



TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE
REGARDING THE DEPARTMENT OF SOCIAL SERVICE BUDGET PROPOSAL FOR
MEDICATION ADMINISTRATION BY UNLICENSED CERTIFIED PROVIDERS

March 4, 2011

Senator Harp, Representative Walker and members of the Appropriations Committee, my name is Tracy Wodatch and I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Home Care & Hospice (CAHCH), whose member agencies serve over 100,000 elderly, disabled and terminally ill Connecticut citizens. I am also a Registered Nurse with over 25 years of experience in both the institutional setting as well as home care.

My testimony today addresses the DSS Budget item “allowing Administration of Medication by Unlicensed Certified Providers.” CAHCH and its members **oppose this proposal as written**. The implementer language for certifying Home Health Aides in Medication Administration in this bill is inappropriately embedded in the residential care home language (Section 15 of Budget Bill 1013) and it **mandates** that all home health agencies ensure that a number of unlicensed personnel obtain certification for the administration of medications. According to the current Public Health Code for Home Health Care [19-13-D74(a)(3)] *“All medications shall be administered only by registered nurses or licensed practical nurses licensed in accordance with Chapter 378 of the Connecticut General Statutes...”* There is good reason for this regulation to remain intact until a reasonable and safe solution to medication administration can be proposed. The bill before us is not reasonable and safe for our vulnerable home health population.

Under the current regulations, Licensed Nurses are not only trained in how to administer medications but they’re trained **to assess** the patient receiving the medication—to assess response to the medications, mental status, need for hospitalization or immediate intervention, and safety level in the home. The Nurse Practice Act states that *“The*

practice of nursing by a registered nurse is defined as the process of diagnosing human responses to actual or potential health problems...—in essence “to assess”. Since many of the patients who require medication administration have psychiatric diagnoses and are being treated specifically for their behavioral health needs, assessment is a vital piece of their plan of care. Assessment is not part of the Home Health Aide’s current duties or in the proposed training requirements because Home Health Aide’s perform duties—they are not trained to assess.

Yet, with the State’s focus on “rebalancing” and moving more institutionalized clients back into the community, home care recognizes the need to consider some type of model that will save money while maintaining the client’s safety and home placement minimizing hospitalization and acute exacerbations. Since medication administration is a potential cost saver, we do need to consider a model of care that addresses medication administration while ensuring proper oversight and adequate assessment. With these goals in mind, CAHCH and its provider members would welcome the opportunity to collaborate with the appropriate state agencies to create such a model—we are already part of the Behavioral Health Oversight Council and are working collaboratively with them to implement the new ASO model for our Behavioral Health clients. Perhaps, this is the foundation of our work group.

In summary, CAHCH and its home care providers are opposed to the proposal for medication administration by unlicensed certified providers, but would like to have the opportunity to develop a behavioral health model of care that may include medication administration with proper oversight and assessment. Thank for the opportunity to address your committee regarding this extremely important issue. Please contact me with any questions or to pursue this work group proposal.

Tracy Wodatch

Vice President of the CT Association of Home Care and Hospice

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