



January 21, 2026

MEMORANDUM

TO: Hon. Members of the House Health, Human Services & Elderly Affairs Committee
FROM: Brendan Williams, President & CEO
RE: HB 1179

House Bill 1179 is a nursing home minimum staffing mandate that would take immediate effect. For the same reason that we opposed a similar mandate promulgated in 2024 by the Biden Administration, and since rescinded, we must oppose HB 1179.

The unfeasibility of the Biden mandate was recognized by former Governor Sununu, U.S. Senators Hassan and Shaheen, and U.S. Rep. Pappas, all of whom publicly opposed it. Yet that mandate was less draconian than HB 1179.

The Biden mandate would have required 3.48 direct care contact hours per resident, per day, of which .55 would have been registered nurse (RN) coverage.¹ There was to be “a staggered implementation of these requirements over a period of up to 5 years for rural facilities and 3 years for non-rural facilities to allow all facilities the time needed to prepare and comply with the new requirements.”² There was also a hardship exemption.³

In contrast, HB 1179 would require no less than “.75 RN hours per resident per day; .55 licensed practical nurse (LPN) hours per resident per day; and 4.1 total nursing hours per resident per day.” It allows no hardship exemption, allows no time for implementation, and, instead, would take effect 60 days after passage for all 73 nursing homes remaining after the nonprofit 45-bed Merriman House in North Conway closed last October due to Medicaid underfunding.

The nursing home sector needs no mandate to make its best efforts to achieve increased staffing. In fact, it has led health care sectors in wage increases since the onset of the COVID-19 pandemic, with hourly wages, through November 2025, up over 36% since February 2020, according to Bureau of Labor Statistics (BLS) data. Despite this, the workforce itself has not recovered to its pre-pandemic level. In New Hampshire, as of the most recent BLS data, the nursing home workforce was still 4.6% below its February 2020 level, or 297 full-time positions.

¹See Medicare and Medicaid Programs; Minimum Staffing Standards for Long- Term Care Facilities and Medicaid Institutional Payment Transparency Reporting, 89 Fed. Reg. 40,876 (May 10, 2024).

²See *id.*

³See *id.*

Due to the unavailability of direct care staff, there are facilities, especially in rural areas, relying heavily on nurse agency staff for direct care – predominantly for a facility like the Coös County Nursing Home, for example. Many facilities are waitlisting prospective residents because they lack the staff to responsibly admit them, creating barriers to community access and to hospital discharge. A staffing mandate will not conjure the workers necessary to meet it.

Nor is it clear how facilities could, even were workers available, afford this mandate. The average nursing home Medicaid rate increase on January 1 was .01% or 2 cents per resident, per day. A facility like Holy Cross Health Care Center in Manchester, which serves nuns, was among many taking major cuts due to a quirk in the rate methodology: 11.74% or \$31.14 per resident, per day in the case of Holy Cross. Now this facility would be expected to hire more RNs when there is a huge shortage of RNs available to all New Hampshire health care providers?

As this bill takes effect 60 days after passage, upon its passage many private nursing homes, in a state with the nation’s second-oldest population, would issue the 60-day notice of closure federally required under 42 C.F.R. § 483.70(k). County homes like the Rockingham County Nursing Home, which took a 9.11% rate cut on January 1, or \$26.43 per resident, per day, would presumably not close but would require massive property tax increases to meet even current resident needs, let alone admit new residents.

We also do not feel the evidence supports a staffing mandate. Under President Obama, one was rejected by the U.S. Centers for Medicare and Medicaid Services (CMS), with CMS noting that “we do not agree that a ‘one size fits all’ approach is best.”⁴ Although the Biden Administration’s CMS adopted a staffing mandate, embarrassingly a study CMS commissioned to support it *did not support it*. Instead, the Nursing Home Staffing Study, issued in June 2023, could not find “a clear evidence basis for setting a minimum staffing level.”⁵ It noted that no “specific *evidence-based* minimum” (emphasis added) had been suggested.⁶ In assessing the Massachusetts’ minimum staffing mandate it concluded that “the impacts of the requirement on quality and safety were not statistically significant.”⁷

Federal law under 42 U.S.C. 1395i-(3)(4)(C)(i) already requires that a nursing home be surveyed to provide nursing staff “sufficient to meet nursing needs of its residents” and this standard is among those enforced under a State Operations Manual for surveyors that is 873-pages accessed online.

Despite what we are sure are good intentions motivating it, we must respectfully urge rejection of HB 1179. My apologies that I could not make the hearing due to a schedule conflict. If you should have any questions concerning the Medicaid underfunding of nursing home care, which has placed a number of facilities in peril of closing, please feel free to email me at bwilliams@nhhca.org.

⁴Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care Facilities, 81 Fed. Reg. 68688, 68755 (Oct. 4, 2026).

⁵Nursing Home Staffing Study, Abt Associates (June 2023) at xi.

⁶*Id.* at 12.

⁷*Id.* at xii.