



Michigan Elder Justice Initiative

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February 2, 2026

Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Baltimore. MD 21244

Re: 90 FR 55687, Medicare and Medicaid Programs;
Repeal of Minimum Staffing Standards for Long-Term Care
Facilities, CMS-3442-IFC

Dear Dr. Oz:

Michigan Elder Justice Initiative (MEJI) submits the following comments in strong opposition to the interim final rule (90 FR 55687) which was published on December 3, 2025 and which proposes to rescind key and substantial portions of the May, 2024 nursing home minimum staffing rule. MEJI advocates for older adults and people with disabilities with a focus on long term care consumers. We are proud to house both the Michigan Long Term Care Ombudsman Program and the Michigan Nursing Home Financial Transparency and Accountability Project as well as an ombudsman program for individuals seeking or receiving home and community based services.

Our staff and the approximately 40 local ombudsmen we oversee are in nursing homes across Michigan every day of the work week. We observe that the significant majority of homes have too little staff to meet residents needs resulting in palpable suffering including preventable injuries, poor quality of life, loss of resident dignity, pervasive failures to provide basic care, lack of necessary supervision and timely responses to urgent situations, inadequate care planning and lack of individualized care and services, premature deaths, and repeated and serious violations of a vast array of federal standards. In addition, understaffing imposes undue burdens on and unsafe conditions for existing staff and contributes to the difficulty providers experience retaining staff. Our ombudsman have responded to resident complaints including:

- A resident who received only one shower a month.
- A resident who was informed that she could receive assistance going to the bathroom only four times/day at the times specified on a schedule posted behind her bed. If she chose to go to the bathroom at night, staff advised her there would be insufficient staff to help her back in bed and she would have to spend the rest of the night sitting up in her wheelchair.
- Residents who wait as long as several hours for staff to respond to call bells. In some cases, residents are so desperate for routine care that they are overwhelming emergency services by calling 911, not for true emergencies, but simply to find someone who will help them with urgently needed basic care.
- Residents who are forced to eat meals in their room every day because there is not enough staff to transport them to the dining room or clean up after meals. As a result, many residents eat their meals without any supervision, even if they are at risk of choking, or

watch their trays being taken away without their even touching their meal because no one was available to assist them with eating.

- Residents who have never had any oral care at the nursing home
- Residents who are denied access to meaningful activities including any activities outside the facility.

This month, Bridge Michigan, a non-profit and influential media outlet, published a series of stories about Michigan nursing homes including a story entitled “Michigan nursing homes have few staff, little training. Misery can follow.”¹ The article describes residents of one nursing home who received no meals or any assistance at all for an entire shift because no staff were present and quotes inspection reports that characterize conditions as “squalid” because of critical understaffing. Bridge’s investigation revealed that in the past four years, 167 facilities, almost 40% of all Michigan nursing homes, were cited at least 362 times for lack of sufficient or competent staff. The Bridge article cited state survey findings that echo the staffing-related problems our ombudsmen consistently encounter—missed showers, missed doctors appointments, missed medications with sometimes tragic results, failure to provide wound care, preventable falls, and a resident who was reported calling out that he had been sitting in his own waste for 5 hours.

Because we routinely see the devastating impact of understaffing on vulnerable Michigan nursing home residents, we have for decades advocated for an adequate minimum staffing level. The staffing standard for nursing homes that was finalized in May, 2024, though modest, offered critical, life-saving protections for Michigan nursing home residents. Researchers at the University of Pennsylvania estimated that the staffing rule would save 13,000 lives each year across the nation, *including the lives of between 251 and 500 Michiganders annually.*²

Sufficient Staffing is Critical to the Health, Safety, and Welfare of Nursing Home Residents and the Well-Being of Staff

