

MINUTES OF THE MEETING  
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE  
MONTANA STATE SENATE

MARCH 11, 1983

The meeting of the Public Health, Welfare and Safety Committee was called to order on Friday, March 11, 1983 in Room 410 of the State Capitol Building by Vice Chairman Reed Marbut in the absence of the chairman.

ROLL CALL: Senators Marbut, Himsl, and Christiaens were present when the roll was taken. Senator Hazelbaker sat with the committee to make up the quorum. Senators Norman and Jacobson arrived late, and Senators Hager and Stephens were excused. Woody Wright, staff attorney, was also present.

Many, many visitors were also in attendance. See attachments.

CONSIDERATION OF HOUSE BILL 337: Representative Jerry Metcalf of House District 31, chief sponsor of HB 337, gave a brief resume of the bill. This bill is a act to generally revise and clarify the laws relating to the board of pharmacists; changing the name of the board to the board of pharmacy; amending the provisions on professional education; changing the terms of members of the board and providing a transition to the longer term; establishing qualifications for the public members of the board; clarifying the provisions on what constitutes a violation of pharmacy law relating to disciplinary action against pharmacists; removing the requirement for a reexamination fee.

Warren Amole, executive secretary of the board of pharmacists, stood in support of the bill. Mr. Amole handed in written testimony to the committee for their review. See exhibit 1.

Frank Davis, Executive director of the board of pharmacists, stood in support of the bill. Mr. Davis stated that this is a very good bill which is definitely needed and costs no money.

With no further proponents, the vice chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Norman asked if this bill would conflict with the federal rules. This would not be the case.

Senator Himsl asked the board members if they would anticipate any problem with longer terms for its members. Mr. Amole stated that the present board was polled to see their reaction to this and all felt that it would be a very good idea.

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Mr. Amole pointed out that the repealer in this bill is nothing more than repealing an obsolete part of the law which is no longer needed or used.

Representative Metcalf closed. He asked the Committee for their concurrence on this bill.

CONSIDERATION OF HOUSE BILL 420: Representative Bob Dozier is the chief sponsor of House Bill 420. He introduced the bill at the request of the Department of Health and Environmental Sciences. This bill is an act to generally revise and clarify the laws relating to the tourist campgrounds and trailer courts; to exclude from regulation platted and filed trailer courts served by public water supply and sewage disposal systems; to provide for the regulation of work camps and youth camps.

James Hill, representing the Department of Health and Environmental Sciences, stood in support of the bill. Mr. Hill handed in two pages of information for the Committee to review. See exhibit 2.

Doug Olson, attorney for the Montana Seniors' Advocacy Assistance, stood in support of the Bill. He stated that this a much need bill and a very good piece of legislation.

With no further proponents, the vice chairman called on the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Himsl asked if this would affect "squatters" that just park on one's land. This bill does not affect "squatters".

The present fee for a licesse is \$20.

Representative Dozier closed. He stated that it is the job of the Department of Health to protect the health and safety of the public and this bill would do that. It would look after the water and sewage disposal.

CONSIDERATION OF HOUSE BILL 604: Representative Norm Wallin of House District 76, the chief sponsor of House Bill 604, gave a brief resume of the bill. This bill is an act to provide that a patient must be informed of his rights.

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Doug Olson, representing the Montana Seniors' Advocacy Assistance, stood in support of the bill. Mr. Olson handed into the Committee a letter with several facts and also one sheet of amendments. He also handed in "Patients' Rights" according to federal law. See exhibit 3 and 4.

Lenore Taliaferro, of the Montana Seniors' Advocacy Assistance, stood in support of the bill and offered her support for the proposed amendments.

Shirley Thennis, lobbyist for the Montana Nurses' Association, stood in support of the bill. She stated that her group has always believed in doing this and would continue to do so.

Bill Leary, representing the Montana Hospital Association, stood in support of the bill. He stated that perhaps the Committee would want to change the word "he" or "his" in the bill to read "their" before it reached the floor of the Senate.

