



Human Services Committee Public Hearing

Testimony on behalf of New England Home Care, Inc.

Regarding SB 30 AA Implementing Provisions of the Budget Concerning Human Services

March 1st, 2012

Senator Musto, Representative Tercyak, and members of the Human Services committee, my name is Dianne Ryan, and I am a registered nurse working as a clinical supervisor in the behavioral health department of New England Home Care. I am here today to speak specifically to section 14 of Senate Bill 30, the Governor's bill to implement certain provisions in the human services budget. Section 14 requires that every home health agency train unlicensed personnel to administer medications to individuals living in the community.

I have been a nurse for 35 years and have worked in the behavioral health field for 25 years. I have always felt that advocacy is one of the most important aspects of my role so I am grateful for the opportunity to speak to you today on behalf of the clients with whom I have the privilege to work. I started my career in behavioral health at Connecticut Valley Hospital in the late 80s during the community initiative; this was an exciting time when clients were being moved to the least restrictive environment and integrated back into the community. Many of the clients involved had lived in a state hospital for most of their adult lives, sometimes 10, 20 or even 30 years and were, understandably, anxious regarding their ability to function independently out in the community. It was our job as clinicians to help prepare them and to encourage and excite them about the possibilities the future held. The promise made at that time was for "wrap around services" including community coaches, vocational services, occupational therapy and other therapies, and skilled nursing support in the home. Many of these promises were never kept or have gradually been cut back due to economic concerns. One of the only wrap around services left intact is the skilled nursing visit. The promise should be kept.

The population we serve is one that suffers from multiple co-morbid disorders, both psychiatric and medical, and quite often treatment is only minimally effective, and the symptoms are so severe the ability to live a normal productive life is interrupted. In many cases the behaviors associated with these symptoms are so disturbing and disruptive that family bonds are broken and there are no natural supports left. There are many clients we see who have acted on delusional thinking in the past and are a risk to the community when symptoms are not managed. Often our clients are chronically suicidal and frequent utilizers of emergency services which are more costly than managing their care in the community.



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It appears that there exists an impression that behavioral health nurses go into the home, give a pill and leave. In reality this is a small part of what we provide. In behavioral health, the most important tool to assist a client in recovery is the relationship. Nursing process taught over years of education and then expanded with experience facilitates this process. The nurse can then assist the person throughout the recovery process to identify symptoms, maladaptive responses, barriers to recovery and then assist them to develop strategies to manage symptoms and change behaviors.

New England Home Care acknowledges that using a med technician or trained home health aide to administer medications with nursing oversight may be an appropriate model in certain cases. Having said that, for the reasons I have just mentioned, we do feel a cautionary approach is necessary when implementing this model. We would like to be a part of the solution, and we truly appreciate the willingness of the Administration and the Legislature to work with the home care industry to ensure that individuals with the most severe illnesses are not cared for by a caregiver who would not have the training necessary to prevent such individuals from decompensating. I feel it is important to note that the Administration has acknowledged that an aide trained to administer medications will do so under nursing oversight, and the Department of Social Services has mentioned that under the new model nurses will take on more of a management role in many cases, and will continue to administer medications to clients who suffer from severe illnesses and co-morbidities. Given this, we feel strongly that a ten percent rate cut for nurses who continue to administer medications will significantly hamper the nurse's ability to appropriately care for their clients while also overseeing care plans and the home health aides who have been assigned to administer medications. We hope the committee can urge your colleagues to reject this rate cut which the Governor included as part of his overall proposal to reduce costs associated with administering medications to individuals living in the community.

Thank you for your time and attention to this matter. I am happy to take any questions.