No matter how dedicated nursing home staff are, they simply cannot provide even minimally adequate care if there are not enough of them. We routinely hear of certified nursing assistants who are solely responsible for caring for 15-20 residents, many of whom need help with every activity of daily life. Because of pervasive understaffing, nursing staff are forced to constantly triage residents’ most basic needs; endanger residents and themselves by transferring residents and tackling other care tasks alone when two staff are required³; schedule baths, meals, and care at times that accommodate staff’s harried schedules rather than residents’ individual needs and preferences⁴,

¹ <https://bridgemichigan.org/michigan-health-watch/michigan-nursing-homes-have-few-staff-little-training-misery-can-follow/>

² Letter to The Honorable Elizabeth Warren from Rachel M. Werner, Executive Director, LDI, Professor, Health Care Management and Economics, University of Pennsylvania, and Norma B. Code, Director of Research, LDI, University of Pennsylvania (Jul. 8, 2024)

³Injuries to direct care workers at nursing homes are a pervasive and serious problem. According to a study in the American Journal of Preventive Medicine, skilled nursing and residential care facilities report among the highest nonfatal occupational injury rates compared to the overall working population and the highest injury rates in the healthcare industry. Saif, Nadia T. et al., “Nonfatal Injuries Among Skilled Nursing and Residential Care Facility Workers Treated in U.S. Emergency Departments, 2015–2022”, American Journal of Preventive Medicine, Volume 69, Issue 2, 107645. [https://www.ajpmonline.org/article/S0749-3797\(25\)00137-0/abstract#:~:text=An%20estimated%20569%2C800%20\(95%25%20CI,injury%20prevention%20interventions%20across%20settings](https://www.ajpmonline.org/article/S0749-3797(25)00137-0/abstract#:~:text=An%20estimated%20569%2C800%20(95%25%20CI,injury%20prevention%20interventions%20across%20settings).

⁴ 42 CFR § 483.10(e)(3) guarantees residents “[t]he right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences.”

and deny residents the most minimal human comfort and communication, even though they may be the only people to ever interact with the resident.

Moreover, due to understaffing, many nursing assistants in Michigan are subject to “mandation” which requires them to work exhausting back-to-back shifts if other staff call out. Since many nursing assistants are low-wage, single mothers, staff have reported to us that they are concerned they are at risk of investigation by Child Protective Services because they were unable to arrange day care for their children for shifts they had no notice they would be required to work. The untenable pressures on nursing staff in understaffed facilities undoubtedly contribute to the high turnover rate,⁵ leading to lack of consistent assignment, worse health outcomes for residents,⁶ and higher recruitment and training costs for facilities.⁷

The American public recognizes that adequate staffing in nursing homes—including nursing assistants and Registered Nurses (RNs)—is essential. In a 2024 AARP survey, nearly 94% of adults 50 and older said they would be more likely to vote for a Congressional candidate who supported the federal staffing standard which required a registered nurse to be present in a nursing home 24 hours/day. The survey revealed that the older adults had a greater likelihood of voting for a candidate who supported minimum staffing standards regardless of the older adult’s gender, age, or political ideology.⁸

The Presence of Registered Nurses Around the Clock Leads to Better Health Outcomes

The interim final rule will eliminate the 24 RN staffing requirements. Despite the designation as “skilled nursing facilities,” it is hard to imagine how facilities can truly rise to that level around the clock— and at whatever time of day residents require more sophisticated and urgent interventions—if RNs are present only 8 hours a day. Moreover, higher RN staffing levels have been demonstrated to result in:

- Increased functional improvement⁹

⁵ Bryant, Olalya Ayanna, Employee Turnover in the Long-Term Care Industry (2017). Walden Dissertations and Doctoral Studies. 3389, <https://scholarworks.waldenu.edu/dissertations/3389>; Al-Hussami, M., et al, Nurses' turnover intentions. *Int J Nurs Pract*, 2014 20: 79-88. <https://doi.org/10.1111/ijn.12124>; Negarandeh R. Enhancing transition to workplace. *Nurs Midwifery Stud*. 2014 Apr;3(1):e17554. doi: 10.17795/nmsjournal17554. Epub 2014 Apr 17. PMID: 25414894; PMCID: PMC4228524. National Academies of Sciences, Engineering, and Medicine. 2022. The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families, and Staff. Washington, DC: The National Academies Press. <https://doi.org/10.17226/26526>.

