



# New England Home Care

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Dear Members of the Appropriations Committee,

I am Kimberly Nystrom, President of New England Home Care (NEHC), and I am providing comments to S.B. 381, An Act Creating a Task Force to Study Low-Income Adults and Medication Administration. NEHC is a statewide provider of licensed and Medicare/Medicaid certified home care services.

Over the past few months, licensed and certified home care agencies and the Connecticut Association of Home Care and Hospice have been working with the Administration, Committee members, and various lawmakers to establish acceptable standards of nurse delegation in relation to medication administration. It is frequently explained that nurse delegation of medication administration is critical to ensuring the effective transition of many individuals from costly institutional nursing home care to the least restrictive home based setting. The Governor has also proposed a rate reduction for nursing medication administration services where delegation is not appropriate. While the industry is moving towards an acceptable application of nurse delegation in certain clinical circumstances, there are many areas where delegation of medication administration is clinically inappropriate. Further, the industry opposes rate cuts for nurses who will be left caring for the most challenging populations. The costs of training, oversight, and supervision will not be sustained under the current rate structure, much less a rate reduction. We request support of our collaborative efforts to focus on quality and cost effective care through the State contracted ASO, Value Options.

We fully support person-centered planning and individualized approaches to community support that emphasize autonomy of individuals and families. A safe and effective delegation policy will reinforce these long term goals. Since April, 2011, licensed home care agencies and nurses have been working closely with Value Options the behavioral health ASO for the CT Behavioral Health Partnership. This collaborative relationship has produced material decreases in utilization of nursing medication administration to those with complex and persistent mental illness. Most agencies report 8-15% reduction in nursing utilization, which results in substantial financial savings to the State. This reduction is occurring through clinically appropriate case management, which is individually focused and collaborative with the entire clinical team. Many of these individuals have multiple medical conditions in addition to their mental illness with complex medication regimes averaging 10 medications per day. If inappropriately managed, the cost of care for emergency room visits and institutionalization will far exceed the average daily cost of \$54 per day.

In states where nursing delegation has been successful, patient safety and nursing judgment are central to its successful implementation. In Washington State, for example, "a registered nurse may delegate tasks of nursing care to other individuals where the registered nurse determines that it is in the best interest of the patient." The law clarifies that "No person may coerce a nurse into comprising patient safety by requiring the nurse to delegate if the nurse determines it is inappropriate to do so." In addition, "Nurses shall not be subject to...reprisal or disciplinary action by the nursing care quality assurance commission for refusing to delegate tasks or refusing to provide the required training for delegation if the nurse determines delegation may compromise patient safety." This law stipulates that delegation is allowed when - "the individual's clinical and behavioral status is known and does not require the frequent presence or evaluation of a registered nurse." Washington State Legislature, RCW 18.79.260 Registered Nurse-Activities Allowed-Delegation of Tasks.

We are hoping the Administration will utilize this precise language to ensure safe and effective delegation laws in Connecticut. We have offered this language to the Administration as an acceptable policy position.

In order to achieve a safe and cost effective home based long term based system, we urge the legislators to support home care providers and nurses and carefully construe nurse delegation policy. Please also oppose any rate cut for nurses within agencies who provide medication administration that is clinically required.

We greatly appreciate all the efforts of lawmakers and administration officials in working so diligently to develop a solution that is collaborative and person-centered. Any and all pilots or studies relating to this important policy decision are encouraged. Thank you for your time and consideration.

Respectfully Submitted,  
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