

**Testimony on District of Columbia DC Health Oversight Hearing for Fiscal Year
2018**

**Before the District of Columbia City Council
Committee on Health and Human Services
Chairperson Vincent Gray
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My name is Judith Levy Coordinator of the District of Columbia Long Term Care Coalition. This submission will focus on the DC Health's Regulation Licensing Administration (HRLA) which includes the District of Columbia Board of Nursing, both, of which perform a vital role in protecting the community and promoting quality services.

The DC Coalition on Long Term Care has worked with the DC government for over 20 years to develop and implement home and community care options for low-income DC residents with chronic care needs. Its consumers, advocates and health care providers have assisted in the development and implementation of expanded Medicaid home care; the regulations of assisted living residences and home care agencies and the improvement of the workforce essential to these programs. To improve and expand the health care workforce, the Coalition has concentrated on increasing wages, health care benefits, training and monitoring.

Legislation enacted in 2009 authorized the DC Board of Nursing to register and regulate the standards for education and experience --including supervision and performance of -- nursing assistive personnel (NAP). NAPs are defined as persons who provide hands-on care in all health care settings. These settings include, but are not limited to, hospitals, nursing homes, home care, dialysis centers and supportive community housing.

The goal of the regulations is to assure that consumers receive quality services from well-trained persons in all health care settings and that health care personnel have the opportunity to develop and increase skills

and career opportunities through a unified system of training. With this system in place, the expanding DC health care industry would be able to relieve the current shortage of well-trained health care personnel.

To assist the Board in developing a model for the training and career development of these health professionals, the DC Coalition on Long Term Care worked with over 30 stakeholders affected by the legislation, including home health care agencies, acute care hospitals, dialysis centers, training schools and others. This inclusive process resulted in a model set of regulations completed in 2009, which the Board of Nursing has worked diligently to implement. As of this date the only set of regulations implemented are those covering home health aides. Currently the regulations covering certified nursing assistants, patient care technicians, medication aides and dialysis technicians remain in limbo. It is just unconscionable that it has taken so long.

This model is founded on a core of basic training and supervision of this vital workforce and the initiation of a career ladder to reflect the expanding health care career opportunities. The Board's rules will lay the foundation for organizing the District's training into an integrated system based on building blocks of training so that each person has an opportunity to qualify for more skilled jobs with higher pay. Perhaps most important are the new regulations for a Certified Medication Aide program. This would allow home health aides additional training in medication administration. This additional certification is vital. Currently home health aides cannot assist a client in taking medication. They can remind and cue but not touch. Assistance with medications is vital for those clients so impaired that they cannot take the medication themselves and do not have available family members to assist. When inadequate help is available, residents are forced to enter nursing homes because of this issue. Certainly this is at a greater cost to the District.

The DC community of home care providers is currently approaching a crisis regarding the availability of workers. This is actually a national crisis. The Board of Nursing and DC government needs to understand the importance of their role in workforce development in particular direct care workers.