



Date: June 22, 2018

To: Councilmember Vincent Gray, Committee Chair, Committee on Health, Council of DC

From: Christy W. Kramer, Director, LeadingAge DC

Re: Testimony Opposing B22-0689

Good afternoon, Chairman Gray and all members of this Committee. I want to thank you for this opportunity to testify before you concerning **B22-0689**, legislation that would amend the Assisted Living Residence Regulatory Act of 2000. My name is Christy Kramer and I am the Director, of LeadingAge DC an association representing organizations serving aging residents across the District, including nursing homes, assisted livings, affordable housing, home and community based services and Life Plan Communities (CCRCS). All of our members are not for profit.

Prior to my work at LeadingAge DC, I was appointed to and served on the DC Board of Long Term Care Administration. I am also a Licensed Nursing Home administrator, and I have first hand experience directly involved in the operations of nursing homes and life plan communities, which include Assisted Living.

I would like to thank the Council for its focus on those aging in the District of Columbia. However, LeadingAge DC cannot support this bill as written. Today, we ask the health committee to pause, review the draft regulations that have been recently created by DC Health and if needed convene a task force of all stakeholders to address any perceived gaps that may still exist.

It must be noted that we agree that updated Assisted Living regulations are needed and we appreciate that the draft regulations have incorporated best practices from other jurisdictions such as Maryland, Virginia, Wisconsin and Oregon as well as input from consumers, business and regulators.

In regards to the proposed legislation, we are particularly concerned about the following adverse consequences:

- This bill decreases choice for DC residents living with dementia or terminal disease. In line 264 it states, "An ALR shall not admit a resident who is or has ever been diagnosed with moderate to severe dementia, or requires hospice care." These DC residents will have to unnecessarily resort to more expensive and restrictive settings like nursing homes or move out of the District of Columbia.
- This bill also decreases choice and dignity for those already living in assisted living. An example amongst many is that a resident at risk of elopement will be forced to carry identification at all times. In essence this will advertise one's diagnosis and exacerbate the stigma of dementia. While this may seem to promote safety, we cannot create solutions with a "one size fits all" mentality. People living with dementia still have rights including the right to privacy.



- In addition, this bill jeopardizes the creation and preservation of affordable assisted living in the District. The level of staffing prescribed in this bill, including 24 hour registered nursing, coupled with other requirements will classify Assisted Living as an institution, which therefore jeopardize access to the Medicaid waiver and to Low Income Housing Tax credits. Of the 12 Assisted Living Communities in DC, all but two are located in Northwest DC and only 3 accept the Medicaid waiver. As a result, only 40 DC residents can access Assisted Living if they are low-income. Innovative developers and community partners are trying to create affordable Assisted Living in Wards 7 and 8. However, this bill jeopardizes this development of affordable supportive housing for seniors.

The dialogue must be refocused on how we can respect the rights and choice of all DC residents while creating quality, affordable and accessible Assisted Living Communities. We remain strongly committed to working with the DC Council to discuss these important complexities and nuances in this issue and ensure that we take the right step forward for every aging resident of DC.

Thank you for your consideration of our concerns