

Statement
Department of Health FY010 Budget
Committee on Health
April 9, 2009
DC Coalition on Long Term Care

Thank you very much for this opportunity for the DC Coalition on Long Term Care to share its views with the Committee. I am Vera Waltman Mayer, Coordinator of the Coalition. The mission of the Coalition's advocates, consumers and health care providers is to expand DC home and community based services for seniors and persons with disabilities.

To achieve this goal, Coalition members have had the privilege of working with Dr. Feseha Woldu in his dynamic administration of the long delayed Assisted Living Residence Regulatory Act of 2000 as well as the implementation of the 2004 Home Care Licensure rule. In addition, I have personally had the privilege of serving on the Board of Nursing as one of the two consumer members from 2003 until March 2009. I have experienced first hand the dedication of Dr. Woldu and the Board of Nursing's members, Executive Director, staff, attorneys and investigators to the well being of the public through the ardent pursuit of quality performance by licensed DC nurses and the schools that train them.

The Coalition will focus its remarks on the implementation of the expanded role of the Board of Nursing to include regulation of direct care workers. The legislation was approved by the DC Council's Committee of the Whole earlier this week. The legislation amends the Health Organization Revision Act of 1985 (HORA) to authorize the Board of Nursing to regulate the practice and training of direct care workers, called

nursing assistive personnel in the legislation. It lists several types of nursing assistive personnel who may be employed in a wide variety of settings, including nursing homes, assisted living, home care and community supportive housing.

Home care is of special interest to the Coalition because of its work to expand home-based services in the District because many people desire to remain in their homes rather than going to a nursing home. A recent study by the AARP presents data that home and community services are also cost effective. Despite the diversity of the settings in which they work, nursing assistive personnel basically help clients whose ability to perform independent activities of daily living is compromised either temporarily by an acute episode or permanently because of the advance of chronic diseases. Activities of daily living can include bathing, dressing, eating, toileting, house keeping, shopping, meal preparation, mobility and medication assistance.

This legislation comes at a time when people are living longer with chronic care diseases due to advances in medical care and increasing health awareness. The need for long term care reform has been the subject of studies, recommendations and program initiatives on the national and state levels in recent years. These include work done by Chairman Catania, the Institute of Medicine, the U.S. Senate Committee on Aging, the Center for Medicare and Medicaid Services and its National Direct Care Workforce Center, the State of Washington, the Robert Wood Johnson Foundation and the District government.

In the midst of this rich flow of information and programs targeting the improvement of nursing assistive personnel in long term care, the Board of Nursing

includes among its members three nurses who work or have worked in nursing homes. However, there is no Board of Nursing member familiar with the emerging issues in home and community- based long term care services. The Board may be forced to rely heavily on what other Boards of Nursing have done and these programs may not be appropriate for the District. A DC registered nurse who is a District resident and a nationally recognized expert in home care has twice applied for appointment to the Board of Nursing. However, the Office of Boards and Commissions and has twice been denied membership without any explanation given to her or to her Councilmember. Even with a member on the Board of Nursing familiar with the field, an expert consultant would be a needed source of information to assist the Board in its future work. But there does not appear to be any funding for this position. The Executive Director of the Board has had to proceed on her own to connect with providers in the community to learn about practices and problems.

In the February 11, 2009 Committee on Health Report on the legislation, Councilmember Mary M. Cheh in stating her support of the bill, noted "issues raised by the long-term care community, including the desire for additional funds for the Board of Nursing, the inclusion of a professional with expertise on nursing assistive personnel issue (sic) as a member of the Board and the creation of a Nursing Assistive Personnel Advisory Committee."

The Chairman and the Committee have expressed the desire to put the new program in place by this summer. This is a difficult assignment for the Board to fulfill without access to the necessary expertise in this important and timely undertaking. We

respectfully urge the Committee to provide funding for an expert consultant, as well as to seek the appointment of an expert in this complex subject matter as a member to the Board. The Coalition also respectfully urges the creation of an advisory committee.

Thank you very much for this opportunity to express our views.