

**Testimony from New England Home Care**

**To The Human Services Committee**

**Thursday, February 8, 2007**

Chairman Harris, Chairman Villano, members of the Human Services Committee, my name is Sassa Blidgen and I am testifying on behalf of New England Home Care in support of proposed bill 5664, An Act Concerning Payment to Home Health Care Agencies and Homemaker-Home Health Aide Agencies and ask that you support this concept.

As a psychiatric visiting nurse I routinely provide care, both psychiatric and medical, that is categorized as medication administration visits. It is not uncommon to see a patient that is psychologically fragile and who is also suffering from a litany of medical conditions, such as diabetes, hypertension and heart disease. Not only am I required to meet all nursing requirements set forth by the Department of Public Health during my medical administration visits, but as a medical professional I can not merely deliver prescribed medication and ignore a patient with significant medical needs.

Currently the statutes read that "the department shall not pay for medication administration in addition to any other nursing service at the same visit." I ask that the Legislature reconsider this language and amend it.

New England Home Care is proud to have had the opportunity to contribute to the development of the language before you. It began a dialogue within the homecare industry and we have since been working to better identify the existing problem and develop language that clearly addresses the matter.

Attached is a copy of the proposal we feel will resolve our dilemma, as it fine tunes the scope and application.

I respectfully urge the committee to support this bill with the suggested changes. Thank you for your time and attention to this matter.

The commissioner of social services shall not construe a visit as limited to the administration of medication when the patient has one or more active medical conditions requiring the attention of a nurse and/or has a diagnosis of a serious and persistent mental illness which requires the interventions of a skilled mental health nurse. Such interventions may include but shall not be limited to psychoeducation, cognitive behavioral therapy and the teaching of symptom management techniques such as the management of delusions and hallucinations.