kaiser commission on medicaid and the uninsured

THE HENRY J. KAISER FAMILY FOUNDATION

ISSUE PAPER

June 2002

Nursing Home Staffing Standards

Charlene Harrington, University of California, San Francisco

Nursing home quality of care has been a concern at the state and national level for a number of years. As the population ages and the need for nursing home care grows, the nation's nursing homes are an increasing subject of concern. Congress passed major nursing facility regulation in the Omnibus Budget Reconciliation Act of 1987 (OBRA 87). The Centers for Medicare and Medicaid Services (CMS) --- formerly the Health Care Financing Administration (HCFA) --- implemented a new nursing home quality initiative in 1998 after Congressional hearings and studies revealed problems with enforcement of the original federal rules. As part of the larger examination of nursing home quality issues during this time, Congress and others also began to focus on the adequacy of nursing home staff levels and the relationship between staffing and quality.

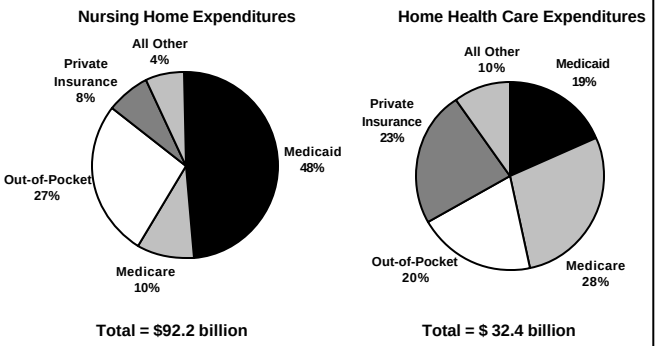
This policy brief describes the current federal staffing requirements and how states separately regulate staffing levels in nursing homes. It also presents data showing that – on the whole – actual staffing levels in over half of this country's nursing homes exceed the levels that states and the federal government require. However, most nursing facilities do not staff at levels that experts consider necessary to ensure resident safety.[1]

Federal Regulation of Nursing Homes

Public Financing of Nursing Home Care. Public health care programs are a significant source of financing for this country's nursing home care. Medicaid pays for nearly half of all nursing home expenditures (Figure 1).[2] In 2000, Medicaid spent $44 billion on nursing home care and $6 billion on home and community based care. Medicaid spending on nursing home care has increased by over $20 billion since 1990, a trend which is expected to continue in the future.

Figure 1

Long-Term Care Financing, 2000



Total = $92.2 billion **Total = $ 32.4 billion**

Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group.

Nursing home care includes intermediate care facilities for the mentally retarded (ICFS/MR). Home care includes home health care, personal care and home and community-based waiver services.

KAISER COMMISSION ON Medicaid and the Uninsured

The large government role in paying for nursing home care results, in part, from the high cost of nursing home care (over $55,000/ year on average).[3] These costs lead to the depletion of individual income and assets and ultimately Medicaid eligibility. Few people have private insurance coverage to protect their income and assets against the risk of high cost nursing home care. As a result, nursing facilities --- 95 percent of whom are certified for either Medicaid or Medicare --- rely heavily on public financing as a revenue source.

Conditions for Participating in Medicare and Medicaid. The Social Security Act requires nursing homes participating in the Medicare and Medicaid programs (i.e., receive Medicare and Medicaid payments for services provided to Medicare and Medicaid beneficiaries) to meet certain requirements. These requirements are called conditions of participation and are specified in law. The framework for today's nursing facility conditions of participation was enacted as part of the Omnibus Budget Reconciliation Act of 1987 (OBRA 87).

OBRA 87 greatly increased the statutory requirements for nursing homes participating in Medicare and Medicaid. It strengthened quality standards, the survey process, and the enforcement mechanisms for nursing facility regulation. It also mandated uniform comprehensive assessments for all nursing facility residents and required the survey process to focus on resident outcomes.[4] The CMS is responsible for implementing OBRA 87 by setting specific standards, establishing monitoring procedures and enforcing the law.[5] In 1995, CMS published OBRA 87's implementing regulations and announced a set of initiatives in 1998 to strengthen these regulations.[6]

Enforcing Conditions of Participation. While CMS is responsible for setting the policies necessary to implement OBRA 87, the actual work of observing whether facilities meet federal requirements is done by states through contracts with the federal government and, in part, with federal funding. This process is referred to as survey and certification. It is the government's opportunity to spend time (about five days) at least once a year inside a facility reviewing its procedures and records and observing the quality of care and quality of life for residents. When surveyors find that a facility does not meet the federal requirements, they issue a citation called a deficiency. Deficiencies can range from minor and isolated violations to major and widespread problems. Penalties correspond to the level of deficiency --- from providing a plan of correction to denial of payment or civil monetary penalties (CMPs).