⁶ Gandhi A, Yu H, Grabowski DC. High Nursing Staff Turnover In Nursing Homes Offers Important Quality Information. *Health Aff (Millwood)*. 2021 Mar;40(3):384-391. doi: 10.1377/hlthaff.2020.00957. PMID: 33646872; PMCID: PMC7992115. <https://pmc.ncbi.nlm.nih.gov/articles/PMC7992115/>

⁷ Public Sector Consultants, Michigan’s Direct Care Workforce: Living Wage and Turnover Cost Analysis, August, 2021. <https://www.chcs.org/media/Michigans-Direct-Care-Workforce-Living-Wage-and-Turnover-Cost-Analysis.pdf>

⁸ <https://www.aarp.org/pri/topics/lsss/nursing-homes/nursing-home-staffing-standards-views/>

⁹ Horn, S.D., Sharkey, S.S., Hudak, S., Smout, R.J., Quinn, C.C., Yody, B. and Fleshner, I (2010). Beyond CMS Quality Measure Adjustments: Identifying Key Resident and Nursing Home Facility Factors Associated with Quality Measures. *J. American Medical Directors Association*. 11 (7):500-5; Alexander, G.L. 2008. An Analysis of Nursing Home Quality Measures and Staffing. *Quality Management in Health Care*. 17 (3):242-51; Horn, S.D., Buerhaus, P., Bergstrom, N., Smout, R.J. (2005). RN staffing time and outcomes of long-stay nursing home residents: pressure ulcers and other adverse outcomes are less likely as RNs spend more time on direct patient care. *Am J Nurs*. 105(11):58-70.

- Reduced incontinence¹⁰
- Reduced urinary tract infections and catheterizations¹¹
- Reduced pain¹², pressure ulcers, weight loss, and dehydration¹³, use of antipsychotic medications¹⁴, restraint usage¹⁵, infections¹⁶, falls¹⁷, rehospitalizations and emergency department use¹⁸, missed care¹⁹, and adverse outcomes including mortality²⁰

¹⁰ Dorr, D.A., Horn, S.D., & Smout, R.J. (2005). Cost analysis of nursing home registered nurse staffing times. *J. of Amer Geriatrics Society*, 53: 840-845.

¹¹ Castle, N.G. & Anderson, R.A.. “Caregiver Staffing in Nursing Homes and Their Influence on Quality of Care: Using Dynamic Panel Estimation Methods.” *Medical Care* 49(6):p 545-552, June 2011. | DOI: 10.1097/MLR.0b013e31820fbca9; Horn, S.D., Buerhaus, P. et al.; x Dorr et al.; Wan, T.T.H., Zhang, N.J. & Unruh, L. (2006). Predictors of resident outcome improvement in nursing homes. *Western J. Of Nursing Research*. 28 (8):974-993.

¹² Castle, N.G. & Anderson, R.A.. “Caregiver Staffing in Nursing Homes and Their Influence on Quality of Care: Using Dynamic Panel Estimation Methods.” *Medical Care* 49(6):p 545-552, June 2011. | DOI: 10.1097/MLR.0b013e31820fbca9

¹³ Horn, S.D., Buerhouse, P. et al.; Simmons, S.F., Schnelle, J.F. (2004). Individualized feeding assistance care for nursing home residents: staffing requirements to implement two interventions. *J Gerontol A Biol Sci Med Sci*. 59(9):M966-73; Simmons, S.F., Keeler, E., Zhuo, X., Hickey, K.A., Sato, H.W., Schnelle, J.F. (2008); Prevention of unintentional weight loss in nursing home residents: a controlled trial of feeding assistance. *J Am Geriatr Soc*. Aug;56(8):1466-73; Horn, S.D., Bender S.A. et al. Society, 52: 359-367; Horn, S.D., Bender S.A., Ferguson, M.L., Smout, R.J. et al (2004). The national pressure ulcer long-term care study: Pressure ulcer development in long-term care residents. *J. American Geriatrics Society*, 52: 359-367.

