

**The Eliza Huntington Memorial Home of Norwich, Inc.  
Connecticut Association of Residential Care Homes**

**Re: HB 6887 (Raised)- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING PROTECTION OF RESIDENTS IN HEALTHCARE INSTITUTIONS.**

Public Health Committee, March 18, 2015

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Theresa Madonna, I am the Administrator of The Eliza Huntington Memorial Home of Norwich, Inc., and a member of the Connecticut Association of Residential Care Homes. While I cannot be there in person today to testify I submit this written testimony **against House Bill 6887 AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING THE PROTECTION OF RESIDENTS IN HEALTHCARE INSTITUTIONS.**

The Connecticut Association of Residential Care Home includes the majority of the over one-hundred homes in the state. We serve about 3,000 residents, about sixty percent of which have behavioral health or mental health diagnoses and the remaining percentage being elderly.

**Residential care homes are not medical facilities nor do we provide medical care. We do however, serve an important function in providing housing to many of our elderly and mentally disabled.** Our Home is run by me as the Administrator and a Director of Resident Services. We provide room and board to 22 elderly women between the ages of 62 and our oldest resident is 96. Our 22 ladies rely on us for meal preparation, housekeeping, laundry services and medication management. We do not provide medical care, we do not employ medical staff, and we do not offer any medical services. Staff that pass medication to our residents have been trained in that that one specific area and are certified by the State to perform this very limited function. We are a boarding home.

House Bill 6887 would require residential care homes to take additional steps in writing a resident discharge plan and perform tasks that we are not equipped to do, have never been trained to do or have ever done. Residential care homes are made up of small staffs and have limited funding; our staff of 20 men and women are housekeepers, food service workers, a bookkeeper, a recreation director and personal care attendants. We perform an important role in the lives of our residents in keeping them active, intellectually stimulated and safe. We also perform an important function in our local economy – we employ 30 full, part time and per diem staff with entry level work that is both rewarding and motivating. We do not have high turnover, the average length of employment of our staff is 9 years, with over 50% of our staff employed more than 10 years. We provide jobs for people who have no formal medical training.

Residential care homes do not offer medical diagnoses, analyze resident emotional states, or make determinations as to what would be an appropriate next placement; the proposed law

would require us to do so for all residents who leave our facility. Current regulations prohibit us from assessing or evaluating “medical” issues. How are we supposed to comply with the proposed law requiring us to provide a “detailed description of emotional or social conditions” or “description of the medical condition?” “Descriptions” are ALWAYS filtered through an individual’s training, experience and perspective; asking non-professionals, non-MEDICAL professionals to describe social, emotional or medical conditions is inappropriate for our facilities. Either we provide medical care or we don’t; and we are constantly reminded by the Department of Public Health that we don’t provide medical care: we can’t take blood pressures, we can’t apply any lotions or ointments, we can’t even apply dry bandages – yet the proposed law would have us describe medical conditions and provide details of our residents social and emotional conditions. We are not equipped to do this, nor should we. We are not assisted living or nursing home care – we are boarding homes. Having your mother, grandmother or aunt live with us, is like having her live with you in your home.

The bill appears to put less responsibility on the providers of direct medical care, and more responsibility on the Residential Care Homes. If the intent of the proposed law is to facilitate a smooth transition to the next placement – then we can certainly provide lists of medical care providers and current medications so that this information can be passed onto the next facility; this we already do. We work with the families of our residents or their legal representatives to ensure that residents transition to nursing homes, or back to the community.

Our private, non-profit corporation offers quality room and board services to our residents who otherwise might be living alone in subsidized senior housing, not eating well, not taking their medication properly and within short order, would become undernourished and unsafe. Statistics and research studies have proven this time and time again. We are an efficient and necessary service to our residents.

The language would be inappropriate for the level of care we provide and on its face, appears contrary to the regulations of the Department of Public Health and contract to the purpose of Residential Care Homes. I urge you to reject House Bill 6687.