Federal Staffing Requirements

As part of the survey and certification process, state surveyors also monitor nursing facility staffing levels to ensure compliance with federal standards. The following describes federal requirements:

- **Registered Nurse**. The law requires nursing homes to have a registered nurse on duty eight consecutive hours per day for seven days a week. For nursing homes with less than 60 residents, the registered nurse can serve as the Director of Nursing and can also provide direct resident care.

- **Licensed Nurse**. The federal regulations require nursing homes to have a nurse on duty for 24 hours per day seven days a week (including the required registered nurse).[7] This requirement ensures that a nurse will be on duty in the evening and night. The nurses must be licensed and can be either a registered nurse or a vocational or practical nurse.

- **Non-licensed Nursing Assistant Staff**. While the regulations specify a minimum level of licensed nurse staff, federal rules do not require a minimum level of non-licensed staff such as nursing assistants (aides). In most nursing home settings, nursing assistants provide the bulk of direct one-on-one resident care. These duties often include assistance with basic life activities such as bathing, dressing and eating.

Although federal law does not require minimum levels of nursing assistant staffing, the Medicare and Medicaid statutes require that nursing assistants receive 75 hours of training and pass a competency exam. Licensed nurses and nursing assistants are also required to participate in regular in-service education.

- **Other Requirements**. The law also requires that facilities have sufficient nursing staff to provide nursing services to maintain the highest levels of physical, mental and psychosocial well being of residents.

These requirements apply to all nursing facilities, regardless of size. For the purposes of comparing federal and state standards with state requirements and expert recommendations, this paper converts staffing levels into an hours per resident day (HPRD) statistic. This statistic represents the amount of time a nursing facility with 100 residents could allot to each resident, given its staffing level. For example, if a nursing facility met only the specific federal nurse staffing requirements described above, a resident would receive 20 minutes of nurse time per day (one-third of an hour or .3 HPRD).

Debate Over Federal Staffing Requirements

Since the enactment of OBRA 87, nursing home advocates, policy-makers and provider associations have been debating how the federal government should regulate staff levels in nursing homes.[8]

Many studies consistently show the positive relationship between higher nurse staffing levels and better care outcomes. The Institute of Medicine and others have criticized the federal standards as being inadequate to protect the health and safety of residents and to ensure quality of care. However, groups representing providers believe additional federal requirements would reduce the flexibility they need to deal with difficult issues such as the short supply of nursing home workers, facility differences in resident acuity and public reimbursement rates. The following describes recommendations made by CMS and another expert panel about the levels of nurse staffing necessary to guarantee resident safety (Table 1).

CMS. The debate over nurse staffing ratios led Congress to require the Secretary of Health and Human Services to report to Congress on the feasibility of establishing minimum caregiver ratios for Medicare and Medicaid certified nursing homes. CMS published its report in summer 2000.

- **Minimum Level to Avoid Harm**. CMS reports that total staffing levels below two hours and 45 minutes per day (2.75 HPRD) could result in serious harm to nursing home residents. Of the recommended daily staff time each resident should receive, CMS reports that two of these hours should be nursing assistant and the remaining 45 minutes should be licensed nurse time (12 minutes for an RN and 33 minutes for other licensed nurse).

- **Preferred Minimum Level**. CMS reports that quality improved "across the board" when residents received three hours of total staff time per day (3.00 HPRD). Of this time, two hours should be nursing assistant time and one hour should be licensed nurse time (27 minutes for an RN and 33 minutes for other licensed nurse).

- **Optimum Level**. CMS reports that the optimum level of staffing, based on a simulation model, would provide each resident with one hour of licensed nurse time and nearly three hours of *nursing assistant* time (2.9 HPRD) rather than two. Therefore, the total daily staff time per resident at the optimum level would be almost four hours (3.9 HPRD).[9]

Hartford Institute Panel. In addition to the CMS study, an expert panel sponsored by the Hartford Institute for Geriatric Nursing made detailed recommendations for a minimum federal nursing facility staffing standard, building upon a previous minimum nurse staffing proposal by the National Citizens' Coalition for Nursing Home Reform (NCCNHR).[10] Overall, this panel recommended staffing levels slightly higher than the CMS study -- an increase mostly attributable to higher levels of licensed nursing staff. This panel recommended about four and a half hours (4.44 HPRD) of total staff time for each resident every day. The panel recommends that over an hour (62 minutes) of this time be allocated to an RN, 42 minutes to a licensed nurse (practical nurse or vocational nurse) and two hours and 42 minutes to nursing assistants.