¹⁴ Horn, S.D., Bender S.A. et al.; Phillips, L.J., Birtley, N.M., Petroski, G.F., Siem, C., Rantz, M. (2018). An observational study of antipsychotic medication use among long-stay residents without qualifying diagnoses. *J. Psychiatry Mental Health Nursing*.

25(8):463-474.

¹⁵ Castle, N.G. & Anderson, R.A; Wan, T.T.H., et al; Park, J. and Stearns S.C. (2009). Effects of state minimum staffing standards on nursing home staffing and quality of care. *Health Serv Res*. 44(1):56-78.

¹⁶ Uchida-Nakakoji, M., Stone, P. W., Schmitt, S. K., & Phibbs, C. S. (2015). Nurse workforce characteristics and infection risk in VA Community Living Centers: A longitudinal analysis. *Medical Care*, 53, 261-267; Trivedi, T.K., DeSalvo, T., Lee, L., Palumbo, A., Moll, M., Curns, A., Hall, A.J., Patel, M., Parashar, U.D., Lopman, B.A. (2012). Hospitalizations and mortality associated with norovirus outbreaks in nursing homes, 2009-2010. *JAMA*. Oct 24;308(16):1668-75.

¹⁷ Leland NE, Gozalo P, Teno J, Mor V. (2012). Falls in newly admitted nursing home residents: a national study. *J Am Geriatr Soc*. 60(5):939-45; Spector, W., Shaffer, T., Potter, D.E., Correa-de-Araujo, R., Rhona Limcangco, M. (2007). Risk factors associated with the occurrence of fractures in U.S. nursing homes: resident and facility characteristics and prescription medications. *J Am Geriatr Soc*. 55(3):327-33.

¹⁸ Xing, J., Mukamel, D. B., & Temkin-Greener, H. (2013). Hospitalizations of nursing home residents in the last year of life: Nursing home characteristics and variation in potentially avoidable hospitalizations. *Journal of the American Geriatrics Society*, 61, 1900–1908; Spector, W.D., Limcangco, R., Williams, C., Rhodes, W., Hurd, D. (2013). Potentially avoidable hospitalizations for elderly long-stay residents in nursing homes. *Med Care*. 2013 Aug; 51(8):673-81; Min, A. and Hong, H.C. (2019). Effect of nurse staffing on rehospitalizations and emergency department visits among short-stay nursing home residents: A cross-sectional study using the US nursing home compare database; *Geriatr Nurs.*, 40 (2):160-165; Konetzka, R.T., Spector, W. & Limcangco, M.R. (2007); Reducing hospitalizations from long-term care settings. *Medical Care Research & Review*, 65:40-66.

¹⁹ Simmons, S.F., Durkin, D.W., Rahman, A.N., Choi, L., Beuscher, L., Schnelle, J.F. (2013). Resident characteristics related to the lack of morning care provision in long-term care. *Gerontologist*. 53(1):151-61; Schnelle, J.F., Schroyer, L.D., Saraf, A.A., and Simmons, S.F. (2016). Determining nurse aide staffing requirements to provide care based on resident workload: A discrete event simulation model. *J. American Medical Directors Association*. 17:970-977.

²⁰ Konetzka, R.T., Stearns, S.C., Park, J. (2008). The staffing-outcomes relationship in nursing homes. *Health Serv Res*. 43(3):1025-42. Tong PK. (2011). The effects of California minimum nurse staffing laws on nurse labor and patient mortality in skilled nursing facilities. *Health Econ*. 20(7):802-16.

