



Office of  
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Commonwealth of Massachusetts

FOR IMMEDIATE RELEASE  
November 16, 2023

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## **Rep. Kane supports long-term care reform bill to protect patients, expand workforce**

**BOSTON** – State Representative Hannah Kane (R-Shrewsbury) is backing long-term care legislation that contains enhanced protections for patients as well as expanded training provisions for the industry’s workforce.

House Bill 4178, *An Act to improve quality and oversight of long-term care*, was engrossed by the House of Representatives on November 15 by a unanimous vote of 158-0. The bill reflects several of the reforms recommended in the 2020 report filed by the Nursing Facility Task Force, which was charged with “evaluating ways to ensure the financial stability of skilled nursing facilities; considering the role of skilled nursing facilities within the continuum of elder care services; and addressing current workforce challenges.”

Representative Kane said the bill will help to address persistent staffing shortages at nursing homes and other long-term care facilities and ensure proper safeguards are in place to prevent and contain infectious disease outbreaks among patients.

In light of the COVID-19 global pandemic, which disproportionately impacted older residents in nursing homes, House Bill 4178 requires all long-term care facilities in Massachusetts to develop a customized outbreak response plan. This plan must include clear policies for testing protocols; isolating infected and at-risk patients; notifying residents, their families, visitors and staff about any contagious disease outbreaks; implementing outbreak response measures; and notifying public health officials of any outbreaks that occur.

Representative Kane said House Bill 4178 also strengthens the Attorney General’s ability to crack down on long-term care facilities that are found liable for abusing or neglecting their patients by increasing financial penalties five-fold and expanding the statute of limitations governing when the Attorney General can bring civil charges from two years to four years. Under the bill, fines will be increased from \$5,000 to \$25,000 in cases where no bodily injury results; from \$10,000 to \$50,000 when bodily injury results; from \$20,000 to \$100,000 in cases involving sexual assault or serious bodily injury; and from \$50,000 to \$250,000 if the patient dies.

In addition, House Bill 4178 enhances the Department of Public Health’s ability to monitor long-term care facilities and to take decisive action when violations occur. This includes providing DPH with the power to limit, restrict, suspend or revoke a license for cause and to appoint temporary managers to help bring facilities into compliance with acceptable standards. All long-term care facilities will also be subject to at least one resident-centered inspection per year to gather information about the quality of services provided at the facility and to determine its compliance with state and federal requirements.

Representative Kane noted that House Bill 4178 also contains provisions for supporting employees working in long-term care facilities. The bill directs the Executive Office of Health and Human Services (EOHHS) to establish and administer workforce training grant programs for:

- supervisory and leadership training;

- skills advancement for certified nursing assistants (CNAs) and other entry-level workers; and
- career pathways to become a licensed practical nurse (LPN)

These grants can be used to cover tuition costs, childcare and/or transportation stipends, licensing costs, and/or general stipends for program participants.

According to Representative Kane, House Bill 4178 also directs EOHHS to create a no-interest or forgivable loan program for skilled nursing facilities. This program will provide financial assistance to facilities looking to undertake capital improvements or offset certain capital costs.

One additional provision contained in the bill is language creating a task force to study and issue recommendations for addressing acute care hospital throughput challenges and the impact of persistent delays in discharging patients from acute to post-acute care settings. The task force will examine hospital discharge planning, administrative barriers to discharge, post-acute care capacity constraints, and other related issues.

House Bill 4178 also directs MassHealth to study the cost and feasibility of adjusting eligibility requirements to ensure that patients spend less time in acute care awaiting eligibility determination. The bill also directs the Division of Insurance to develop and implement uniform prior authorization forms for admissions from acute care hospitals to post-acute care facilities.

During floor debate, several amendments were adopted, including proposals to:

- direct DPH to create a program for the certification, training and oversight of certified medication aides to administer medication to long-term care residents under the supervision of a medical professional;
- create a task force to evaluate the governance and regulatory structure of Massachusetts rest homes, with a report due by April 1, 2025;
- expanding the scope of the acute care task force to include consideration of opportunities to expand coverage and reimbursement for services delivered by mobile integrated health programs certified by DPH and by participating providers in the federal Centers for Medicare and Medicaid Services acute hospital care at home program, as well as the adequacy of state resources and infrastructure to place complex case discharges in appropriate post-acute care settings; and
- requiring long-term facilities to notify the chief executive officer or chief administrative officer of the municipality in which they are located in the event of an outbreak at the facility

House Bill 4178, as amended, now moves to the Senate for its consideration.

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