In summary, CMS recommends minimum total (not including administrative, director of nursing staff) staffing levels that range from 2.75 to 3.9 hours per resident per day. The Hartford panel recommends a higher level of 4.44 hours per resident per day. These levels are summarized in Table 1.

Table 1: Summary of Expert Recommendations for Nursing Facility Total Staffing Levels

Recommendations	Total Staff Time per Resident (hours:minutes)	Licensed Nurse Time per Resident (hours:minutes)	Nursing Assistant Time per Resident (hours:minutes)
Federal Requirements	No requirement	0:18*	No requirement
CMS Recommendations:			
Minimum	2:45 (2.75 hprd)	0:45	2:00
Preferred	3:00 (3 hprd)	1:00	2:00
Optimal	3:54 (3.9 hprd)	1:00	2:54
Hartford Panel Recommendations:	4:26 (4.44 hprd)	1:02 for RN; 0:42 for other licensed nurse	2:42

* Estimated for a 100 bed facility
Source: Analysis prepared by the Department of Social & Behavioral Sciences, University of California, San Francisco for the Kaiser Commission on Medicaid and the Uninsured.

The following compares state minimum efforts to set minimum staffing levels as a condition of state licensure.

State Staffing Requirements

National Picture. Based on state statutory and regulatory information collected on-line in 2000, state staffing standards are higher than federal standards but still lower than the levels CMS and the Hartford Panel put forth. The median total staffing standard across all states is two hours and 20 minutes a day for each resident (2.32 HPRD) with about 25 minutes (.41 HPRD) of that time allocated to licensed nursing (Table 2). While the state licensed nurse staffing requirements are only slightly higher than the federal requirements, states -- on the whole -- go far beyond the federal requirements with a

nursing assistant staffing requirement of almost two hours per resident per day (1.91 HPRD). While these levels are much higher than federal requirements, they are still lower than the CMS and the Hartford Panel recommendations that range from 2.75 to 4.44 HPRD.

Variation Among States. State staffing standards vary a great deal. While the median total staffing requirement across states is 2.32 HPRD, the levels range from a low of about eight minutes per resident per day (.14 HPRD) in Virginia and Alabama to a high of three hours and 15 minutes (3.26 HPRD) in California and three and a half hours (3.48 HPRD) in Delaware. No state requires staffing levels that are as high as the CMS recommended level of nearly four hours of total staff time per resident per day (3.9 HPRD) or the Hartford Panel recommended level of four and a half hours (4.55 HPRD). However, four states exceed the CMS recommended preferred level of 3.0 (California (3.26), Delaware (3.48), Arkansas (3.12) and Nevada (3.06).

As Table 3 shows, only 1 state sets staffing requirements above the CMS recommended optimal level (3.9 HPRD). About 8 states required levels between the CMS minimum level (2.75 HPRD) and the CMS preferred level (3.0 HPRD). However, the majority of the states staffing levels fall below the CMS recommended level of 2.75 hours per resident day.

