

SENATE No. 353

The Commonwealth of Massachusetts

PRESENTED BY:

Mark C. Montigny

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to prevent patient abuse and death in nursing homes.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
<i>Mark C. Montigny</i>	<i>Second Bristol and Plymouth</i>	
<i>Patricia D. Jehlen</i>	<i>Second Middlesex</i>	
<i>James R. Miceli</i>	<i>19th Middlesex</i>	<i>1/29/2017</i>
<i>Sal N. DiDomenico</i>	<i>Middlesex and Suffolk</i>	<i>2/3/2017</i>

SENATE No. 353

By Mr. Montigny, a petition (accompanied by bill, Senate, No. 353) of Mark C. Montigny, Patricia D. Jehlen, James R. Miceli and Sal N. DiDomenico for legislation to prevent patient abuse and death in nursing homes. Elder Affairs.

The Commonwealth of Massachusetts

**In the One Hundred and Ninetieth General Court
(2017-2018)**

An Act to prevent patient abuse and death in nursing homes.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 SECTION 1. Section 73 of chapter 111 of the General Laws, as appearing in the 2014
2 Official Edition, is hereby amended by striking out, in line 14, the word “fifty” and inserting in
3 place thereof the following figure:- \$10,000

4 SECTION 2. Notwithstanding any special or general law to the contrary, the center for
5 health information and analysis, in consultation with the office of Medicaid, the department of
6 elder affairs, and the health policy commission, shall conduct an examination of cost trends and
7 financial performance among nursing facilities, as defined by 957 CMR 7.02. The information
8 shall be analyzed on an institution-specific, provider organization, and industry-wide basis and
9 shall include, but not be limited to: (i) gross and net patient service revenues; (ii) other sources of
10 operating and non-operating revenue; (iii) trends in relative price, payer mix, case mix,
11 utilization, and length of stay dating back to 2010; (iv) affiliations with other health care
12 providers, including, but not limited to, preferred clinical relationships and partnerships; (v)

13 categories of costs, including, but not limited to, general and administrative costs, nursing and
14 other labor costs and salaries, building costs, capital costs, and other operating costs; (vi) total
15 spending on direct patient care as a percent of total operating expenses; (vii) operating and total
16 margin; (viii) occupancy rates, and (ix) other relevant measures of financial performance and
17 service delivery. These measures should distinguish long-term from short-stay residents where
18 possible.

19 The report and any recommendations for legislation shall be filed with the clerks of the
20 house of representatives and the senate, and the joint committee on elder affairs not later than
21 January 1, 2019.