With no further proponents, the meeting was opened to the opponents. Hearing none, the meeting was opened to a question and answer period from the Committee.

Senator Christiaens asked about the federal rights of patients. The federal rights is considerably more extensive than this bill includes.

Senator Himsel also asked about the federal law and rights.

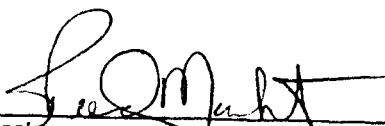
Senator Marbut asked Mr. Leary to respond to the amendments. Mr. Leary stated that he was against the penalty clause.

Representative Wallin closed. He stated that this is a much needed bill for the protection of patients in the hospitals, and asked the Committee for their concurrence in this matter.

DISPOSITION OF HOUSE BILL 337: A motion was made by Senator Christiaens that House Bill 337 receive a BE CONCURRED IN recommendation from the Committee. Motion carried unanimously. Senator Hazelbaker will carry this bill on the floor of the Senate.

ANNOUNCEMENTS: The next meeting of the Public Health Committee will be held on Monday, March 14, 1983 in Room 410 of the State Capitol Building in Helena.

ADJOURN: With no further business the meeting was adjourned.

  
SENATOR REED MARBUT, VICE CHAIRMAN





# BOARD OF PHARMACISTS

*2 of 10/1*



TED SCHWINDEN, GOVERNOR

1424 9TH AVENUE  
HELENA, MONTANA 59620  
(406)449-3737

## STATE OF MONTANA

WARREN AMOLE, EXECUTIVE SECRETARY

510 1ST AVE. NO. SUITE 100

GREAT FALLS, MT 59401

(406)761-5131

Date: March 11, 1983

To: Senator Tom Hager, Chairman, Public Health, Welfare and Safety, and Members

From: Warren R. Amole, jr., R.Ph., Executive Secretary

A handwritten signature in dark ink, appearing to read "Warren R. Amole, jr.", written over the printed name.

Re: House Bill 337

This Bill is an act to revise and clarify certain statutes governing the profession of pharmacy; i.e.

1. change the name of the Board from Board of Pharmacists to Board of Pharmacy. The Board is involved with all aspects of the profession, not just pharmacists. Montana has been the only state to designate this Board as the Board of Pharmacists.

2. set standards for both pharmacist members and public members of the Board.

3. change the term of the members from 3 to 5 years so that only one member will be replaced each year assuring continuity and a more efficient and knowledgeable Board.

4. state the requirements for examination to become licensed as a pharmacist and gives the Board the authority to approve accredited pharmacy degree programs. (Note Statement of Intent for this Bill)

5. Define the Pharmacy Law as it applies to revocation of licenses of interns, pharmacist, and pharmacies.

The Board of Pharmacists recommends the passage of this Bill.

*A 10*



INFORMATION RELATIVE TO HB BILL NO. 420

Section 1 50-52-101(1) The definition of "Board" is no longer needed as the term is not used in the statute or in the rules adopted under the statute.

(1) "campground" formerly "tourist campground", redefined for the sake of clarity and to include cabins. Rustic cabins often constitute a significant portion of a campground. Although such cabins could feasibly be reviewed and licensed as motel units under the public accommodations licensing statute (50-51 MCA), the rules relating to motels are relatively restrictive. Licensure of rustic cabins as campgrounds would allow for less restrictive requirements and would eliminate the need for dual licensure of a facility which offered camping spaces and cabins.

(3) "Establishment" is defined for the sake of clarity, to avoid the need to reference trailer court, campground, youth camps and work camps throughout the act.

(4) "Parcel of Land", a term used in the definition of trailer court and in the proposed definition of campground has been interpreted in different ways by various individuals. The definition proposed is a workable interpretation of the term.

(5) "Person" is redefined merely to reflect the amendments proposed in this bill.

(6) "Political subdivision" is defined because it is a new term used in Section 50-52-103.

(7) "Trailer Court" is redefined to exempt from review and licensure certain trailer spaces which, because they are under the control of other agencies, should not be subject to review and licensure under this act.

