



**Testimony before the Appropriations Committee
On Behalf of New England Home Care
Wednesday, February 18, 2009**

Hello Senator Harp, Representative Geragosian, members of the Appropriations Committee. My name is Heather Stimson. I am a licensed Registered Nurse with 14 years of experience. I specialize in psychiatric home care. I am here to ask you to reject the Governor's recommendation requiring certification of unlicensed personnel for the purpose of medication administration in residential care homes and boarding homes. In essence, this proposal continues to advance the notion that medications, particularly some of our more powerful psychiatric medications, can be administered without need for actual medical care. Nothing could be further from the truth. In fact, all medications require the need to manage the patient's entire medical condition. Psychotropic drugs can and do have significant side effects creating co-morbid conditions that require constant professional medical attention. It is not uncommon for a patient to carry two or three medical diagnoses in addition to their existing mental illness, further complicating matters. Managing these diseases, conditions and side-effects is not something that can or should be done, regardless of where the patient lives, by unlicensed personnel who have merely obtained certification for the "administration of medication."

During the years I have been a practicing nurse, I have routinely provided care to patients who reside in residential care homes and boarding homes. The vast majority of patients in these facilities are individuals who require not only psychiatric care, but medical care as well. In my experience, many of these patients are among the most medically and psychologically fragile patients I see. They require some of the most intensive care I can deliver. I would argue that it is not safe for the patients, or, in all honesty, the community, to alter the existing routine of providing nursing care in favor of "certified" people to do this job.

To describe these visits as simply administering medication is troubling, and I would love nothing more than to have the proponents of this proposal spend a day with me, observing how medically and psychologically compromised many of my patients are, regardless of where the patients live or where their care is delivered. During every visit I am required to meet all nursing requirements set forth by the Department of Public Health. I make medical and psychiatric assessments, deliver medical and psychiatric care and coordinate services with all physicians involved with our patients' cases. An example of a patient we care for in a residential home might be a person who suffers from diabetes, depression and hypertension. Each of these diagnoses impacts the other. The professional nursing assessment, discussion with the physician(s) and ability to implement new orders allows this client to remain in a community setting.



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Some questions you may want to ask yourself are: would an unlicensed person understand what is considered normal blood sugar readings for this client, and have the knowledge to know when it is necessary to contact the physician? Would a person certified as a "medication technician" know that a patient has made a mistake when they said they are supposed to be on Thorazine when really it was Thioridazine they were prescribed? Can a "medication technician" interpret, implement, and take physician orders over the phone? The answer is "No". My nursing background and my state license gives me the knowledge and authority to assess these issues, implement changes and provide direct care. An unlicensed person does not have that training.

Lastly, the language used in the proposal states "...this proposal provides additional funds for training, liability insurance, supervision and other implementation costs..." We have questions and concerns about where the funds are found, and how it can be assured that the funds are actually used for this purpose. This proposal is more complicated than it appears at first glance, and we ask that the committee take the underlying details into consideration.

I understand the desire to save scarce state funding, and as you know, the amount the state pays for my services has been cut dramatically over the past few years, but I ask that cuts not be made at the expense of these patients' well-being and the well-being of the community. The financial benefit does not, and will not, outweigh the human cost.

Thank you for your time and attention to this matter.