Table 2: State Nursing Staffing Standards and Median Staffing Hours, 2000

State	(hprd) LN	Total	Assistants	Nurses	Staff
Median	0.41	2.32	2.02	1.13	3.16
AK	0.32	-	2.88	1.77	4.31
AL	0.14	-	2.46	1.30	3.85
AR	0.48	3.12	1.93	0.92	2.85
AZ	0.54	-	1.99	1.24	3.19
CA	0.30	3.26	2.08	1.03	3.13
CO	0.48	2.24	1.96	1.22	3.24
CT	0.64	1.96	2.17	1.23	3.45
DC	0.56	1.02	2.32	1.37	3.84
DE	1.40	3.48	2.25	1.36	3.50
FL	0.60	2.30	1.99	1.25	3.29
GA	0.30	2.50	1.94	1.09	3.07
HI	0.24	-	2.52	1.15	3.78
IA	0.40	2.00	1.79	0.94	2.77
ID	0.38	2.78	2.21	1.34	3.72
IL	0.56	2.56	1.61	0.95	2.56
IN	0.56	-	1.63	1.22	2.85
KS	0.32	2.06	1.86	0.98	2.86
KY	0.30	-	2.22	1.09	3.29
LA	0.30	2.60	1.88	0.84	2.72
MA	0.66	2.66	2.20	1.30	3.48
MD	0.22	2.06	2.15	1.14	3.22
ME	0.56	2.90	2.69	1.22	3.98
MI	0.24	2.31	2.18	1.13	3.31
MN	0.08	2.06	2.00	1.15	3.15
MO	0.24	-	2.14	0.93	3.10
MS	0.48	2.86	1.97	1.12	3.10
MT	0.64	1.20	2.25	1.18	3.50
NC	0.24	2.10	2.13	1.27	3.45
ND	0.32	-	2.36	1.03	3.41
NE	0.32	-	1.92	1.11	3.07
NH	0.24	-	2.10	1.32	3.34
NJ	0.56	2.56	2.08	1.20	3.32
NM	0.24	2.56	2.02	1.02	2.98
NV	0.32	3.06	1.86	1.40	3.58
NY	0.56	-	2.13	1.22	3.36
OH	0.80	2.50	2.07	1.37	3.43
OK	0.32	2.14	1.95	0.86	2.80
OR	0.32	1.97	2.28	1.06	3.32
PA	0.30	2.70	2.08	1.32	3.37
RI	0.30	-	2.02	1.07	3.13
SC	0.56	2.43	2.14	1.17	3.33
SD	0.30	-	2.00	0.98	3.02
TN	0.40	2.00	1.85	1.04	2.88
TX	0.46	-	1.87	1.01	2.90
UT	0.30	-	2.03	1.03	3.16
VA	0.14	-	1.90	1.14	3.02
VT	0.30	-	2.29	1.36	3.64
WA	0.32	-	2.28	1.40	3.70
WI	0.50	2.50	2.12	1.09	3.20
WV	0.46	2.06	2.08	1.10	3.17
WY	0.38	2.25	2.06	1.17	3.18

Note: Includes Medicaid only and Medicaid-Medicare facilities.

Source: Analysis prepared by the Dept. of Social and Behavioral Sciences, University of California, San Francisco for the Kaiser Commission on Medicaid and the Uninsured.

The following describes how actual staffing levels compare to state requirements.

Actual Median Staffing Levels

National Picture. Based on data collected in 1999 from the On-Line Survey and Certification and Reporting (OSCAR) system, actual median staffing levels in nursing homes are higher than state minimum standards and much higher than federal requirements. This dataset includes Medicaid-only facilities and facilities certified for both Medicare and Medicaid. The median represents the nursing home with staffing levels that are exactly halfway in between the facility with the highest staff level and the facility with the lowest. The national median of actual staffing levels permits each resident to receive three hours and 10 minutes of total staff time per day (3.16 HPRD). This level is higher than the first two CMS recommended levels (2.75 and 3.00 HPRD) but lower than CMS highest level (3.9 HPRD) and the Hartford Panel recommendations (4.44 HPRD). Nationally, about one hour of the total median actual staff time per resident per day is licensed nurse time and two hours is nursing assistant time --- consistent with CMS preferred recommendations but below the CMS proposed optimal level and the Hartford panel recommendation. The median of actual staff levels is slightly lower for facilities receiving Medicaid reimbursement only (2.92 HPRD for Medicaid-only facilities vs. 3.18 HPRD for Medicare/Medicaid facilities).

Variation Among States. The median actual staffing levels in each state is three hours and 15 minutes (3.16 HPRD) of total staff time. However, actual staffing levels vary somewhat across the states (Table 3). The lowest median of actual staffing levels is two and a half hours of total staff time per resident per day (2.56 HPRD) in Illinois. The highest median actual staff level is four hours and 20 minutes (4.31 HPRD) in Alaska. Overall, state requirements appear to have an impact on actual staffing levels in nursing homes certified for only Medicaid reimbursement but little impact on actual staffing levels where nursing homes have a combination of Medicaid and Medicare residents. In a few states, such as Illinois, Delaware and Louisiana, the state requirements and median actual staffing levels are very close. However, in almost all of the states with state staffing requirements below 1.2 hours per resident day, the median actual staffing levels exceeds three hours per resident per day. In only two states, California and Arkansas, the median actual levels fall below the state requirements. It should be noted that California increased staffing requirements from 3.0 hours per resident day to 3.2 in 1999.

