



Title: Advocate for Nursing Home Healthcare Reform

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- 1 **WHEREAS**, nearly one-third of all United States Coronavirus deaths are linked to nursing homes per a *New York*
 2 *Times* article last updated 6/1/2021, and
- 3 **WHEREAS**, infections can more easily spread through congregate facilities where many people live in a confined
 4 environment, and
- 5 **WHEREAS**, personal protective equipment (PPE), such as masks, gowns, gloves, and even hand sanitizer, were in
 6 short supply during the pandemic, with many facilities allotting one mask or set of PPE per healthcare professional,
 7 per week or longer, and
- 8 **WHEREAS**, a number of initiatives to improve quality care for nursing home patients have been a failure (e.g. the
 9 Nursing Home Reform Act of 1987, the Nursing Home Initiative of 1998, and the Affordable Care Act including the
 10 Nursing Home Transparency and Improvement act of 2010), resulting in surveyors primarily focused on paperwork
 11 and missing significant care problems, such as pressure sores and malnutrition, and
- 12 **WHEREAS**, lack of state resources, both monetary and personnel, has led to reluctance to enact or enforce the
 13 disciplinary actions allowed by statute. Decertification is rarely done due to no other care options for the resident; this
 14 is particularly profound in rural areas. The installation of temporary managers places further monetary and personnel
 15 strain on the state, and the levying of significant fines has created legal chaos when dealing with privately owned/for
 16 profit organizations, and
- 17 **WHEREAS**, most nursing homes are now run by for-profit large equity firms versus being run by non-profit
 18 hospitals/healthcare organizations. In 2011, an analysis of the 10 largest for-profit nursing home chains found the
 19 lowest staffing levels, the highest number of deficiencies identified by public regulatory agencies, and the highest
 20 number of deficiencies causing harm or jeopardy to residents, and
- 21 **WHEREAS**, AARP posits that Medicaid is the primary funding source for long-term nursing home admissions and
 22 does not allow for or participate with most home and community-based care programs, and
- 23 **WHEREAS**, community-based programs provide care that improves quality of life, is preferred by most senior
 24 citizens, and is more cost effective with studies noting 25,000/year/person savings and while there are federal and
 25 state initiatives to advance this, there is lack of awareness, access, and funding for these service, and
- 26 **WHEREAS**, COVID-19 highlighted multiple problems with long-term nursing home care, which have been repeatedly
 27 and historically recognized, resulting in multiple policies and governmental departments being developed, as noted

28 above, to correct this, we continue to have nursing homes that are routinely understaffed and underfunded. For
29 these reasons this qualifies as a public health crisis; now, therefore, be it

30 **RESOLVED**, that Michigan Academy of Family Physicians request that American Academy of Family Physicians
31 urge the Centers for Medicare and Medicaid Services to explore alternatives to its institutional focus on long-term
32 care by increasing access to Medicaid-covered home and community-based settings, both of which have proven to
33 increase quality of life at lower expense; and be it further

34 **RESOLVED**, that Michigan Academy of Family Physicians request that American Academy of Family Physicians
35 collaborate with the Administration for Community Living, a subsection of the U.S. Department of Health and Human
36 Services, to improve awareness and access to programs such as No Wrong Door and Aging and Disability
37 Resources Center, and advocate for increased funding for these programs; and be it further

38 **RESOLVED**, that Michigan Academy of Family Physicians request that American Academy of Family Physicians
39 collaborate with the Centers for Medicare and Medicaid Services to develop a scorecard system utilizing quality of
40 care and evidence-based medicine to evaluate long-term care facilities in each state; this should include states'
41 oversight and enforcement of long-term care facilities. Medicare and Medicaid reimbursement to the state should be
42 directly tied to quality of care, and to the regulatory oversight and enforcement, which is necessary for ensuring that
43 quality care is delivered.