



Testimony to the Public Committee

Submitted by Mag Morelli, President of LeadingAge Connecticut

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Opposing

House Bill 6887, An Act Concerning The Department Of Public Health's Recommendations Regarding The Protection Of Residents In Health Care Institutions

[LeadingAge Connecticut](#) is a statewide membership organization representing not-for-profit provider organizations serving older adults across the continuum of aging services, including not-for-profit skilled nursing facilities, residential care homes, home health care agencies, hospice agencies, adult day centers, assisted living communities, senior housing and continuing care retirement communities. On behalf of LeadingAge Connecticut I respectfully submit the following testimony to the Public Health Committee in opposition to ***House Bill 6887, An Act Concerning the Department of Public Health's Recommendations Regarding the Protection of Residents in Health Care Institutions.***

Section 1

Section 1 of this bill provides that the nursing home administrator is responsible for "the quality and safety of all services provided in a nursing home." The Connecticut Public Health Code (Section 19-13-D&t(f)(3) already provides that the Administrator is responsible for the overall management of the facility and outlines 11 specific duties and responsibilities for the administrator such as enforcing state, local and federal requirements as well as facility policies, protecting residents personal and property rights and serving as a liaison with the medical director and director of nurses. Since these regulatory provisions are clear and detailed, we question the need for the proposed statutory revision.

We are concerned because the proposed language is overly broad. It assumes that responsibility lies with one individual, the administrator, when in fact assuring quality and safety is a team effort. We are not aware of other licensure provisions, or other statutes, that vest similar broad (and vague) responsibility on the chief executive officer or manager of a health care institution. If enacted, this provision will cause confusion and potentially could deter qualified individuals from becoming nursing home administrators.

Section 2

LeadingAge Connecticut cannot support Section 2's proposed revisions to the statutes governing transfer and discharge of residential care home (RCH) residents. In particular, we are concerned about the proposed revisions related to the discharge plan. A bill containing similar language was introduced last year. To reiterate the concerns we raised then, we would like to point out that this language wrongly assumes that the RCH is a "medical" facility. In fact, it is not.

The RCH is defined by Section 19a-490(c) as an establishment that furnishes food and shelter to two or more persons, and provides services that meet a need beyond the basic provision of food, shelter and laundry. These services are very limited. As set forth in the Public Health Code requirements governing RCH's, the RCH is required to provide personal care services through employment of certain attendants who need not be certified nurse's aides and the administration of medications provided certain training requirements

are met. While some LeadingAge member RCHs include nurses in their staffing, that is not required, and RCHs are not required to appoint a physician as medical director. The proposed revisions therefore do not fit with this setting.

Moreover, since RCH residents do not routinely receive “medical” services, the RCH would not have access to the information and that would be required under these provisions such as an accurate “description of the resident’s medical condition”, a “complete list of health care providers” or a “complete list of medications,” particularly for those residents who self-administer medications. Indeed, the RCH, in some circumstances, may not have access to this information at all under HIPAA.

Finally, these proposed changes are inconsistent with efforts that the Department of Social Services has been making to qualify Connecticut’s RCHs for Medicaid Home and Community Based Services funding for eligible residents. An important condition of that funding is that the resident resides in a community-like setting, not a medical facility. Enacting these provisions, without consideration of the impact on the Department of Social Services’ efforts would be ill advised at this time.

Section 3

LeadingAge Connecticut objects to the unnecessary and arbitrary increase in civil monetary penalties for nursing homes and residential care homes that is proposed in this section. In fact, we object to the arbitrary manner in which the Department of Public Health (DPH) currently classifies violations as Class A or Class B. Rather than assessing whether the particular violation itself meets the standard in a Class A, for example, (“presents an immediate danger of death or serious harm to any patient in the nursing home facility”), DPH has simply grouped certain regulations under Class A and certain regulations under Class B, and so any violation of the regulation will be considered under that Class regardless of the impact on the resident. For example, failure to notify a physician of a significant change in condition is always a Class A violation, even if the resident did not suffer “serious harm”). However, failure to protect a resident from accident or injury in an incident that results in a resident’s death would be classified as a Class B violation. Again, we cannot support this section and strongly object to the arbitrary increase in these civil monetary penalties.

Thank you for this opportunity to submit testimony on this bill. Please consider us to be a resource to you as you consider these and other issues related to aging services.

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