Table 3: State Nursing Staffing Standards Compared to CMS Recommendations

STATE	LICENSED NURSE (HPRD)	NURSING ASSISTANT (HPRD)	TOTAL (HPRD)
Level 1: States with Staffing Requirements that Meet the CMS "Optimal Level" (3.9 HPRD)			
AK	1.77	2.88	4.31
Level 2: States with Staffing Requirements that Meet the CMS "Preferred Level" (3.00 HPRD)			
DE	1.4	2.08	3.48
CA	0.3	2.96	3.26
AR	0.48	2.64	3.12
NV	0.32	2.74	3.06
Level 3: States with Staffing Requirements that Meet the CMS "Minimum Level" (2.75 HPRD)			
ME	0.56	2.34	2.9
MS	0.48	2.38	2.86
ID	0.38	2.4	2.78
PA	0.3	2.4	2.7
Level 4: States with Staffing Requirements that Fall Below CMS "Minimum Level" (2.75 HPRD)			
MA	0.66	2	2.66
LA	0.3	2.3	2.6
IL, NJ	0.56	2	2.56
NM	0.24	2.32	2.56
GA	0.3	2.2	2.5
OH	0.8	1.7	2.5
WI	0.5	2	2.5
SC	0.56	1.87	2.43
MI	0.24	2.07	2.31
FL	0.6	1.7	2.3
WY	0.38	1.87	2.25
CO	0.48	1.76	2.24
OK	0.32	1.82	2.14
NC	0.24	1.86	2.1
KS	0.32	1.74	2.06
MD	0.22	1.84	2.06
MN	0.06	2	2.06
WV	0.46	1.6	2.06
IA, TN	0.4	1.6	2
OR	0.32	1.65	1.97
CT	0.64	1.32	1.96
MT	0.64	0.56	1.2
DC	0.56	0.46	1.02
IN, NY	0.56	NA	0.56
AZ	0.54	NA	0.54
TX	0.46	NA	0.46
AK, ND, NE, WA	0.32	NA	0.32
KY, RI, SD, UT, VT	0.3	NA	0.3
HI, MO, NH	0.24	NA	0.24
AL, VA	0.14	NA	0.14

Source: Analysis prepared by the Department of Social & Behavioral Sciences, University of California, San Francisco for the Kaiser Commission on Medicaid and the Uninsured.

Therefore, the discrepancy is probably a result of the recent increase in state requirements.

Forty percent of all nursing facilities would have to increase their staffing levels to reach the CMS preferred minimum level of three hours per resident per day (Table 4). The facilities that staff at fewer than 3 hours per resident per day have an average staffing level of two and a half hours per resident per day. Eight-five percent of all facilities would have to increase staffing to reach the CMS optimal staffing level of nearly four hours per resident per day, and almost all would have to increase their levels to reach the levels recommended by the Hartford Panel.

Table 4: Percent of Nursing Facilities that Would Need to Increase Staffing Levels to Meet CMS and Expert Recommendations

	Registered Nurses	Licensed Practical/Vocational Nurses	Nursing Assistants	Total Staffing Level
Recommendations:				
CMS Preferred Minimum Staffing	44%	40%	49%	40%
CMS Optimal Staffing	44%	40%	94%	85%
Hartford Panel	94%	64%	90%	95%

Source: Analysis prepared by the Department of Social & Behavioral Sciences, University of California, San Francisco for the Kaiser Commission on Medicaid and the Uninsured.

Discussion

All but 10 states set nursing home staffing requirements that are higher than the minimum requirements (20 minutes per resident per day) required by the federal government for Medicare and Medicaid certification. However, only 7 states require nursing home staffing levels that exceed the level that CMS reported to Congress as the "minimum level to avoid harm" defined as total staffing levels below two hours and 45 minutes per day. Only four states require nursing homes to maintain enough staff for each resident to receive three hours of total staff time a day, the CMS preferred level, and no state requires staffing at the level recommended by the Hartford Institute Panel. Therefore, while states have set higher staffing levels than the federal government requires, most fall below the preferred levels recommended by experts.

In terms of actual staffing levels, however, most nursing facilities exceed the state and federal minimum requirements. In fact, at least half of all nursing homes in the U.S. exceed the CMS preferred level. Nevertheless, 40 percent of all nursing facilities do not have enough staff to provide each resident with the CMS preferred level of staffing and 85-95 percent do not meet the CMS standards for optimal care or the recommendations of the Hartford Panel.

