

March 25, 2019

Dear Sir or Madam:

I am writing in support of the Adult Care Home providers and to explain the role they play in the care delivery for our most vulnerable Oregonians. As a gerontologist and consulting hospice nurse, I have worked with these providers for over 20 years and I am convinced their services are critical to the health and well-being of elders and people with disabilities. **With a mandated resident limit of 5, these owners are barely able to meet the expenses and pay themselves a minimal salary. Many will be forced to close because they cannot afford to stay open with a 5 resident limit. I believe it will be an excellent start to change the laws to allow them to admit up to 7 residents** and it will further help this industry to ask the providers for feedback about their experience with the Safety, Oversight and Quality Unit (SOQU).

In my work as a gerontologist and especially as a hospice consultant, I am concerned with the care that many of Oregon's elders and other vulnerable populations now receive. Residents in assisted living and memory care facilities are often cared for by people with little clinical supervision. In addition, these facilities are not staffed to provide even the most rudimentary pain and symptom management for terminally ill and fragile patients. Hospice nurses, social workers and chaplains often recommend that families transfer their patients to Adult Care Homes for their final months because our experience has taught us that their loved ones will receive pain medication appropriately and better care for their skin, bowels, nutrition and emotional suffering. Many residential care facilities may be staffed with legal ratios but the supervision is sorely lacking. Just this afternoon, I strongly recommended to a family that they move a resident from a memory care facility because the caregivers were so inattentive and due to the poor care standards. All too often, these undertrained staff do not address their residents' pain or noxious symptoms or even report symptoms to the hospice team; however, in contrast, the Adult Care Homes are much more attentive and willing to collaborate with the hospice teams to make sure these vulnerable people get the care that is mandated by the federal government. Without these homes, the quality of end of life care will suffer dramatically.

While many of these providers are not licensed as RNs or LPNs, they come from cultures that cherish and value elders and vulnerable people. Most Americans do not share this cultural heritage and I see the difference in the quality of care every day. After 30 years in healthcare and hospice, I have come to believe that the American standard of care is often inadequate. Immigrants who run these homes come from cultures that value elders and offer a service that is greatly needed. If they are forced out of their businesses, Oregonians will suffer.

In closing, I sincerely hope the legislature will take a fresh look at the experience of our most vulnerable people and make sure they have the care they need. Should the state of Oregon not respond to the needs of these extraordinary providers, it may have to pay much higher costs associated with other care settings plus face the anger of their constituents who cannot find compassionate and responsive care for the people they love. I support this industry with my heart and soul. Please contact me to discuss this further if you wish specific examples and case studies. It is an important issue and I hope the legislative community will shift their perspective to see things through the eyes of our vulnerable Oregonians and their families. If we cannot see the ACH providers with fresh and non-judging eyes, the suffering of the innocent will increase.

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