



2/17/09

To: Rod O'Connor, Legislative and Regulations Analyst, DDS

From: Alyssa Goduti, Vice President for Public Policy, CCPA

RE: Proposed Changes to the DDS Medication Administration Regulations

The Connecticut Community Providers Association represents organizations that provide services and supports for people with disabilities and significant needs including children and adults with substance use disorders, mental illness, developmental, and physical disabilities. We appreciate the opportunity to comment on proposed changes to the regulations related to the DDS medication administration process. We've summarized comments and concerns from CCPA's members regarding the proposed language changes. We look forward to an opportunity to discuss these issues with the Department.

1. Process Concern – We would have liked the opportunity to discuss these concepts and changes with DDS prior to formal promulgation in the CT Law Journal. CCPA has a very positive working relationship with the Department and has worked collaboratively on many policies, procedures and initiatives. Many of our issues of concern may have been addressed through a more open process ahead of the formal review process. We hope the Department would consider inviting provider input on future regulations earlier in the process.
2. Renewal of Prescriptions - The Draft Regulations reference that “A prescription for medications must be renewed every 180 days.” We have concerns about the administrative burden this requirement will place on providers at a time when they are already significantly underfunded and stretched thin, particularly in the nursing arenas. This would represent a significant unfunded mandate for providers. It is our understanding that Connecticut schools recognize yearly renewal for OTC/PRN medication administration. We ask DDS to review and consider similar regulatory language.

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3. Section 17a-210-3(b) (page 8): This new language supports their directive of some time ago that each staff must have an on-site with each delegating nurse. Since DDS already requires a person-specific health/medical in-service on each person, the second on-site is redundant. The cost of on-site pass and pour examinations at each home and with each delegating nurse poses a financial and administrative burden. We've had recent discussions with DDS about different interpretations of this requirement. We look forward to further discussion about how we can reduce this unfunded mandate on providers.

4. New 17a-210-3a(b) and (c) (page 10): The new language related to in-home supports doesn't come close to the requirements in other programs, yet the people administering meds in these instances will not be supervised in any way by a delegating nurse and may be only minimally supervised as well. While we support the concept of adding trained non-licensed staff, we have concerns about the risk factors for the individuals served. It is our interpretation that this eliminates the need for extensive nursing supervision/ delegation/oversight/on-call nursing for med admin for those in independent home and family support programs with trained non-licensed staff (vs. certified non-licensed staff). We support the reduction in administrative burden and cost but have serious concerns about the implication for the health and safety of the consumers in these circumstances.

5. 17a-210-10 (pages 17-8): We are seeking clarification on this language. It appears to be far less comprehensive than requirements in other areas. Where do the oversight responsibilities rest in these situations?

Thank you for the opportunity to comment and for your consideration. We look forward to your response. In the meantime, please feel free to contact me with any questions or for additional information at agoduti@ccpa-inc.org or at (860) 257-7909.