(8) "Work Camp" is defined to enable the department to require review and licensure of housing provided by a company for its workers, in the interest of controlling improper sewage disposal practices, improper solid waste storage and disposal practices, and to provide the worker and his family some assurance that the housing provided meets a basic standard of sanitation.

Work camps are generally constructed when there is a short-term need for a large number of workers and little permanent housing is available. Most often they resemble trailer courts or campgrounds in design, but cannot be reviewed and licensed as such because they are not available to the public.

(9) "Youth Camp" is defined to enable the department to require review and licensure of camps which are made available to the general public in the interest of insuring that a person or group utilizing such a camp is not subjected to unreasonable health hazards due to improper construction or operation of the camp.

Such camps are in many cases inspected by local health departments upon request by the camp operator; however, in many other cases the camps



2.

operate with no health department involvement. Because there are no set standards to apply, the requirements imposed on those camps which are inspected may differ from county to county.

The proposed legislation would allow for uniform standards applied through routine inspections.

- Section 2 50-52-102 extends the department's rulemaking authority to work camps and youth camps.
- Section 3 50-52-103 extends the requirement to obtain a license to work camps and youth camps and exempts from licensure campgrounds owned by the state or a political subdivision.
- Section 4 50-52-105 is amended to reflect the addition of work camps and youth camps.
- Section 5 (New) is added to make it clear that the department may seek injunction if necessary to insure compliance with the act or rules adopted under the act.
- Section 6 50-52-301 is amended to reflect the addition of work camps and youth camps.

NAME: Douglas B. Olson

DATE: 3-11-83

ADDRESS: P.O. Box 232, Helena, Mt 59620

PHONE: 449-4676

REPRESENTING WHOM? Mt. Seniors' Advoc. Asst.

APPEARING ON WHICH PROPOSAL: HB 604

DO YOU: SUPPORT?  AMEND? yes OPPOSE?

COMMENTS: see written testimony.

PLEASE LEAVE ANY PREPARED STATEMENTS WITH THE COMMITTEE SECRETARY.

# MONTANA SENIORS' ADVOCACY ASSISTANCE

P.O. Box 232 • Capitol Station • Helena, Montana 59620  
(406) 449-4676 (Helena) • 1-800-332-2272 (Toll-free)

DOUGLAS B. OLSON, Attorney  
Elderly Legal Services Developer

LENORE F. TALIAFERRO  
Montana State Nursing Home Ombudsman

March 11, 1983

Senators  
Senate Public Health Committee  
48th Legislative Session  
State Capitol  
Helena, Montana 59620

re: House Bill 604

Dear Senators:

Montana Seniors' Advocacy Assistance (MSAA) serves to assist senior citizens develop and clarify their institutional and legal rights, especially those relating to long-term care facilities. As the attorney for MSAA, I am appearing today before your committee in support of the principles reflected in House Bill 604. We would have preferred to have had HB 604 come to your committee in a form somewhat similar to that which it was initially introduced in-- that is, with some of the rights a patient has being clearly articulated in the statute.

HB 604 as it passed the House does not specify any particular rights but rather leaves each hospital or long-term care facility to establish such rights. Under present federal regulations applicable to skilled nursing facilities (SNFs) which are found in Title 42 Code of Federal Regulations (CFR) Section 405.1121(k), such facilities must establish,

"...written policies regarding the rights and responsibilities of patients and, through (the facility's administrator), is responsible for development of, and adherence to, procedures implementing such policies."

In addition, intermediate care (nursing) facilities must also adopt written policies and procedures respecting their residents' rights pursuant to 42 CFR 442.311.

The above cited federal regulations apply to those skilled and intermediate care facilities which participate in the medicare and medicaid programs but not all Montana facilities do. Under Montana licensure rules adopted by the Montana Department of Health and Environmental Sciences (DHES), all nursing facilities must meet these federal regulations in order to be licensed.

