



MLCRA Web Document
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Thank you Chairwoman Friedman and Chairman Lawn for the opportunity to provide testimony to the Joint Committee on Health Care Financing regarding **H650** and **S374 - An Act authorizing common sense health services in assisted living**. We are writing as representatives of the Massachusetts Life Care Residents Association (MLCRA). **MLCRA** is a volunteer group that represents residents in 17 Continuing Care Retirement Communities (CCRCs) across the Commonwealth, both for-profit and not-for-profit. CCRCs provide a continuum of care to seniors, which, in addition to independent living, may include assisted living and skilled nursing care services.

Under current Massachusetts law, assisted living facilities provide residents only with help to accomplish "activities of daily living" (ADLs), e.g., bathing, dressing, medication reminders. They are **not permitted** to provide even the most basic health services, such as injections, application or replacement of non-sterile wound dressings, application of ointment or drops, and management of oxygen on a regular and continuing basis when the resident's medical condition warrants it. **H650 and S374** would enable assisted living facilities, if they choose to do so, to provide the basic health services enumerated above. It would ensure that the Executive Office of Elder Affairs approve the facility's plan, including the plan for the training and support of Licensed Practical Nurses and Registered Nurses who will provide these basic health services. It is important to note that during the state of emergency due to the pandemic declared by the governor in April, 2020, assisted living facilities in the Commonwealth were permitted via a waiver to provide, temporarily, the exact services proposed in these bills. In fact,

they were permitted to provide many more services than those enumerated above as long as they were within the scope of practice of a licensed nurse. This waiver expired in April 2023.

Laws and regulations among the states vary greatly regarding the provision of health services in assisted living facilities. For example, in neighboring New Hampshire, assisted living facilities are able to provide health services up to the limit of what a licensed nurse is legally able to administer. These laws and regulations go way beyond what this bill is proposing for Massachusetts. Passage of this legislation in Massachusetts would enable residents of assisted living facilities to maintain their independence longer and acknowledges the reality of common, basic health services needed by this population, such as insulin injections for Diabetes or eye drops for common eye diseases. We urge the Committee to report the bill out favorably so it can be voted on this session.

Thank you for your consideration.

Yours sincerely,

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