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Chair Gelser, Vice Chair Anderson, members of the committee, for the record my name is Kyndall Mason; I am a political and policy strategist for SEIU Local 503, focusing on long term care. SEIU represents more than 30,000 long term care workers, in various service settings including facility based and home and community-based care settings. I am submitting this testimony on behalf of those members in support of SB 703.

Long term care facilities were some of the hardest hit by COVID-19, not just because of the vulnerable population and the congregate style living, but because the industry, and the state, were woefully underprepared. The stories from the past year, while exceptional in nature, CBCs shouldn't have an exception for transparency and quality. The increasing real estate investment interests, should signal that the state has a responsibility in creating the expectation to report, and be held accountable to, real world quality metrics when it comes to the outcomes with the public dollars being spent to care for our elders.

Currently, it's very difficult for consumers to make an educated choice in facility when it comes to assisted living and memory care. While the average person may think there is little to no difference between a nursing home, assisted living facility or a memory care unit, the truth is, they are miles apart in accountability and quality metric reporting. Nursing homes are federally regulated, they already meet the level of reporting SB 703 is asking of assisted living and memory care facilities. Disclosure of financial information, ownership and quality outcomes is required by the Center for Medicaid and Medicare, and it's published by CMS Care Compare, so that consumers can simply make an educated choice about a nursing home.

There is a trend in ensuring that quality metrics and financial disclosure reports are made available in order to safeguard consumers in a market that is increasingly being given over to profit making private interests. As a matter of fact, in 2017, we passed legislation that required I/DD group homes to meet the same quality metric standards as nursing homes by reporting on staffing levels, wages and benefits, and occupancy rates, through the staffing stability survey, which is conducted by the National Core Indicators, who also produce an annual consumer survey. Together the two surveys provide a complete view of the industry.

Quality metrics reporting is used for a lot of things in both the nursing home and I/DD group home sectors. It's used to set rates, understand turnover as a quality metric, measure quality of consumer outcomes, and to understand the true cost of care.

Real estate investment trusts are playing a bigger and bigger role in facility based long term care, which is why it is important we understand how to improve quality outcomes now, before the industry is saturated with private interests pillaging long term care like they have other sectors of private industry. Private investment in community based care has been linked to increased death rates and



use of anti-psychotic meds, while also showing a decrease in staffing and medical supplies. It should come as no surprise that private investment also comes with increased payments to 3rd party entities.

With 30% of CBC revenue coming from public dollars, it seems the state shares an interest, alongside consumers, in understanding where, exactly, Medicaid and state dollars are being invested when it comes to the care of Oregon's seniors.

Senate Bill 703 will simply close the gap between nursing homes, dd group homes and assisted living and memory care facilities. It requires a public facing component so consumers can understand things like turnover, which is an indicator in quality care. It will allow DHS to simply understand the cost of care in a rapidly growing industry that serves roughly 23,000 seniors. The bill also adds labor seats to the quality metrics council, which HB 3359 created as a way to understand how to report on, and understand, quality metrics. Currently, that council does not have any labor seats, which is an oversight, as labor is a quality metric when it comes to community based care.

We have been open to dialogue with the provider industry and have even put forth a -3, which narrows the scope of the bill. We are waiting for what seems like a small fiscal from APD, and are hoping to move this bill to Ways and Means so we can continue talking to the provider industry and get to a place that safeguards consumer choice, protects workers, and levels the field in quality metrics reporting in long term care.

Kyndall Mason
Political & Policy Strategist
SEIU Local 503