

**OPENING STATEMENT
SENATOR JOHN BREAUX**

***“Assisted Living: Examining the Assisted Living Workgroup Final Report”
APRIL 29, 2003***

In August of 1999, the Aging Committee asked the assisted living community to provide us with recommendations as to how quality of care could be improved. The assisted living community has most certainly answered the charge we gave them—and answered with more detailed insight than any of us might have hoped. It is true—the report we are unveiling today may not be as “concise” as we would have hoped. However, its length and substance are markers of its value in the months and years to come. This report contains position statements from a wide spectrum of organizations. It allows for equal footing—the grassroots consumer groups who do not have the resources to lobby at the state level can make their wishes known through this report, with voices equal to those of larger groups.

We were not necessarily seeking a unanimous up or down vote on each recommendation—that is not what defines “success.” Rather, this process and this product can honestly be viewed as a “success” because of the value of the debate laid out on the pages of the report. This Committee does not see the recommendations that passed a two-thirds vote as the only ones of worth—the dialogue laid out in supplemental position statements are equally as valuable. The organizations involved with the Workgroup took the time and energy required to provide substance behind each vote and it is that substance that is what of such significant value here.

This “flagship” way of developing policy – the federal government calling

upon the entire assisted living community to develop recommendations for quality improvement – is very unlike what we usually see here in Washington. Rarely do you see this kind of “leveling of the playing field” where each group—regardless of staff size or lobbying resources—is given an equal voice and an equal ability to impact the outcome.

More specific to the health care industry, we could have easily gone down the same road we did years ago with nursing home policy when we instituted strict federal regulations, primarily in a reactive fashion subsequent to reports of substandard care. Instead, we took a proactive approach. Any one of these groups involved in this process would tell you they were pleasantly surprised that so much valuable debate was able to take place, in this the era of “us vs. them” or “industry vs. consumer” health care policymaking.

At this point in time, regulation of assisted living happens primarily at the state level. I fully recognize that states are wary of any one-size-fits all approach. The recommendations contained in this report allow for each state to review the considerations of all sides and tailor their regulatory development knowing full well what barriers they may come up against should they choose to go in a specific direction. In my home state of Louisiana, this report will be of significant use and value, as we have a fairly bare-boned set of regulations in this area. And, there is not a strong assisted living consumer voice in Louisiana—we can’t expect our already overburdened long-term care ombudsmen to take on this challenge as well! Because of the countless hours these dedicated organizations have spent, policymakers in each state will have all of the tough work that goes into developing regulations

essentially done for them.

There are some issues in the report that inspired especially hearty debate. I want to mention one of those issues: the question of whether only licensed nurses should be allowed to administer medication. I think this issue is an instructive one—and points to the fact that reasonable minds can differ when it comes to tough questions. Some participants argued that only licensed nurses should be able to administer medications because of the risks involved with doing so. Other members of the Workgroup voted differently, pointing to data that shows that medical personnel who are not licensed nurses—and are therefore lower paid and more easily accessible—make fewer medical errors when administering drugs, based on the argument that they know the residents better as they have had more time to spend with them. Who is right? The arguments on both sides seem very valid and are largely similar to the arguments on both sides of the “single task worker” issue, a long-standing debate in nursing home policy.

I want to commend all those groups who took the time to participate in this very valuable effort. The names of all 48 groups can be found just inside the first few pages of the ALW report being issued today.

There are a few other organizations who deserve to be mentioned for their outstanding contributions. The thirteen organizations who acted as the Steering Committee are to be thanked for the time and effort they committed. The Consumer Consortium on Assisted Living and the American Association of Homes and Services for the Aging deserve a nod for their work as co-chairs

of the Workgroup, and the latter group for hosting the meetings and coordinating the Workgroup website. Additionally, the National Center for Assisted Living provided the resources for the creation of the written product. So an additional thank you to those groups.

I do not see this at the end, but rather, the beginning. In my capacity as Ranking Member of the Senate Special Committee on Aging, I will continue to promote assisted living as a valuable long-term care option for our nation's seniors. But in my capacity I also have a duty to ensure that any option I promote also provides for a safe and comfortable resident, but also a well-informed resident. The efforts of this group and the reports issued today will be immensely helpful as we go forward and work toward achieving this goal.

Thank you.