

HB 3262 is unnecessary

I am a Certified Medical Director and Medical Director for three nursing homes.

I fail to see the need for HB 3262. For along time now, the State has monitored closely the use of psychotropic medications in nursing facilities. Every building conducts regular pharmacy reviews of these drugs and there are mandates for periodic gradual dose reductions. Providers must document any refusal to perform such reductions. Nursing staffs are trained in seeking out reasons why residents may be exhibiting behaviors that lead to prescription of these drugs and explore non-pharmacologic remedies for behaviors. Psychotropic medication review is conducted at every QA or QAPI meeting and no less than quarterly with psychotropic use rates compared to state averages. Usually increased rates trigger a quality improvement plan.

The term “ primary care physician “ in this context would have to be clarified. Frequently, PCPs who manage their patient in the outpatient setting will turn over their care to the facility Medical Director for the duration of the resident’s stay in the facility. These providers would not appreciate having to review my prescription of a psychotropic medication.

The nursing home industry is a highly regulated, low margin business. This bill would not address psychotropic use in facilities any better than current practice, but add yet another layer of bureaucracy.

Michael Grady, MD, CMD