Letter to Senate Public Health Comm.  
re: House Bill 604  
from: Mt. Seniors' Advoc. Asst  
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Administrative Rules of Montana (ARM) rule 16.32.360 states:

"MINIMUM STANDARDS FOR A SKILLED AND SKILLED/  
INTERMEDIATE CARE FACILITY--GENERAL REQUIRE-  
MENTS. A skilled nursing care facility shall  
comply with the Conditions of Participation for  
Skilled Nursing Facilities as set forth in  
42 CFR 405, Subpart K. An intermediate care  
facility shall comply with the requirements  
set forth in 42 CFR 442, Subparts E and F. A  
copy of the cited rules is available at the  
department."

Copies of the above cited federal regulations governing  
nursing homes are attached for your information.

You may ask, why is this bill necessary if all nursing homes  
are now required by federal regulations or by Montana licensure  
rules (16.32.360) to have patients' or residents' rights?  
Primarily, because many senior citizens also reside in what  
are known as "personal care homes" and these residents do not  
have any guaranteed rights recognized for them. Personal care  
homes are "long-term care facilities" under Montana law,  
50-5-101(20), MCA, and the persons who reside in these facilities  
should have at least the same rights recognized for them.

Under House Bill 604 even in the form that it passed the House,  
personal care homes would be required to provide their residents  
with a list of their rights similar to those that nursing homes  
are required to do under present federal and state regulations  
and rules.

MSAA would propose a few amendments to HB 604 which we believe  
would improve it. We would urge your Committee to amend this  
bill to require all hospitals and long-term care facilities to  
post in a conspicuous place in their facilities a list of the  
patients' or residents' bill of rights they have established and  
also the name, address and telephone number of the state long-term  
care ombudsman designated for Montana residents by the State Agency  
on Aging. This is so that patient's can readily ascertain their  
rights and can call the long-term care ombudsman for assistance if  
they are having problems.

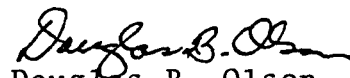
Letter to Senate Public Health Comm.  
re: House Bill 604  
from: Mt. Seniors' Advoc. Asst.  
page 3  
March 11, 1983

The other amendment that MSAA would like the Committee to consider relates to imposing a small sanction against those facilities which do not comply with HB 604. In the present legislation, there is no sanction or incentive for any facility to comply with its requirements. MSAA would suggest that an action could be brought in court and a fine of up to \$250 or an injunction issued or both be imposed for failure to comply with HB 604.

The specific amendments that MSAA believes will accomplish these objectives are attached to this letter for your consideration.

Having to leave one's home and go into a hospital or long-term care facility is often a demeaning experience for a person. Montana's citizens need legislation such as HB 604 to assure them that by entering these facilities they are not required to give up their basic fundamental civil rights such as the right to be treated with dignity and to retain a limited degree of privacy. MSAA sincerely hopes that you will give favorable consideration to HB 604 and will accept the amendments we have offered.

Sincerely,



Douglas B. Olson  
Attorney  
Montana Seniors' Advocacy  
Assistance

Attachments.

ATTACHMENT

Letter to Senate Public Health Comm.  
From: Montana Seniors' Advocacy Assistance  
re: House Bill 604

Subject: Copy of Title 42 Code of Federal Regulations  
Section 405.1121(k)  
Conditions of Participation for  
skilled nursing facilities  
(k) Patient's rights.

(k) ~~Standard. Patients' rights.~~ The governing body of the facility establishes written policies regarding the rights and responsibilities of patients and, through the administrator, is responsible for development of, and adherence to, procedures implementing such policies. These policies and procedures are made available to patients, to any guardians, next of kin, sponsoring agency(ies), or representative payees selected pursuant to section 205 (j) of the Social Security Act, and Subpart Q of 20 CFR Part 404, and to the public. The staff of the facility is trained and involved in the implementation of these policies and procedures. These patients' rights policies and procedures ensure that, at least, each patient admitted to the facility:

