

Testimony of VNA Community Healthcare

Appropriations Committee Budget Hearing Regarding Bill 1013

Good evening Sen. Harp, Rep. Walker and Appropriations Committee Members. My name is Patty Doyen and I am a registered nurse with 32 years experience working in a variety of settings. I currently work in home health care and I can honestly say my caseload of patients are the sickest, most at-risk population I have ever cared for. Currently 100% of them have a combination of both severe persistent mental illness and significant medical illnesses such as diabetes, vascular disease, or respiratory disease. It is within this context that I am expressing my concern with several items in the Governor's budget.

First, I am adamantly opposing the mandate for home health agencies to have unlicensed personnel obtain certification in medication administration. As a home health nurse I am responsible for all duties performed by the home health aides. Under the CT Nurse Practice Act it is my responsibility to identify those duties that can be safely delegated to such unlicensed personnel and to ensure they are properly instructed and supervised in those duties.

I do not believe medication administration that I render in the home can be safely delegated to unlicensed personnel. As a registered nurse I cannot delegate tasks that require nursing judgment. The medication administration that I perform requires nursing judgment and is much more than the task of handing a pill. It involves the careful assessment of the patient's entire condition and judgment as to whether the medications are appropriate to be given at that moment. There are many times where I am faced with a change in patient condition that requires further nursing intervention. For example, I have a patient with severe respiratory disease and because of her mental illness she does not have the insight to take her medications properly nor does she recognize when she is having changes in her respiratory status. In the course of a visit my nursing assessment includes a respiratory assessment to identify changes and provide intervention to avoid further complications such as pneumonia. I also have patients who abuse other substances and I must utilize my nursing assessment skills to determine whether a medication should be given or held, dependent on their condition. An unlicensed person does not have the medical knowledge required, nor do they have a nurse present in the home at the time they are there. They are in the home with no direct supervision on a daily basis.

Nursing care is rendered in many different settings and I would argue that the most high risk setting to delegate medication administration is the home. This environment is unstructured and unpredictable. The nursing assessment done at the time of medication administration is the only opportunity to prevent complications. A study done by the Institute of Medicine of the National Academies of Science in 2006 estimated that medication errors harm at least 1.5 million people per year and cost the health care system 3.5 billion per year. In light of this it seems irresponsible to mandate that medications be administered by unlicensed personnel in the home setting as it will increase the risk of errors and cost to the system.

I realize in these times we must find cost savings however rather than taking such a shot gun approach and causing further problems I would advocate a group of stakeholders be brought together to create a more thoughtful, comprehensive solution to care management of these individuals.

On a related issue, the budget proposal increases the drug copay for medicare D recipients to \$25. This increase for a population that is already struggling financially will negatively impact medication compliance. It will cause our patients to go without medications for days at a time and/or split pills in half, taking lower than prescribed doses. Medication non-compliance only leads to greater health care costs in the long run.

Lastly, I oppose increasing the copay on services under the CT Home Care Program to 15%. The desire of all of us is to keep people out of institutions and in their homes for as long as possible. This substantial increase in copay will have the opposite effect.

Thank you for your time and I hope you will consider these issues as you move forward in this budget process.

