

Governor Phil Murphy

Governor Murphy Signs Legislation Requiring Reforms to Long-Term Care Industry

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Bills Establish Minimum Staffing Ratios and Require Policies to Prevent Social Isolation of Residents

RED BANK – Governor Phil Murphy today signed two bills (S2712 and S2785) ordering reforms to the long-term care industry. The bills implement recommendations from the Manatt Health Report, released on June 3, 2020.

S2712 requires minimum direct care staff-to-resident ratios in New Jersey long-term care facilities. Additionally, the legislation will establish the Special Task Force on Direct Care Workforce Retention and Recruitment. S2785 requires long-term care facilities to institute policies that prevent social isolation of residents, addressing issues experienced by LTC residents and their families as a result of prohibitions and limitations on visitation during the COVID-19 pandemic.

"Sadly, too many nursing homes are run by companies more interested in making money than protecting patients," **said Governor Murphy**. "These long-sought reforms will help bring accountability to the industry and protect residents, staff, and family members with a loved one living in a long-term care facility. I am proud to have worked with our partners in organized labor, health care advocates, and legislative sponsors to finally implement safe staffing ratios in our nursing homes, as well as other long overdue reforms."

"Staff caring for our most vulnerable residents in long-term care settings are the backbone of these facilities," **said Health Commissioner Judith Persichilli**. "As a nurse, I know there is no more important role than as a caregiver and all of those working in these facilities are healthcare heroes. We have to support this workforce and give them an opportunity to grow and advance in their careers, so it is not only a more rewarding job, but also results in improved care."

Primary sponsors for S2712 include Senators Brian P. Stack, Patrick J. Diegnan, and Joseph F. Vitale, and Assemblymembers Angelica M. Jimenez, Gordon M. Johnson, and Pedro Mejia.

"New Jersey got an F rating and was ranked 43 out of 50 in direct care staffing hours per nursing home resident. These gaping problems have become even more apparent since the start of the COVID-19 pandemic. This is unacceptable and we all know we can do better," **said Senator Brian Stack**. "These are our parents and grandparents and soon, they will be us. This law will ensure that every resident in our nursing homes receives the care and attention we all deserve."

"Increasing the amount of staff in nursing homes will improve the quality of services provided to the elderly in the state," **said Senator Patrick Diegnan**. "Because nursing home patients often need close supervision, increasing the amount of staff will ensure that these senior citizens have the attention and care they need." Back to top

“By establishing a task force, we will be able to develop the best strategies for recruiting new direct care staff,” **said Senate Health Committee chair, Senator Joseph Vitale.** “It is imperative to develop a viable and robust pipeline of workers in order to meet the requirements of this bill and provide better care to the senior citizens of this state.”

“There isn’t a more important time than now to act to ensure New Jersey’s nursing homes have adequate staffing of direct care professionals for their residents. The onset of Covid-19 quickly illuminated the numerous inefficiencies in staffing, preparedness, and medical equipment in our nursing homes. They were dangerously unprepared for the rapid response needed to address the demands of a public health crisis,” **said Assemblymembers Angelica Jimenez, Gordon Johnson, and Pedro Mejia in a joint statement.** “Nursing home care has, for far too long, been under scrutiny in the state and it’s time now to address the concerns. A mandatory minimum for staff-to-patient ratios in these facilities will be critical to fixing the long term healthcare system in the state.”

S2712 establishes minimum direct care staff-to-resident ratios in nursing homes. The Manatt Report cited longstanding staffing shortages as one of the systemic issues that exacerbated the industry’s COVID-19-response challenges. Specifically, the law requires:

- One CNA to every eight residents for the day shift;
- One direct care staff member (RN, LPN, or CNA) to every 10 residents for the evening shift; and
- One direct care staff member (RN, LPN, or CNA) to every 14 residents for the night shift.

The bill also establishes the Special Task Force on Direct Care Workforce Retention and Recruitment, which will evaluate job supports and incentives, training opportunities, wages and benefits, educational initiatives, and certification reciprocity rules. The Task Force will be required to submit a report to the Governor and the Legislature within one year of its first meeting, which must occur within 180 days of signing.