- (1) Is fully informed, as evidenced by the patient's written acknowledgment, prior to or at the time of admission and during stay, of these rights and of all rules and regulations governing patient conduct and responsibilities;
- (2) Is fully informed, prior to or at the time of admission and during stay, of services available in the facility, and of related charges including any charges for services not covered under titles XVIII or XIX of the Social Security Act, or not covered by the facility's basic per diem rate;
- (3) Is fully informed, by a physician, of his medical condition unless medically contraindicated (as documented, by a physician, in his medical record), and is afforded the opportunity to participate in the planning of his medical

treatment and to refuse to participate in experimental research;

(4) Is transferred or discharged only for medical reasons, or for his welfare or that of other patients, or for non-payment of his stay (except as prohibited by titles XVIII or XIX of the Social Security Act), and is given reasonable advance notice to ensure orderly transfer or discharge, and such actions are documented in his medical record;

(5) Is encouraged and assisted, throughout his period of stay, to exercise his rights as a patient and as a citizen, and to this end may voice grievances and recommend changes in policies and services to facility staff and/or to outside representatives of his choice, free from restraint, interference, coercion, discrimination, or reprisal;

(6) May manage his personal financial affairs, or is given at least a quarterly accounting of financial transactions made on his behalf should the facility accept his written delegation of this responsibility to the facility for any period of time in conformance with State law;

(7) Is free from mental and physical abuse, and free from chemical and (except in emergencies) physical restraints except as authorized in writing by a physician for a specified and limited period of time, or when necessary to protect the patient from injury to himself or to others;

(8) Is assured confidential treatment of his personal and medical records, and may approve or refuse their release to any individual outside the facility, except, in case of his transfer to another health care institution, or as required by law or third-party payment contract;

(9) Is treated with consideration, respect, and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;

(10) Is not required to perform services for the facility that are not included for therapeutic purposes in his plan of care;

(11) May associate and communicate privately with persons of his choice, and send and receive his personal mail unopened, unless medically contraindi-

cated (as documented by his physician in his medical record);

(12) May meet with, and participate in activities of, social, religious, and community groups at his discretion, unless medically contraindicated (as documented by his physician in his medical record);

(13) May retain and use his personal clothing and possessions as space permits, unless to do so would infringe upon rights of other patients, and unless medically contraindicated (as documented by his physician in his medical record); and

(14) If married, is assured privacy for visits by his/her spouse; if both are inpatients in the facility, they are permitted to share a room, unless medically contraindicated (as documented by the attending physician in the medical record).

All rights and responsibilities specified in paragraphs (k) (1) through (4) of this section as they pertain to (i) a patient adjudicated incompetent in accordance with State law, (ii) a patient who is found, by his physician, to be medically incapable of understanding these rights, or (iii) a patient who exhibits a communication barrier—devolve to such patient's guardian, next of kin, sponsoring agency(ies), or representative payee (except when the facility itself is representative payee) selected pursuant to section 205(j) of the Social Security Act and Subpart Q of 20 CFR Part 404.

ATTACHMENT

Letter to Senate Public Health Committee  
From: Montana Seniors' Advocacy Assistance  
re: House Bill 604

Subject: Copy of Title 42 Code of Federal Regulations  
Section 442.311  
Resident's Bill of Rights for  
intermediate care nursing facilities

**§ 442.311 Written policies and procedures:  
Residents' bill of rights.**

The ICF must have written policies and procedures that insure the following rights for each resident:

(a) *Information.* (1) Each resident must be fully informed, before or at the time of admission, of his rights and responsibilities and of all rules governing resident conduct.

(2) If the ICF amends its policies on residents' rights and responsibilities and its rules governing conduct, each resident in the ICF at that time must be informed.

(3) Each resident must acknowledge in writing receipt of the information and any amendments to it.

(4) Each resident must be fully informed in writing of all services available in the ICF and of the charges for these services including any charges for services not paid for by Medicaid or not included in the ICF's basic rate per day. The ICF must provide this information either before or at the time of admission and on a continuing basis as changes occur in services or charges during the resident's stay.

