access to high-quality post-acute care: 1) maintaining or increasing current funding for the Medicaid program and 2) implementing the minimum staffing standard in nursing homes finalized by the Centers for Medicare and Medicaid Services.

**I. To Ensure that All Americans Have Access to High-Quality Post-Acute Care, Any Cuts to the Medicaid Program Must Be Rejected.**

On February 25, 2025, the House voted to advance a budget resolution that would require the Energy & Commerce Committee to cut \$880 billion from programs under its jurisdiction.<sup>1</sup> Recently, an analysis by the Congressional Budgetary Office (CBO)

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<sup>1</sup> H. Con. Res. 14, Tit. II, § 2001(b)(4), 119<sup>th</sup> Cong. (2025).

found that the resolution would require substantial cuts to Medicaid.<sup>2</sup> As a result, access to post-acute care, which is largely funded by Medicaid, would be affected.

Medicaid funds over half of long-term care in the United States.<sup>3</sup> Medicaid pays for Long Term Supports and Services (LTSS) for roughly 9.3 million older adults and persons with disabilities, with roughly 700,000 of these people living in nursing homes.<sup>4</sup> It pays for roughly 62% of all nursing home resident care.<sup>5</sup> Additionally, Medicaid pays for Home and Community Based Services (HCBS) which allows individuals who are eligible for nursing home level of care to receive those services at home, a less costly alternative to institutionalized care.

Critically, funding for LTSS makes up 37% of all Medicaid spending.<sup>6</sup> As a result, any cuts to Medicaid will significantly deleteriously impact individuals receiving LTSS. Nursing home care is expensive, with the average private nursing home room costing \$116,800 per year, a price most Americans will not be able to afford.<sup>7</sup> Additionally, cuts to HCBS will result in a reduction of care and services, as well as increased institutionalization of individuals, with higher overall costs to the system.

Any cuts to Medicaid will inevitably result in cuts to LTSS. As a result, millions of Americans could have to go without critical care when they need it most.

## **II. The Minimum Staffing Standard in Nursing Homes is Estimated to Save 13,000 Lives Annually and Is Critical to Ensuring Better Health Outcomes in Nursing Homes.**

Last year, CMS finalized a rule implementing a minimum staffing standard in nursing homes.<sup>8</sup> The modest rule would require nursing homes to provide to each nursing home resident, at a minimum, a certain amount of care each day. Additionally, the rule will require every nursing home to have a Registered Nurse (RN) on-site and

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<sup>2</sup> CBO, Letter from Philip L. Swagel, Director, to Rep. Brendan Boyle and Rep. Frank Pallone, Jr., Mandatory Spending under the Jurisdiction of the House Committee on Energy and Commerce (March 5, 2025).

<sup>3</sup> <https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-introduction>

<sup>4</sup> <https://www.medicaid.gov/medicaid/long-term-services-supports/downloads/ltss-users-expenditures-category-brief-2022.pdf>

<sup>5</sup> <https://kffhealthnews.org/news/article/medicaid-nursing-home-payments-care-mandate/#:~:text=Medicaid%2C%20the%20federal%2Dstate%20health,care%2C%E2%80%9D%20Tsai%20told%20KHN.>

<sup>6</sup> <https://www.kff.org/medicaid/issue-brief/how-many-people-use-medicaid-long-term-service's-and-supports-and-how-much-does-medicaid-spend-on-those-people/>

<sup>7</sup> <https://www.kff.org/health-policy-101-medicaid/?entry=table-of-contents-what-is-medicaid>

<sup>8</sup> 89 FR 40876

available to provide care twenty-four hours per day, seven days per week. Currently, there is legislation in Congress to block the implementation of this rule and prevent CMS from ever promulgating a similar rule. Congress should reject this legislation to ensure the availability of high-quality post-acute care.<sup>9</sup>

The minimum staffing rule was issued in response to the devastating and disproportionate impact COVID-19 had on nursing homes. Over 200,000 nursing home residents and workers died from COVID-19, while countless others suffered harm from isolation and inadequate staff.<sup>10</sup> Despite being only .004% of the population of the United States, nursing home residents made up 20% of all COVID-19 deaths. Numerous studies have shown that inadequate staffing contributed to the catastrophic effects of COVID-19 on nursing home residents.<sup>11</sup>

The final staffing rule resulted from a long and thorough regulatory process that included a Request for Information, a staffing study, and a robust notice and comment period with over 40,000 comments, most of which supported a minimum staffing standard.<sup>12</sup> The final rule was quite modest, requiring that nursing homes provide, on average, 3.48 hours of direct care per day per resident (HPRD), a number that was below the national average.<sup>13</sup> When fully implemented, the rule would require that 2.45 HPRD be provided by a certified nursing assistant (CNA) .55 HPRD from an RN, with the remaining time being made up of CNAs, RN, or licensed nurse practitioners (LPN).<sup>14</sup> Additionally, as mentioned previously, nursing homes will be required to have an RN on-site and be able to provide care twenty-four hours per day, seven days per week.

