

May 19, 2017

Senator Sara Gelsler, Chair  
Senator Alan Olsen, Vice Chair  
Senate Committee on Human Services  
900 Court St. NE  
Salem, OR 97301

## **Testimony to Senate Committee on Human Services – HB 3262 A**

Chair Gelsler, Vice-Chair Olsen,

The Independent Adult Care Home Association (“IACHA”) is a statewide, professional trade association representing licensed Adult Care Homes and Adult Foster Homes (“AFH”). Our members are owners and operators of homes that provide care and services for five or fewer adults who are older or who have physical disabilities. Our care and services are provided in a home-like environment through cooperative relationships between the residents (or their legal representative) and the resident’s care providers. IACHA thanks you for the opportunity to share information with you regarding the standards for administering medications that our members are already legally required to meet.

IACHA and its membership oppose HB 3262 A in its current form and our members are concerned with the following negative impacts that this proposed legislation would impose, harming our ability to uphold clear standards of care for Oregon’s most vulnerable populations:

- Oregon Administrative Rule (“OAR”) 411-050 sets the standards for licensed adult foster homes. This rule includes requirements adopted by the Department of Human Services (“DHS”) that combine protections for residents with the practical considerations of providing care in a residential home-like environment. The required standards have been adopted using a setting-specific approach, meeting or exceeding what is proposed in HB 3262 A:
  - AHFs are required to complete and document a care plan for each resident within the initial 14-day period following the resident’s admission to the home. Assessing behavioral interventions and psychoactive medications is among the myriad resident needs, preferences and capabilities that licensees must assess. OAR 411-050-0655(4)
  - If a licensee requests a medical professional intervention to address behavioral symptoms, the licensee must request a physician, nurse practitioner, physician assistant, or mental health professional to evaluate the resident’s need for the psychoactive medication and the intended effect of the medication, common side effects, and circumstances for reporting. The evaluation request must be documented in the resident's record and include; 1. A probable cause of the resident's behavior; 2. Behavioral and environmental interventions to be used instead of or in addition to psychoactive medication, if applicable. Alternative interventions must be tried as instructed by a licensed medical professional and the resident's response to the alternative interventions must be documented in the resident's record before administering a psychoactive medication; and 3. A plan for reassessment by the resident's prescribing physician, nurse practitioner, physician assistant, or mental health professional. OAR 411-050-0655(6)(h)

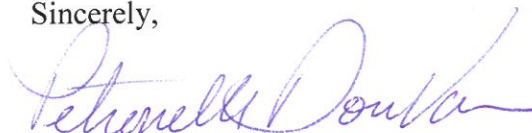
- The prescription and order for a psychoactive medication must specify the dose, frequency of administration, and the circumstance for use (i.e., specific symptoms). The licensee and all caregivers must be aware of and comply with these parameters. *Id.*
- The licensee and all caregivers must know the intended effect of a psychoactive medication for a particular resident and the common side effects, as well as the circumstances for reporting to the resident's physician, nurse practitioner, physician assistant, or mental health professional. *Id.*
- The resident's care plan must identify and describe the behavioral symptoms psychoactive medications are prescribed for and a list of all interventions, including behavioral, environmental, and medication. *Id.*
- Psychoactive medications must never be given to discipline a resident or for the convenience of the caregivers. *Id.*

HB 3262 A proposes unnecessary new legal requirements for AFHs, resulting in duplication of already existing standards, overlapping legal terms that will need to be reconciled, and changes that will impose additional burdens and costs on licensees' ability to provide vulnerable Oregonians with the care they need. As outlined above, the current rule's requirement of behavioral and environmental interventions in lieu of psychoactive medication is applied "if applicable." This specification is important because residents with diagnosed mental health conditions who have recovered with medications and are stable as a result can be harmed when nonpharmacological interventions are uniformly imposed without fact-specific assessments. HB 3262 A would impose such a uniform legal standard on our members' homes, endangering residents and caregivers.

Section 1(4) of HB 3262 A proposes a new requirement requiring prescriptions of more than two doses of psychotropic medications be reviewed by a primary care provider, gerontologist or psychiatrist. Current law requires a similar review that must be completed by a physician, nurse practitioner, physician assistant, or mental health professional. Limiting the licensed medical professionals allowed to perform prescription reviews will result in increasing delays in residents receiving needed medications, when they are appropriate, resulting in harmful nontreatment.

The IACHA supports appropriate treatment for residents of AHFs. We believe that our current regulations for psychoactive medications strike the right balance between timely delivery of needed medications with professional clinical review and oversight of their suitability to residents' conditions. HB 3262 A will needlessly impair this equilibrium and add another unnecessary layer of bureaucracy existing between AFH residents and the care they need. We urge you and the Senate Committee on Human Services to reject HB 3262 A in its current form.

Sincerely,



Petronella Donovan, President  
Independent Adult Care Home Association