(b) *Medical condition and treatment.* (1) Each resident must—

(i) Be fully informed by a physician of his health and medical condition unless the physician decides that in-

forming the resident is medically contraindicated;

(ii) Be given the opportunity to participate in planning his total care and medical treatment;

(iii) Be given the opportunity to refuse treatment; and

(iv) Give informed, written consent before participating in experimental research.

(2) If the physician decides that informing the resident of his health and medical condition is medically contraindicated, the physician must document this decision in the resident's record.

(c) *Transfer and discharge.* Each resident must be transferred or discharged only for—

(1) Medical reasons;

(2) His welfare or that of the other residents; or

(3) Nonpayment except as prohibited by the Medicaid program.

(d) *Exercising rights.* Each resident must be—

(1) Encouraged and assisted to exercise his rights as a resident of the ICF and as a citizen; and

(2) Allowed to submit complaints or recommendations concerning the policies and services of the ICF to staff or to outside representatives of the resident's choice or both, free from restraint, interference, coercion, discrimination, or reprisal.

(e) *Financial affairs.* Each resident must be allowed to manage his personal financial affairs. If a resident requests assistance from the ICF in managing his personal financial affairs—

(1) The request must be in writing; and

(2) The ICF must comply with the recordkeeping requirements of § 442.326.

(f) *Freedom from abuse and restraints.* (1) Each resident must be free from mental and physical abuse.

(2) Each resident must be free from chemical and physical restraints unless the restraints are—

(i) Authorized by a physician in writing for a specified period of time; or

(ii) Used in an emergency under the following conditions:

(A) The use is necessary to protect the resident from injuring himself or others.

(B) The use is authorized by a professional staff member identified in the written policies and procedures of the facility as having the authority to do so.

(C) The use is reported promptly to the resident's physician by that staff member.

(g) *Privacy.* (1) Each resident must be treated with consideration, respect, and full recognition of his or her dignity and individuality.

(2) Each resident must be given privacy during treatment and care of personal needs.

(3) Each resident's records, including information in an automatic data bank, must be treated confidentially.

(4) Each resident must give written consent before the ICF may release information from his record to someone not otherwise authorized by law to receive it.

(5) A married resident must be given privacy during visits by his spouse.

(6) If both husband and wife are residents of the ICF, they must be permitted to share a room.

(h) *Work.* No resident may be required to perform services for the ICF.

(i) *Freedom of association and correspondence.* Each resident must be allowed to—

(1) Communicate, associate, and meet privately with individuals of his choice, unless this infringes on the rights of another resident; and

(2) Send and receive personal mail unopened.

(j) *Activities.* Each resident must be allowed to participate in social, religious, and community group activities.

(k) *Personal possessions.* Each resident must be allowed to retain and use his personal possessions and clothing as space permits.

To: Senate Public Health Committee  
From: Montana Seniors' Advocacy Assistance  
Subject: Proposed Amendments to House Bill 604  
Date: March 11, 1983

1. Line 2, Page 2  
Following: "patient."  
Insert: "Each hospital and long-term care facility shall post in a conspicuous place in its facility a list of the policies it has adopted which concern the rights of its patients and the name, address and telephone number of the state long-term care ombudsman which has been designated pursuant to 42 USC 3027(a)(12)."
  
2. Amend Title  
Line 9, Page 1  
Following: "REASONS."  
Insert: "AND PROVIDING SANCTIONS FOR FAILURE TO COMPLY."
  
3. Line 5, Page 4  
Following: "explanation:"  
Insert new section. "SECTION 3. SANCTIONS FOR NON-COMPLIANCE. (1). EACH HOSPITAL OR LONG-TERM CARE FACILITY WHICH FAILS TO COMPLY WITH THE REQUIREMENTS OF(SUBSECTION 2 OF THIS ACT) SHALL BE SUBJECT TO A CIVIL PENALTY OF NOT TO EXCEED \$250, AN INJUNCTION, OR BOTH. (2) ANY PENALTIES COLLECTED PURSUANT TO THIS SECTION SHALL BE DEPOSITED IN THE STATE GENERAL FUND."