State and federal policymakers continue to grapple with how to ensure adequate staffing for nursing facilities. Policy options under discussion include increasing minimum staffing regulations at the federal or state level and providing financial incentives to nursing homes to increase staffing. hcreasing federal or state staffing requirements could affect a substantial number of nursing homes and have significant cost implications, depending on the standard specified. The federal or state government could pair new regulatory requirements with increases in Medicare and/or Medicaid nursing facility payment rates that are targeted directly to staff pay and benefit costs. To enforce greater staffing levels, states would need to strengthen current nursing home survey and certification activities. Creating financial incentives for nursing homes to increase staffing themselves is another policy option that could be used to promote greater staffing without increasing regulatory requirements. However, depending on how it would be structured, could lead to greater variation in staffing if it were not targeted toward nursing homes which currently have lower staffing levels.

States are demonstrating an interest in a combination of approaches that include increasing regulatory requirements and funding for staff pay and benefits. The GAO reported that between January 1998 and September 2000, 17 states enacted legislation that established wage pass-throughs, wage supplements or related programs to increase the staffing levels, wages, and/or benefits.[11] According to the survey of State Licensing and Certification Officials, 33 states report that state staffing standards need to be much higher. Of the 13 states reporting no need for increased staffing, 10 of these had just passed new legislation on staffing and wanted to see what happened as a result.

At the federal level, several members of Congress have introduced legislative initiatives on nursing home staffing levels. These initiatives range from bills to test innovative ways to increase nursing home staffing levels, programs to improve nurse retention and quality of care, and to impose new staffing requirements on nursing facilities.[12]

The data for this paper on state regulatory requirements were drawn from a telephone survey of state licensing and certification officials (2000) and an on-line collection of state statutes, regulations and policies on staffing (2000). The source for actual staffing levels was data from the 1999 On-Line Survey Certification and Reporting (OSCAR) system.

ENDNOTES

[1] For more information on the survey, see Harrington, Charlene. 2002. State Minimum Nurse Staffing Standards for Nursing Facilities. San Francisco, CA: Dept. of Social & Behavioral Sciences, University of California.
[2] Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, 2000.
[3] MetLife Mature Market Institute Survey, 2000.
[4] Social Security Act, 1919 (b) (2) and (b) (3).
[5] U.S. Department of Health and Human Services. 1994. 42 CFR Parts 401, 431, 440, 441, 442, 447, 483, 488, 489, 498. U.S. Health Care Financing Administration. 1995. State Operations Manual. Provider Certification. Transmittal Number 273, 274. June.
[6] U.S. Department of Health and Human Services. 1998. HHS Fact Sheet: Assuring the Quality of Nursing Home Care. Washington, DC: HCFA Press Office, July 21.
[7] 42 CFR 483.30.
[8] U.S. Health Care Financing Administration (2000). Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes. Volumes I-III
[9] This ratio does not include additional recommendations for an RN Director of Nursing (DON) and assistant DON at .11 HPRD.
[10] National Citizens' Coalition for Nursing Home Reform (NCCNHR) 1998. Consumers' Minimum Standard for Nurse Staffing in Nursing Homes. Washington, DC: National Citizens' Coalition for Nursing Home Reform; Harrington, C., Kovner, C., Mezey, M., Kayser-Jones, J., Burger, S., Mohler, M., Burke, R. and Zimmerman, D. (2000). Experts Recommend Minimum Nurse Staffing Standards for Nursing Facilities in the U.S. *The Gerontologist*. 40 (1): 5-16.
[11] U.S. General Accounting Office. Nursing Homes: Sustained Efforts Are Essential to Realize Potential of the Quality Initiatives. Report to the Special Committee on Aging, U.S. Senate. GAO/HEHS-00-197. Washington, DC: U.S. General Accounting Office, September, 2000.
12 The initiatives range from bills to test innovative ways to increase nursing home staff levels (introduced by Representative Rush Holt on January 3, 2001) and programs to improve nurse retention and quality of care (introduced by Senator Clinton on October 30, 2001) to impose new staffing requirements on nursing facilities (Representatives Janice Schakowsky and Henry Waxman). These bills have been referred to House and Senate committees for consideration.

1450 G Street NW, Suite 250, Washington, DC 20005
Phone: 202-347-5270, *Fax:* 202-347-5274,
Website: www.kff.org

Additional free copies of this publication (#4013) are available on our website or by calling our publications request line at 800-656-4533.