- Fewer deficiencies.²¹

Notably, CMS does not dispute that the 24/7 RN requirement would lead to better outcomes for residents but instead focuses on provider concerns.

The Per Resident Per Day Staffing Mandate is Modest, Responds to Provider Concerns, and Would Not Be Implemented for 10 Years, Thus Providing the Industry with Sufficient Time to Prepare

The staffing standard was designed to be a minimum staffing requirement below which the risk of harm to nursing home residents increases. Facilities are still be required to provide additional staffing based on the acuity and needs of their residents.²² The rule requires only 3.48 hours per resident per day (HPRD), significantly less than the 3 hours and 54 minutes HPRD Medicare's Nursing Home Compare identifies as the national average and the 4 hours and 3 minutes HPRD Nursing Home Compare identifies as the average in Michigan homes at the time of writing. Moreover, the standard is 37 minutes less than the 4.1 HPRD that was recommended in the landmark staffing study commissioned by CMS 25 years ago²³. That study found residents required at least 4.1 HPRD to prevent avoidable harm and critical quality of care problems. In the intervening years, it has not become easier to avoid harm or provide quality of care. Indeed, the acuity of residents' needs has increased substantially²⁴, due to hospitals discharging residents "quicker and sicker," the proliferation of assisted living and home and community based services which individuals with less acute needs often prefer to utilize, and other factors.²⁵ While we should be protecting all residents by offering a level of staffing that prevents avoidable harm and leads to quality outcomes, the staffing rule would at least better protect residents in the most understaffed homes that, on average, have poorer health outcomes and lower quality ratings.²⁶

In the preface to the final rule, CMS cites industry concerns about workforce shortages and the impact of the rule on rural facilities. These apprehensions are unpersuasive and without merit. First, the rule allowed a generous period for facilities to prepare for implementation, granting urban facilities 2 years for implementation of the 24 hour RN requirement and 3 years for implementation of the minimum staffing hours. In response to industry allegations that rural facilities will have more difficulty complying with the requirements—an assertion that is not borne out by CMS's own

²¹ Harrington C., Zimmerman D., Karon S.L., Robinson J., Beutel P. (2000). Nursing Home Staffing and Its Relationship to Deficiencies. *Journal of Gerontology Series B: Psychological Science and Social Science*. 55(5): S278-87; Castle, N.G., Wagner, L.M., Ferguson, J.C. & Handler, S.M.. (2011). Nursing home deficiency citations for safety. *J. Aging and Social Policy*, 23 (1):34-57; Kim, H., Harrington, C. & Greene, W. (2009). Registered nurse staffing mix and quality of care in nursing homes: A longitudinal analysis. *Gerontologist*, 49 (1):81-90.

²² 42 U.S.C. § 1395i-3(b)(4)(a)(i)

²³ Abt Associates. 2001. Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes; Report to Congress: Phase II Final; Volume I, Contract #500-0062/TO#3, December 2001.

²⁴ Fashaw SA, Thomas KS, McCreedy E, Mor V. Thirty-Year Trends in Nursing Home Composition and Quality Since the Passage of the Omnibus Reconciliation Act. *J Am Med Dir Assoc*. 2020 Feb;21(2):233-239. doi: 10.1016/j.jamda.2019.07.004. Epub 2019 Aug 23. PMID: 31451383; PMCID: PMC6986999; Fry L, Fry L, Philip A, Mackenzie T, Von Der Ahe L, Doan E, Ahmed F. High acuity unit in SNF: Novel program to improve quality of care for post-acute patients. *Journal of the American Medical Directors Association*. 2018;19(3):B18.

²⁵ Id.

