

Dear Chair Greenlick and Committee Members,

As an owner of a licensed In Home Care Agency for 12 years I am writing in support support of HB 3145.

You may be wondering if there is really a need for the new State Registry to follow the same rules and regulations as licensed in home care agencies.

The question you must ask is, “Why did the legislature put these rules and regulations in place initially?”

The answer is that the legislators wanted to protect vulnerable seniors who must have help in order to stay in their home.

Without those rules and regulations the state registry care providers will have absolutely no oversight or accountability. Licensed agencies are required to have a care manager visit a new client and do an initial assessment to see that the agency can safely meet the needs of the client and that the care provider has been trained to meet the specific needs of the client. After the evaluation, the care manager visits again within 30 days and then every three months to see that their plan of care is being followed, to update the plan and to confirm that the care provider has been appropriately trained. Does the new registry have any assessment, follow up or monitoring?

Licensed agencies must do initial training of our care provider employees and all employees are required to have six hours of continuing education and one hour of medication training yearly. Does the registry provide initial training? Do they have mandatory annual continuing education?

Will the state registry care providers be handling medications? While the registry says that it will not be giving nursing care, it is not uncommon to interview new employees who have been state providers and learn that they have quietly managed their state client’s medications, insulin and blood sugars for years without the required training or oversight of an RN. Licensed agency care providers who handle medications are required work under the licenses of RN’s. RN’s teach care providers to give meds under the agency policy and review the procedures with the care providers annually. We also handle all the communication with the MD offices regarding medication orders, write the medication sheets, and keep the medication sheets for seven years. Will there be clear language in the new legislation prohibiting registry care providers from handling any medications, including medication reminding, without RN supervision?

Our OSHA laws say that anyone working with blood, for example doing blood sugars, must complete a 3 hour OSHA class on blood borne pathogens. Will the registry be exempt from OSHA rules? Who will handle the SAIF reporting – the care provider or the employer/elder? Who will manage the taxes, including unemployment paperwork? Will the clients have to follow BOLI rules? Will they be paid overtime for live in care?

Will the state registry care providers have to complete time sheets? The state has recently learned that under the CEP Medicaid program, some care providers were charging for more

client hours each month than there were hours in a month. Without time sheets for each client, there is no way to document fraud.

In my mind, there are two major themes for the Oregon legislators to address:

1. It the new state registry system safe for frail elders who must now also be employers?
2. Is the playing field even for licensed in home care agencies (private business) and the state registry? If the rules and regulations for the licensed in home care agencies are not the same as those for the state registry care providers, perhaps you would consider eliminating the rules for licensed agencies as well. We all recognize that the rules and regulations the state registry will be expensive and cumbersome, but those rules have been put in place to protect elders. Those rules should be apply to both agencies and the registry equally.

Thank you for considering the needs of all seniors in Oregon equally.

Kathleen Schonau RN
Aging Wisely with Heartfelt Hands
Newport, Oregon
541-270-6580