To ensure that facilities could meet this reasonable standard, CMS provided a lengthy implementation period, with rural communities not having to fully comply until 2029.<sup>15</sup> Additionally, nursing homes faced with legitimate hiring challenges will be able to receive exemptions from the rule indefinitely.<sup>16</sup>

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<sup>9</sup> Protecting Rural Seniors' Access to Care Act, S. 750 (Fischer, Neb) H.R. 1303 (Fischbach, Minn.)

<sup>10</sup> Priya Chidambaram, "Over 200,000 Residents and Staff in Long-Term Care Facilities Have Died From COVID-19" (KFF, Feb. 3, 2022), <https://www.kff.org/policy-watch/over-200000-residents-and-staff-in-long-term-care-facilities-have-died-from-covid-19/>

<sup>11</sup> Konetzka, R. T., E. M. White, A. Pralea, D. C. Grabowski, and V. Mor. 2021. A systematic review of long-term care facility characteristics associated with COVID-19 outcomes. *Journal of the American Geriatrics Society* 69(10):2766–2777.

<sup>12</sup> 89 FR 40876

<sup>13</sup> *Id.*

<sup>14</sup> *Id.*

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

Implementation of the new rule will have a significant positive impact on residents' lives. Numerous studies have documented that increased staffing results in decreased resident mortality, higher resident functioning, fewer pressure ulcers and weight loss, fewer facility deficiencies, and other increases in positive health outcomes.<sup>17</sup> A study issued last year by the University of Pennsylvania found that the rule would save 13,000 lives annually.<sup>18</sup>

Although the minimum staffing rule will save 130,000 lives over ten years and increase positive health outcomes for hundreds of thousands of nursing home residents, legislation in Congress seeks to block the implementation of the rule. This action would be devastating to nursing home residents and their families.

In conclusion, the most critical steps Congress can take today to ensure access to post-acute care is to reject any efforts to cut Medicaid and block the minimum staffing rule. It is impossible to make the cuts proposed by the budget resolution without harming recipients of LTSS. Blocking the minimum staffing rule will cost the lives of 13,000 Americans annually, which is unacceptable.

Sincerely,



Samuel Brooks  
Director of Public Policy

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<sup>17</sup> Jane Bostick et al., *Systematic Review of Studies of Staffing and Quality in Nursing Homes*, J. Am. Med. Dir. Ass'n, Vol. 7, pp. 366-376 (July 2006) (functional ability, pressure ulcers & weight loss); Nicholas Castle, *Nursing Home Caregiver Staffing Levels and Quality of Care*, J. Applied Gerontology, Vol. 27, No. 4, pp. 375, 392 (Aug. 2008) (pressure ulcers, physical restraints & deficiencies); Nicholas Castle et al., *Caregiver Staffing in Nursing Homes and Their Influence on Quality of Care*, Med. Care, Vol. 49, No. 6, pp. 545-52 (June 2011) (pressure ulcers, physical restraints & pain management); Charlene Harrington et al., *Nursing Home Staffing and Its Relationship to Deficiencies*, J. Gerontology Series B: Psychological Science & Soc. Science, Vol. 55, No. 5, pp. S278-S287 (Sept. 2000); Patricia Tong, *The Effects of California Minimum Nurse Staffing Laws on Nurse Labor and Patient Mortality In Skilled Nursing Facilities*, Health Econ., Vol. 20, No. 7, pp. 802-16 (July 2011) (mortality); Laura Wagner et al., *Medical Staffing Organization and Quality of Care Outcomes in Post-Acute Care Settings*, The Gerontologist, Vol. 61, No. 4, pp. 605, 611-12 (2021) (fewer pressure ulcers and ER visits; increased vaccination rates for influenza and pneumonia).

<sup>18</sup> [https://www.warren.senate.gov/imo/media/doc/letter\\_from\\_researchers\\_to\\_sen\\_warren\\_070824.pdf](https://www.warren.senate.gov/imo/media/doc/letter_from_researchers_to_sen_warren_070824.pdf)