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The Connecticut Association of Not-for-profit Providers For the Aging

Testimony to the Human Services Committee

In Support of

House Bill 6551, An Act Concerning Policies and Procedures for the Administration of Medication to Residents of Residential Care Homes

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House Bill 6552, An Act Concerning the Transfer and Discharge of Nursing Facility Residents

**Presented by Mag Morelli, CANPFA President
March 15, 2011**

Good afternoon Senator Musto, Representative Tercyak, and members of the Committee. My name is Mag Morelli and I am the President of the Connecticut Association of Not-for-profit Providers for the Aging (CANPFA), a membership organization representing over 130 mission-driven and not-for-profit provider organizations serving elderly and disabled individuals across the continuum of care including nursing homes, residential care homes, housing for the elderly, continuing care retirement communities, adult day centers, home care and assisted living agencies. CANPFA members are sponsored by religious, fraternal, community, and municipal organizations that are committed to providing quality care and services to their residents and clients. Our member organizations, many of which have served their communities for generations, are dedicated to providing the services that people need, when they need them, in the place they call home.

On behalf of CANPFA, I would like to submit the following testimony in support of House Bill 6551, An Act Concerning Policies and Procedures for the Administration of Medication to Residents of Residential Care Homes, and House Bill 6552, An Act Concerning the Transfer and Discharge of Nursing Facility Residents.

House Bill 6551, An Act Concerning Policies and Procedures for Administration of Medication to Residents of Residential Care Homes

CANPFA supports this bill which would remove the current mandate on residential care homes to employ and train medication technicians. This mandate is intended to save the state money, but instead it has been very difficult to implement and places a costly and burdensome requirement on a small segment of the long term care continuum. It would be extremely unfortunate if the consequence of this mandate was the loss of homes within this valuable segment of the continuum.

We therefore encourage the legislature to repeal of the mandate and allow the residential care homes to continue to conduct the voluntary medication technician programs that are appropriate for this setting.

The current process mandated for residential care homes has been a haphazard approach to implementing a potential cost saving option targeted to the administration of psychiatric medications in the community setting. This is not good public policy. If there is an indentified need for more effective models of care delivery than we should look to find solutions that make good public policy sense and we would be more than willing to participate in finding those solutions.

We are certainly open to the concept of medication technicians, but such a program needs to be implemented through a well thought out policy that makes sense from a public health and a quality care perspective. The training and educational aspects of the program need to be established in a manner that ensures adequate standards, program consistency, and course availability.

We would like to encourage state agencies to work together to review the current system of training non-licensed persons to administer medications and to see if there is a more effective and efficient way to deliver that training utilizing a universal curriculum and certification process that would be applicable across settings. Long term health care delivery is a growing field and the ability to offer education and training to individuals in the community who can then seek job placement in a variety of settings is an idea worthy of pursuing. Training programs utilizing a universal curriculum taught at the high school and community college levels could offer an opportunity for young people to enter this field. It would also provide a more efficient and consistent mechanism for training staff who are already employed. Finally, an established, universal training module could be utilized to potentially expand the medication technician option to other health care settings as the Department and State Legislature see fit.

House Bill 6552, An Act Concerning the Transfer and Discharge of Nursing Facility Residents

CANPFA supports this proposal which contains helpful clarification of procedures and responsibilities for the transfer, discharge and readmission of nursing home residents. In fact, CANPFA participated in a task force convened by the Department of Social Services to develop legislation addressing these issues. The Department of Public Health, the State Long Term Care Ombudsman, Connecticut Legal Services and the Connecticut Association of Health Care Facilities also participated on the task force and the group's collaborative efforts resulted in the bill that is before you today.

House Bill 6552 contains technical clarifying changes to 19a-535, which governs the transfer and discharge of nursing home residents, as well as provisions clarifying resident rights to appeal transfer and discharge decisions. The bill also contains a significant new provision addressing the readmission of residents from the hospital to the nursing home. The provision requires that when a nursing

home has concerns about readmitting a resident based on whether the nursing home can meet the resident's needs or whether the resident may be a danger to himself or herself or others, then the nursing home must request a consultation with the hospital. The purpose of the consultative process is to ensure that an appropriate plan of care is developed, with an appropriate readmission date, to safely meet the resident's needs. It fosters communication between the caregivers at the hospital and the caregivers at the nursing home. The hospital must provide the nursing home with access to the resident's hospital record and access to the resident at the hospital for purposes of care planning and consultation. If the nursing home refuses to readmit the resident after the consultative process, then the nursing home must notify the resident of its decision, and the resident has a right to appeal.

In the process of developing the proposed language in House Bill 6552, the task force invested significant time and effort and carefully considered and balanced a variety of competing concerns. CANPFA appreciated the opportunity to participate in this productive collaborative effort and we urge the Committee to approve the bill.

Thank you and I would be happy to answer any questions.

Mag Morelli, President

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