D. Patients' Rights

1. A Federal Patient's Bill of Rights

A patient does not give up any of his/her civil rights when entering a nursing home. However, because of his/her physical and/or mental condition, the patient is in a particularly vulnerable position.

To insure that the nursing home patient retains his/her rights, the Federal government has promulgated a Patient's Bill of Rights which applies to all Medicare and Medicaid homes. Skilled nursing facilities and intermediate care facilities each have their own Patient's Bill of Rights, which vary only slightly. The regulations require that the nursing home inform patients of their rights and establish a procedure and train staff to implement the Bill.

The Federal Patient's Bill of Rights includes:

- the right to know and make decisions about one's treatment.
- the right to have privacy, to receive and send mail unopened and to confer with persons or groups of one's choice
- the right to voice grievances without fear of reprisals
- the right to manage one's own finances or be given a quarterly accounting of the financial transactions made on one's behalf by the home if the patient has delegated that responsibility in writing
- the right not to be transferred except for medical reasons, a patient's own welfare or that of other patients, or for non-payment
- the right to be fully informed of services available and of related charges and fees
- the right to be fully informed of one's medical condition unless medically contraindicated
- the right to be free from mental and physical abuse, and from chemical and physical restraints (with specified exceptions)

- . the right to be treated with consideration, respect and dignity
- . the right to retain and use personal clothing and possessions as space permits
- . the right not to perform services for the home
- . the right to have marital privacy

## 2. State Patient's Bill of Rights

Since the Federal Patient's Bill of Rights covers only Medicare and Medicaid participants, states are beginning to enact similar legislation so that all patients are covered. Several state bills are almost identical to the Federal bill. Some include additional provisions such as:

- . the right to have the name, address and phone number of the patient's physician at his/her bedside
- . the right to receive from staff a reasonable response to one's requests
- . the right to have staff knock before entering one's room unless the patient is asleep

A copy of your state's Bill of Rights for Nursing Home residents should be inserted in this manual after this page.

If your state does not have a Patients Bill of Rights, this becomes an obvious place for issue advocacy and legislature change.

### 3. Enforcement of Patient's Bill of Rights

The idea of Patient's Bills of Rights is good. The catch, though, is that there are no enforcement mechanisms at the Federal level. Some states have patient's bills of rights which include enforcement mechanisms, however, they are not presently carried out. The patient is left to assert his/her own rights, perhaps through costly, time consuming litigation. This omission is critical, since the protection of rights in the nursing home situation is essentially meaningless unless quick and inexpensive procedures for enforcing them are also provided.

Nursing home consumer advocates should press for legislation which would realistically implement the Patient's Bill of Rights. One approach might include an immediate, simplified in-home hearing procedure and a system of fines for violations.

Citizen volunteer nursing home ombudsman programs, as discussed in the remaining sections of this manual, may be the best answers for injecting life into the proper requirements of Patient's Bills of Rights.

#### E. The Nursing Home Ombudsman Developmental Specialist Program

The Administration on Aging has recently taken a unique and exciting approach to nursing home reform: it has developed a nursing home ombudsman program.

##### 1. Background of the Program

Briefly, the history of the AoA program is: In 1971, Congress made available funds for the establishment of five nursing home ombudsman demonstration projects. In 1972, the Health Services and Mental Health Administration, which has worked to design models for nursing home ombudsman units, awarded five contracts. Four

# STANDING COMMITTEE REPORT

..... MARCH 11, ..... 1983 .....

MR. **PRESIDENT:** .....

We, your committee on ..... **PUBLIC HEALTH, WELFARE AND SAFETY** .....

having had under consideration ..... **HOUSE** ..... Bill No. **337**, .....

**METCALF**                      **(HAZELBAKER)**

Respectfully report as follows: That ..... **HOUSE** ..... Bill No. **337**, .....

~~DOXWASSXX~~      BE CONCURRED IN

*T. Hager*