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

Testimony to the Public Health Committee

Senate Bill 1050, An Act Concerning the Availability of Automatic External Defibrillators in Certain Health Care Settings

Submitted by Mag Morelli, CANPFA President

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Good morning Rep. Ritter, Sen. Gerratano 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 in opposition to Senate Bill 1050, An Act Concerning the Availability of Automatic external Defibrillators in Certain Health Care Settings

The bill before you today would require that every residential care home (RCH) maintain one, centrally located automatic external defibrillator (AED) and that every assisted living services agency (ALSA) maintain a "sufficient number" of AEDs that they would then bring with them to the managed residential community (MRC) where they deliver assisted living services. In addition, all RCH and ALSA personnel would need to be trained to operate the AED and perform CPR.

We must oppose this mandate based on the additional responsibilities it places on staff, the training costs it would imposed on providers, and the liability issues that it would raise.

The RCH is a non-medical model housing site. It is not staffed as a health care institution and yet it would be forced to maintained CPR and AED trained staff on duty at all times if this mandate was implemented. From the ALSA's perspective, many residential communities are quite large, but not all residents receive services. A mandate would raise the uncertainty of whether the ALSA staff would be responsible for all the housing residents in the case of cardiac arrest whenever they were in the building.

The liability issue is of concern. While I believe Connecticut has an AED "Good Samaritan" law, it is not clear whether this law would be extended to the RCH or ALS personnel if this type of a mandate was in place. We would also ask how such a mandate and expectation would affect the do not resuscitate orders that might be in place through out the building and what the expectation would be of an unlicensed responder to those orders.

While well intended, this proposed mandate leaves too many serious questions and concerns unanswered and we believe there would be nursing assistances and residential care employees who would not want this additional *mandated* responsibility and potential liability. We therefore cannot support this proposal to make this a mandated service required of employees and providers of residential care homes and assisted living service agencies.

Thank you for your consideration of this testimony. **Mag Morelli**, President of CANPFA, mmorelli@canpfa.org, (860) 828-2903

