



Public Policy Strategic Goals

STRENGTHENING THE QUALITY OF ASSISTED LIVING – As older adults with health concerns, but not in need of skilled nursing services, currently live or seek to live in an assisted living community, Mass-ALA members need the option of offering certain common-sense health services currently not allowed under Massachusetts law and regulation. At present, these older adults face the difficult choice of moving to assisted living in another state or to a Massachusetts skilled nursing facility even if their health needs don't require the full services of skilled nursing.

Mass-ALA has filed legislation to give assisted living residences the option of providing specific common-sense health services: injections (such as insulin), Oxygen management, application of ointments and drops, and management of wounds (such as pressure ulcers). Assisted living residents, living in an ALR approved by EOEA to offer common-sense health services, who need such services would have the option of accepting services from their assisted living nurse or retaining outside nursing services.

This proposal is a new proposal based on what we heard from many people this year, and replaces last term's S. 2139 which was placed in a study and expired at the end of the 2015-2016 session. A summary of the new proposed bill is below:

An Act to Authorize the Option of Common Sense Health Services in Assisted Living

The proposed bill would amend Chapter 19D of the Massachusetts General Laws (the Assisted Living Statute) to give the option to an Assisted Living Provider, if approved by the Executive Office of Elder Affairs similar to LMA approval, to authorize nurses in assisted living to care for residents by providing one or more of the following health services: injections; application or replacement of simple, non-sterile dressings; management of Oxygen on a regular and continuing basis when the resident's medical condition warrants; or application of ointments or drops. The bill would not mandate that any or all of these services be provided in assisted living unless requested by the provider and approved by EOEA.

The provision of the above limited services could only be offered if the provider submits an application and operating plan to EOEA identifying which of the services would be offered to residents, that there will be adequate support and training of nurses who will provide such care, as well as oversight and evaluation of the services provided. In addition, the proposed law would prohibit a provider from limiting or restricting the choice of residents to receive those services from outside professionals or from choosing providers whose services are reimbursable by health insurance, including Medicare or Medicaid.

The proposed bill also directs the EOEA to develop regulations governing the application process, the criteria for approval or disapproval, and the ongoing oversight that will be provided. The development of these regulations would follow the required process of a public hearing on any proposed regulations, thereby providing a further opportunity to express any concerns.

IMPROVING THE AFFORDABILITY OF ASSISTED LIVING – As the number of older adults grows and many need assistance with activities of daily living, but do not need higher level skilled nursing, a large percentage are unable to choose assisted living because they lack the resources to pay for assisted living. Some 43 other states have been approved by the federal government to offer older adults who qualify for Home and Community-Based Services under the Frail Elder Waiver, to choose to live in an assisted living community. Massachusetts has not yet provided this level of assistance to its older residents. Acceptance of this provision in the Medicaid program, would allow eligible older adults to seek the benefits of residing in a Massachusetts assisted living residence.