



Testimony to the Public Health Committee

Presented by Mag Morelli, President of LeadingAge Connecticut

March 29, 2021

Regarding

House Bill 6666, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes

Good morning Senator Abrams, Representative Steinberg and members of the Public Health Committee. My name is Mag Morelli and I am the President of [LeadingAge Connecticut](#), a statewide membership association 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 life plan communities. As an association, we encourage the state and federal government to value aging by investing in quality.

On behalf of LeadingAge Connecticut I am pleased to provide testimony on *House Bill 6666, An Act Concerning the Department of Public Health's Recommendations Regarding Various Revisions to the Public Health Statutes*.

Over the past year, the aging services field has been at the center of the global Covid-19 pandemic. Covid-19 is a virus that has targeted the very people we serve. As such, our member organizations have been uniquely impacted by the pandemic, unlike any other health care provider sector. And we are proud of our efforts. LeadingAge Connecticut members have faced this pandemic head on and continue to do so as we protect and compassionately care for the most vulnerable older adults in our state.

Our testimony today is limited to the sections of the bill that relate to the regulation of various providers along the continuum of long-term care. We recognize that they appear to be an effort to codify some of the executive and commissioner orders that were put into place during this pandemic.

Section 52 would permit a registered nurse in a nursing home to perform certain licensed functions related to IV therapy and we support this section.

Section 53 proposes changes to the licensure statute concerning assisted living service agencies and we do have some concerns with this section. First, we request clarity on the subsection (a), lines 2137 – 2139 which states that: *“A managed residential community wishing to provide assisted living services shall become licensed as an assisted living services agency.”* This is not the current model of assisted living in this state and we would not support this change.

We strongly support maintaining the current model of allowing a managed residential community to contract with an outside, unrelated assisted living services agency to provide assisted living services. In fact, this arrangement is supported in subsection (b), lines 2135 – 2139, and contradicts what is proposed in the previous subsection. Therefore, we request the language in line 2139 be clarified to state that a managed residential community wishing to provide assisted living services can *either* become licensed as an assisted living services agency or can arrange to have the assisted living services provided by a licensed agency. We would suggest that the line be amended as follows: “A managed residential community wishing to provide assisted living services shall become licensed as an assisted living services agency *or shall arrange for assisted living services to be provided by another entity that is licensed as an assisted living services agency.*”

Second, in subsection (c), lines 2146 – 2155, the bill proposes to add additional requirements on assisted living services agencies that provide memory care. We would request that the newly proposed requirements apply only to those assisted living services agencies who provide an “Alzheimer’s special care unit or program as defined in 19a-562.” 19a-562 is the statute that currently regulates dementia care units and programs in several provider settings, including assisted living. Use of this definition would maintain consistency in the statutes and would require amending lines 2146 – 2149 to read: “An assisted living service agency providing an Alzheimer’s special care unit or program as defined in 19a-562, shall obtain approval for such unit or program from the Department of Public Health.”

Section 54 proposes statutory changes to the traditional requirements of bed positioning that are currently in both statute and regulation. The current requirements speak to a three-foot clearance on the sides and foot of a resident’s bed, but during this pandemic, in response to the need to implement infection control measures that incorporated the characteristics of the Covid-19 virus, there was a [Commissioner’s Order](#) issued advising the distancing of six feet between two residents’ beds in a shared room. We believe that this proposal is seeking to codify that order into statute. While we do not object to the intent of the proposal, we do not agree with the specific language of the bill.

First, if the proposal is seeking to codify the current order, it should be rewritten to allow for six feet between beds and not require a six-foot clearance at both sides and the foot of the bed. The typical dimensions that have been allowed for in the construction of a semi-private nursing home room would not physically allow for that much clearance around both beds.

Second, we would like to raise for consideration the concept of not prescribing a specific distance between beds, but rather allowing for the Commissioner of Public Health to order changes to the bed positioning in response to infection control concerns. While it was imperative that beds be distanced by six feet during this pandemic due to the characteristics of the Covid-19 virus, we cannot be sure of the specific characteristics of future viruses or other diseases that might require this type of infection control response.

Section 66 proposes civil monetary penalties for failure to report diseases pursuant to 19a-215, which refers to a health care provider. It is not clear whether this would apply to health care providers working within licensed institutions, which are already required to make these reports. We would request clarification.

In conclusion, we offer our assistance to the Committee as you review the proposed language of the bill. Throughout this pandemic we have been working very closely with the Department of Public Health and we also would like to offer our assistance to them in reviewing and potentially revising the language reflected in the bill today to ensure that it appropriately regulates in the manner intended and in the best interest of the older adults we serve.

Thank you for this opportunity to testify on this bill and I would be happy to answer any questions.

Respectfully submitted,

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