



# New England Home Care

**Taking Advanced Care to the Home**

Testimony Before the Human Services Committee on Behalf of New England Home Care, Inc.  
March 3rd, 2009

Good afternoon Senator Doyle, Representative Walker, and members of the Human Services committee. I am a psychiatric visiting nurse and I am here to speak in opposition to the proposal to require unlicensed personnel to obtain certification for medication administration in residential care homes and boarding homes, which you can find in Section 62 of SB 943 AA Implementing the Governor's Budget Recommendations Concerning Social Services.

This proposal assumes that the administration of medication requires no actual medical care or evaluation. My training as an advanced practice psychiatric nurse and my years of experience in the field has taught me that medication administration is not a static task but rather a dynamic process that requires advanced training and medical evaluation. Complicated medication regimens as well as co-morbid medical and psychiatric illnesses together present clinical challenges that even the best med technicians are ill prepared to evaluate or treat. Often questions or concerns arise, such as whether a patient's change in mental status is related to a psychiatric decompensation or a drug-drug interaction related to the addition of a new medication. It is unclear whether a med tech is even able to evaluate whether or not a change in mental status has occurred. Experience has demonstrated to me time and time again that in rest homes the answer is often, no.

Patients with severe and chronic mental illness residing in rest homes are among the most vulnerable of this patient population. Indeed it is by virtue of their inability to manage independently in the community that they are in rest homes at all. We as nurses who are the most familiar with this population feel it is unfair to them that they be made to cope with a less than optimal system of care, as would be the case were this proposal to be approved.

The psychiatric population is already largely de-institutionalized as you know, and we are happy to be providing what we feel is essential care in order to allow individuals with such illnesses to remain in the community. As we see more proposals to move individuals in other settings out of institutions and into the community, it is imperative that the broad spectrum of home care is funded in a way that supports the system and enhances the infrastructure that is currently quite fragmented. We urge you to keep this under consideration as you discuss this difficult budget, and to reject a proposal that would be a cut to one of the system's most important safety nets.

Thank you for your time and consideration.



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