²⁶ Schnelle JF, Schroyer LD, Saraf AA, Simmons SF. Determining Nurse Aide Staffing Requirements to Provide Care Based on Resident Workload: A Discrete Event Simulation Model. *J Am Med Dir Assoc*. 2016 Nov 1;17(11):970-977. doi: 10.1016/j.jamda.2016.08.006. PMID: 27780572.

data²⁷-- the final rule delayed implementation for those facilities to 3 years for the RN requirements and 5 years for the minimum staffing standard, despite the fact that residents in rural nursing homes deserve the same level of staffing as their urban counterparts. Given Congress' suspension of implementation of the rule until September 30, 2034^{28 29}, nursing homes would have an extraordinarily long period of time to prepare to meet the rule's requirements. If, even after that extended period, nursing homes were unable to comply with the staffing standards, the final rule permits facilities to seek an exemption that could excuse them from meeting the requirements, potentially for years. When CMS finalized the staffing standard, it noted that thousands of facilities would receive some exemption from the standard.³⁰

Thus, the final rule and Congress's subsequent action delaying implementation provided a very generous response to the industry's alleged challenges. They delays did not, however, address the suffering of and harm to residents in chronically understaffed facilities in the many intervening years before the modest requirements were to be implemented. The Interim Final Rule removes even the promise of an eventual improvement for residents living in the homes least able to care for them.

Instead of Accepting and Accommodating Nursing Home Industry Concerns, CMS Should Protect Residents, Hold Providers Accountable, and Require Providers to Spend Billions of Dollars of Medicare and Medicaid Funding Appropriately on Staffing and Care

For years, CMS has bowed to industry concerns about the financial consequences of regulatory requirements while failing to adequately protect vulnerable residents and hold nursing homes accountable for the *billions* of dollars of Medicaid and Medicare funding nursing facilities receive each year. A recent study³¹ found that nursing homes hide or "tunnel" profits through related-party companies, through which they run over \$11 billion each year.³² The study estimated that 68% of nursing home profits are hidden in these transactions.³³ The same study found that if hidden profits were used instead for RN staffing, compliance with the staffing standard's RN requirement would increase almost 50%.³⁴

MEJI and the National Consumer Voice for Quality Long Term Care recently released a report, *Public Funds into Private Pockets: How Nursing Homes May Be Hiding Profits and Depriving Residents of Care and Quality*,³⁵ demonstrating how four troubled nursing home chains in Michigan paid millions of dollars to corporations with which they had common ownership or control while simultaneously providing substandard care and staffing to thousands of vulnerable nursing home residents across the state. For example, one nursing home chain that owned and operated 48 homes reported only

²⁷ Abt Associates, Nursing Home Staffing Study Comprehensive Report (2023), p. 46.

²⁸ Public Law 119-21

²⁹ It is notable that Congress could have rescinded the minimum staffing standard but chose to postpone it instead.

³⁰ 89 Fed. Reg., 40989. (May 10, 2024).

³¹ Gandhi, Ashvin and Olenski, Andrew, "Tunneling and Hidden Profits in Health Care," NBER Working Paper, No. w32258, March, 18, 2024, <https://ssrn.com/abstract=4762965>.

³² These Administrative Actions Would Improve Nursing Home Ownership and Financial Transparency In The Post COVID-19 Period", Health Affairs Blog, February 11, 2021. DOI: 10.1377/hblog20210208.597573.

³³ Gandhi, Ashvin and Olenski, Andrew, "Tunneling and Hidden Profits in Health Care," NBER Working Paper, No. w32258, March, 18, 2024, <https://ssrn.com/abstract=4762965>

³⁴ Id.

³⁵ Michigan Elder Justice Initiative and the National Consumer Voice for Quality Long Term Care, *Public Funds into Private Pockets: How Nursing Homes May Be Hiding Profits and Depriving Residents of Care and Quality* (2025), <https://meji.org/media/106>

\$2 million in profits over a 3-year period. During the same time, however, that chain paid its related companies more than \$300 million. Based on the data nursing homes are currently required to submit, neither CMS nor the state can determine how much of that \$300 million was pure profit squirreled away in payments to related parties and how much was used to provide crucial staffing and resident care.

