



Testimony to the Public Health Committee

Presented by Mag Morelli, President, LeadingAge Connecticut

February 20, 2013

Regarding

HB 5979, An Act Establishing a Task Force on Alzheimer's Disease

House Bill 5738, An Act Requiring Nursing Home Facilities to Provide Information Concerning Safety Incidents to Patients and Their Families

Good morning Senator Gerratana, Representative Johnson, and members of the Public Health Committee. My name is Mag Morelli and I am the President of LeadingAge Connecticut, a membership organization representing over one hundred and thirty mission-driven and not-for-profit provider organizations serving older adults throughout the continuum of long term care including not-for-profit nursing homes.

Our 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 expanding the world of possibilities for aging.

On behalf of LeadingAge Connecticut, I would like to testify on two bills before you today.

HB 5979, An Act Establishing a Task Force on Alzheimer's Disease

LeadingAge Connecticut has many members with expertise in the field of dementia care and we would be pleased to assist the Committee with this task force if you choose to move forward in establishing it.

House Bill 5738, An Act Requiring Nursing Home Facilities to Provide Information Concerning Safety Incidents to Patients and Their Families

The stated purpose of this proposed bill is "to ensure families have adequate information concerning the quality of care a patient may receive when placed in a nursing home facility." We are pleased to testify that this legislation is not needed as there are numerous state and federal statutes and regulations already in place to ensure that families will have detailed information about the quality of care at nursing facilities. These existing requirements go well beyond the provisions proposed in this bill.

The language of the bill also refers to several acute care hospital terms by requiring that nursing facilities and chronic disease hospitals provide patients and family members with the number of "patient safety incidents" in the prior two years, the facility's corrective actions taken as a result and methods to access Department of Public Health (DPH) records concerning "safety" violations at the facility.

The nursing home is not an acute care hospital. A nursing home is a residential environment with skilled nursing services that involve monitoring, assessment, delivery of care and treatment pursuant to physician orders. Individuals who live in nursing homes are residents, not patients. Nursing homes do not perform surgeries or medical procedures, other than routine procedures that are within the scope of nursing practice.

Nursing homes are also regulated separately from acute care hospitals. **In fact, nursing homes are the most heavily regulated sector of the health care industry.** Numerous state and federal statutes and regulations are already in place to ensure that families will have detailed information about quality of care at nursing facilities. These existing requirements go well beyond the provisions proposed in the bill. **We therefore do not believe that this bill is necessary.**

For example, the Connecticut Public Health Code, Section 19-13-D8t(g) requires that nursing facilities classify and report all "reportable events" that occur at a facility. "Reportable events" include: events resulting in death or serious harm; disease or foodborne outbreaks; complaints of abuse, fires and events causing evacuation, events causing serious injury or significant changes in condition, medication errors of clinical significance and adverse drug reactions.

Nursing facilities make these reports to DPH on a particular DPH-approved form and within a strictly enforced time frame. They must conduct follow up investigations, identify preventative measures and submit reports to the facility's medical staff. As we understand it, the reportable event forms are maintained on file at DPH and are publicly available under the Freedom of Information Act.

DPH investigates reportable events, as well as all complaints made about resident care at a facility. In addition, DPH conducts regular licensure and federal Medicare certification surveys (inspections) at each nursing facility in the state. As a result, most facilities are surveyed at least once a year and often more frequently.

Upon completion of each survey, DPH details its findings and violations under state or federal requirements. Any violations found for adverse events that may have occurred at a facility are described in detail. Nursing facilities must prepare plans of correction for each violation and submit them to DPH. The survey reports and plans of correction are publicly available. In fact, nursing homes must make survey reports and plans of correction for the most recent year available and accessible in the lobby or other public area of the nursing home.

Unlike hospitals, nursing homes are subject to federal and state civil monetary penalties for certain violations that result in harm to a patient. Nursing facilities are required to post any state citations at the facility until such time as DPH instructs them that they may remove the posting.

Each facility also posts and provides to residents a *Resident's Bill of Rights*, which contains information on how to contact DPH in case the resident or a family member has questions about a facility, or wishes to make a complaint. The Bill of Rights also contains information on how to contact the State Long Term Care Ombudsman.

The federal Centers for Medicare and Medicaid Services (CMS) has a *Nursing Home Compare* web site and a Five Star rating system in place for nursing facilities based in large part on survey results. The Five Star ratings for all nursing facilities are easily accessible on the internet. Anyone considering a nursing home can readily pull the Five Star information for the nursing facility and compare facilities under consideration.

The *Affordable Care Act* is enhancing the consumer information that is available on the website. Under Section 6103 of the Affordable Care Act, the CMS Nursing Home Compare web site must include certain specified information including: (1) links to state web sites where state survey and certification program information can be found, along with information to guide consumers in interpreting and understanding survey and certification reports; (2) summary information on substantiated complaints; (3) criminal violations by the facility or committed by facility employees and civil

monetary penalties levied against the facility. We understand that the state's required consumer website for nursing home information is currently under development.

The Affordable Care Act also includes the *Elder Justice Act*, a law that requires nursing homes and certain other long-term care providers to report any reasonable suspicion of a crime committed at a long-term care facility to local law enforcement authorities and to DPH, as the state survey agency for CMS.

As we said, the nursing home is a residential environment with skilled nursing services that involve monitoring, assessment, delivery of care and treatment pursuant to physician orders. Individuals who live in nursing homes are residents, not patients. Nursing homes do not perform surgeries or medical procedures, other than routine procedures that are within the scope of nursing practice. Residents often stay in nursing homes longer than they stay in hospitals. For short term rehab, the stay can last several weeks, and for some frail elderly individuals, the nursing home becomes their permanent home. Given the nature of the nursing home environment, it does not make sense to impose hospital reporting standards. Rather, the extensive federal and state standards already in place, which provide for reporting, transparency and guarding against abuse and neglect, are appropriate and effective for the nursing home setting.

Thank you for your consideration of this testimony and I would be happy to answer any questions.

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