Primary sponsors for S2785 include Senators Vin Gopal and Nellie Pou, and Assemblymembers Valerie Vainieri Huttle, Angela V. McKnight, and Carol A. Murphy.

“One of the debilitating effects of the spread of the coronavirus has been the heightened sense of isolation it has placed on residents of long-term care facilities. There is little doubt that the limits on physical visitation have had a harmful effect on residents’ mental and physical well-being,” **said Senator Vin Gopal.** “Many residents in these facilities are already susceptible to loneliness and potential isolation. Facilities should act now to implement plans to prevent such isolation in the event of a public health emergency and be able to mitigate its worst effects on both residents and their loved ones.”

“Long term care facilities can be lonely places for our elderly residents. The limitations we saw on visitation early on in the pandemic, while in the best interest of patients, had an immense impact on their mental wellbeing,” **said Senator Nellie Pou.** “This program will help to ensure our facilities are better equipped to prevent feelings of social isolation in the event of future public health emergencies that require them to go into lockdown to prevent the spread of illness.”

“For months at the start of the pandemic, family and friends were not allowed to visit their loved ones in long-term care facilities to mitigate the spread of COVID-19,” **said Assemblywoman Valerie Vainieri Huttle, chair of the Assembly Aging and Senior Services Committee.** “Though this precaution was intended to protect the physical health of residents, for many the sustained social isolation took a toll on their mental health. Eight months into this crisis, we’ve learned social distancing doesn’t have to mean isolation or loneliness. Whether it be a natural disaster or a public health crisis, we must ensure that residents in these facilities can stay connected to their families and loved ones remotely when in-person visits are not feasible.”

“Even before COVID-19, many residents in long-term care felt socially isolated and lonely,” **said Assemblywoman Angela McKnight.** “The pandemic has exacerbated this problem. Most of us at one point

or another have leaned on family and friends for support in these uncertain times. We must make sure those in long-term care - many of them elderly or disabled - are able to stay in touch with their support systems.”

“Mental health and physical health are equally important. During COVID-19 and beyond, the mental health of long-term care residents must be a priority,” **said Assemblywoman Carol Murphy**. “Now more than ever, we must keep residents connected to their families, both for the sake of their mental health and to ensure families are able to advocate for their loved ones.”

The bill requires long-term care facilities, as a condition of licensure, to implement policies to prevent social isolation of residents. The bill is intended to address the tremendous strain experienced by long-term care residents and families of residents as a result of the prohibition of and limitation on visitation during the pandemic. The bill requires facilities to create social isolation prevention policies to authorize residents of the facility to engage in in-person contact, communications, and religious and recreational activities with other facility residents and with family members, friends, and other external support systems, except when prohibited, restricted, or limited. The bill further requires policies to consider means to promote virtual visitation and resident recreational activities during periods where in-person engagement is limited/prohibited, and requires facilities to maintain the appropriate technology to implement that mandate.

“Today New Jersey enacts one of the most meaningful pieces of nursing home legislation our state has seen in decades,” **said Milly Silva, Executive Vice President of 1199SEIU United Healthcare Workers East**. “This law will fundamentally improve standards of quality care in nursing homes by ensuring that facilities hire sufficient frontline staff to meet the basic needs of residents. We commend Gov. Murphy and our legislative leadership for taking this step which establishes New Jersey as a national model for compassionate staffing levels in nursing homes.”

“Today I care for nearly twice as many residents as I did when I became a CNA seventeen years ago,” **said Margaret Boyce, certified nursing assistant and member of 1199SEIU**. “This law means that I will again be able to give my residents the type of care that they deserve. After all they have gone through during this pandemic, no nursing home resident should ever again have to miss a meal, or a shower, or feel lonely because there’s no one available to assist them.”

On behalf of the members I represent, I applaud Governor Murphy and the NJ Legislature for their support of long term care patients and workers. This has been a very difficult time for patients and their caregivers at NJ nursing homes,” **said Susan Cleary, President of District 1199J, National Union of Hospital and Health Care Employees**. “It is my sincere hope as President of District 1199J, representing 10,000 workers which include 35 long term care facilities, that as a State we will protect our most vulnerable citizens, recognize and compensate those who provide quality and compassionate care, and continue to work toward policies that keep our long term care community safe and strong.

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