CMS is required both to ensure nursing home residents' well-being and rights and to be wise stewards of billions of dollars of Medicaid and Medicare funding. The Nursing Home Reform Act states, in a provision that, until recently, CMS used to offer robust support for the staffing standard:

It is the duty and responsibility of the Secretary to assure that requirements which govern the provision of care in skilled nursing facilities under this subchapter, and the enforcement of such requirements, are adequate to protect the health, safety, welfare, and rights of residents and to promote the effective and efficient use of public moneys.³⁶

We know from the residents' own voices³⁷ and those of the people who love them, the observations and data compiled by our ombudsmen³⁸, the thousands of pages of detailed citations issued by state and federal surveyors each year, media reports³⁹, academic research⁴⁰, government reports⁴¹ and a host of other sources that in allowing pervasive and often catastrophic understaffing to continue and failing to require adequate transparency and accountability, the Secretary is **not** assuring that the requirements and enforcement system are adequate to protect the health, safety, welfare, and rights of residents or promoting the effective and efficient use of public moneys. Rescinding the staffing standard is one more formidable blow to vulnerable residents, beleaguered and overworked staff, and desperate families who need CMS to focus on protecting citizens instead of providers.

We urge CMS to fulfill its statutory obligations to protect Michigan residents and 1.2 million nursing home residents across the country by rescinding the proposed interim final rule, enforcing

³⁶ 42 U.S.C. §§1395i-3(f)(1)

³⁷ See quotations of residents throughout Michigan Elder Justice Initiative and the National Consumer Voice for Quality Long Term Care, Public Funds into Private Pockets: How Nursing Homes May Be Hiding Profits and Depriving Residents of Care and Quality (2025), <https://meji.org/media/106>; National Consumer Voice for Quality Long Term Care, The Impact of Understaffing on the Daily Lives of Nursing Home Residents: A Survey Report of Residents (2024). https://theconsumervoice.org/wp-content/uploads/2024/04/The_Impact_of_Understaffing_on_Residents.pdf

³⁸ See Michigan Long Term Care Ombudsman 2025 Annual Report at <https://mltcpo.org/documents/fy-2025-annual-mltcpo-report>. The report documents that of 3,858 complaints that were investigated in 2025, the second highest number of concerns was characterized as "staff failure to respond to requests for assistance", but other top complaint categories, from medications and personal hygiene to dignity and respect, were inextricably linked to staffing shortages.

³⁹ <https://bridgemi.com/michigan-health-watch/michigan-nursing-homes-have-few-staff-little-training-misery-can-follow/>; <https://bridgemi.com/michigan-health-watch/abuse-neglect-common-in-michigan-nursing-homes-and-no-one-is-coming-to-help/>; <https://www.mlive.com/public-interest/2023/11/can-ads-help-a-michigan-nursing-home-fix-a-staffing-crisis.html>

⁴⁰ Harrington C., Zimmerman D., Karon S.L., Robinson J., Beutel P. (2000). Nursing Home Staffing and Its Relationship to Deficiencies. *Journal of Gerontology Series B: Psychological Science and Social Science*. 55(5): S278-87 Gandhi, Ashvin and Olenski, Andrew, "Tunneling and Hidden Profits in Health Care," NBER Working Paper, No. w32258, March, 18, 2024, <https://ssrn.com/abstract=4762965>.

⁴¹ GAO, Medicare: Additional Reporting on Key Staffing Information and Stronger Payment Incentives Needed for Skilled Nursing Facilities. GAO-21-408 (Jul. 2021), <https://www.gao.gov/assets/gao-21-408.pdf>.

appropriate staffing requirements, and holding providers accountable for care and funding.

Sincerely,

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