

Recent State Nursing Home Staffing Minimum Regulations: Did They Improve Resident Health?

P4-010

Norma B. Coe¹, Angira Mondal¹, Katherine Miller², Lindsay White¹

1: University of Pennsylvania, Perelman School of Medicine

2: Johns Hopkins University, Bloomberg School of Public Health

More hours of care and changes in skill mix induced by state minimum staffing regulations for US nursing homes yields lower mortality for residents, but higher rates of acute care utilization.

INTRODUCTION

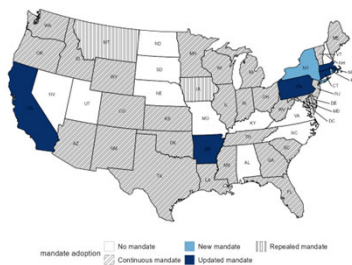
- There is long-standing interest in improving care in nursing homes, with inadequate staffing a common target.
- US federal regulation is vague on staffing minimums; state regulations sometimes indicate minimum hours per resident day nursing homes should achieve.

Objective

To estimate the effect of recent changes to state-level nursing home minimum staffing standards on staff and residents.

METHODS

Using CMS administrative data, we examine staffing and patient outcomes in response to updated or newly imposed staffing minimums enacted between 2018-2023 using a staggered difference-in-difference framework (Callaway and Sant'Anna 2021).

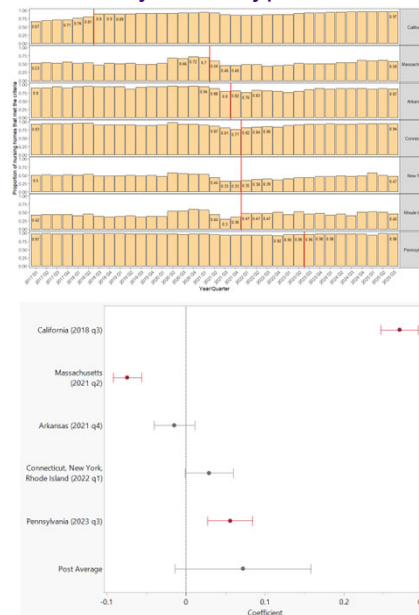


Treated: CA, MA, AR, CT, NY, RI, PA

Control: AL, KY, MO, NC, ND, NE, NH, NV, SD, UT, VA

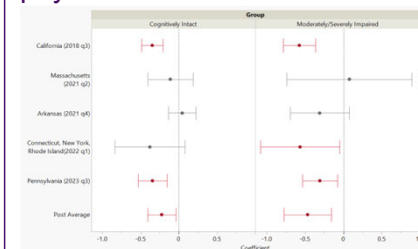
STAFFING RESULTS

Only some states were successful in meeting their staffing regulations and effects differed by nurse type.

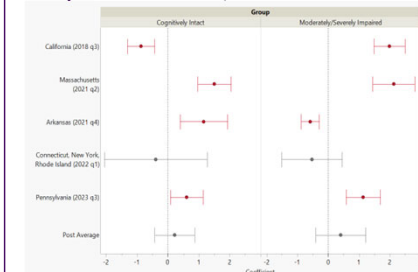


RESIDENT RESULTS

Mortality improves, as do other measures of quality and health, including pressure ulcers and inappropriate anti-psychotic use.



Health care utilization, including hospitalizations, is mixed



CONCLUSIONS

- Staffing standards generally increase staffing levels overall, but overall results mask a lot of heterogeneity by state.
- In states where staffing levels increased in response to the enactment of staffing standards, resident outcomes improve and acute care utilization increases.
- There was heterogeneity in resident outcomes by cognitive status.

