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

Testimony to the Public Health Committee

Regarding House Bill 6593, An Act Concerning Residential Care Homes

Submitted by Mag Morelli, CANPFA President

March 23, 2011

Good afternoon Senator Gerratana, Representative Ritter and members of the Public Health Committee. My name is Mag Morelli and I am the President of the Connecticut Association of Not-for-profit Providers for the Aging (CANPFA), an association representing over 130 not-for-profit and mission-driven providers of aging services 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 governmental organizations that are committed to providing quality care and services to their residents and clients. On behalf of CANPFA, I would like to submit the following testimony regarding **House Bill 6593, An Act Concerning Residential Care Homes**

CANPFA supports various elements of this bill, and we certainly support the intent of this bill which is to begin to think of different models of service delivery to balance both quality and cost effectiveness of the care that is delivered.

- CANPFA does not object to the separation of the statutory definitions of nursing home and residential care home.
- Regarding the proposed implementation of a requirement that a nurse consultant be engaged for five hours monthly for the purpose of on-site supervision of the administration of medication by unlicensed personnel, we would be supportive of this concept if the funding was made available to pay for it. We would also ask that the statute 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 residential care homes. We encourage the legislature to repeal the mandate and allow the residential care homes to continue to conduct the voluntary medication technician programs that are appropriate for this setting.
- CANPFA is 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. We therefore would support the concept of a limited program that would pilot a new level of care model that can possibly address an identified care need such as the one proposed in this bill. The current medication administration technician program mandated for residential care homes and now proposed for home health agencies, has been a haphazard approach to implementing a overreaching public policy targeted solely at reducing the cost of psychiatric medication administration in the community setting. This is not good public policy. If there is an identified need for more effective models of care delivery, then we should look to find solutions that make good public policy sense. CANPFA would be more than willing to participate in finding those solutions, and it appears that the pilot proposed in this bill might provide one such solution.

Thank you for your consideration of this testimony. **Mag Morelli**, President of CANPFA,
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