



May 10, 2026

The Honorable Thomas Stanley, Chair
The Honorable Patricia Jehlen, Chair
Joint Committee on Aging and Independence

Dear Chairs Stanley, Jehlen and Members of the Committee:

On behalf of LeadingAge Massachusetts, I am very pleased to testify in support of HB5243 and SB3056, An Act Relative to Medication Administration in Rest Homes with suggested revised language. Thank you to the Chairs for their leadership in filing this important piece of legislation.

LeadingAge Massachusetts is a statewide association of not-for-profit providers of housing and services for older adults. Our mission-driven members serve more than 30,000 older adults across the Commonwealth in nursing facilities, rest homes, assisted living residences, continuing care retirement communities, affordable senior housing or through the provision of home and community-based services. We are working to ensure that all older adults can receive the services they need, when they need them in the place they call home.

Rest homes are affordable, community-based supportive housing environments for older adults and others who are unable to live independently on their own but who do not require the clinical intensity of a skilled nursing facility. Through the provision of three meals a day, assistance with daily living, medication management, meaningful activities and more, rest homes play a critical role in the long-term care continuum. Many of LeadingAge's rest home members have been serving their communities for more than 100 years, offering person-centered, compassionate care. As the recent Assisted Living Commission heard loudly about the lack of affordable assisted living in Massachusetts, we must recognize that rest homes are serving an important role as an affordable model of supportive housing.

One thing that has made rest homes unique and affordable, is the longstanding use of trained Responsible Persons (RPs) to administer medications for residents who cannot safely or reliably manage them on their own. For decades, medication administration by Responsible Persons has been a central and defining feature of the rest home model. This practice has been deeply embedded in regulation and the operational structure of rest homes and has consistently proven to be safe, effective, and essential to resident well-being and the affordability of rest homes. We were therefore surprised and deeply concerned when the Department of Public Health proposed an amendment to regulations eliminating the ability of Responsible Persons to



administer medications in rest homes. Eliminating this authority and limiting medication administration to resident self-administration or administration by licensed nurses would fundamentally restructure the rest home model and create serious unintended consequences.

Requiring only licensed nurses to administer medications would significantly destabilize rest homes themselves. Most of our member rest homes are not staffed to meet this requirement, and would, in practice, need to replace Responsible Persons with licensed nurses. A survey of our members found that rest homes would need to add an average 160 hours per week of licensed nursing staff to comply with the proposed regulation. This translates to an average net increase in staffing costs of nearly \$3,200 a week per facility, or more than \$160,000 a year.

Rest homes do not have the financial margins to absorb increases of this scale. Nor is there a ready workforce of licensed nurses available to fill these roles. If rest homes are required to use temporary agency staff to meet licensed nursing requirements, the costs will be even higher. In the best-case scenarios, rest homes will offset new staffing costs by cutting services and amenities available to residents, such as activities, community outings, and even food quality—directly diminishing residents' daily experience and quality of life. And for too many, the added cost burden would jeopardize the continued operation of the rest home itself.

Beyond the financial impact, such a change would displace long-standing, competent and compassionate staff members who have developed relationships with residents. Most homes would not be able to maintain staff who are currently working as Responsible Persons while also hiring new licensed nurses. The likely outcome is the loss of experienced caregivers who are central to residents' daily lives.

After hearing the concerns expressed by LeadingAge MA, MARCH and rest home providers, DPH has recently suggested that rest homes be allowed to become certified under the state's Medication Administration Program (MAP) as a way of continuing to allow RPs to administer medication. MAP is a program that includes training, testing and oversight for non-licensed staff working in residential sites licensed by the Department of Mental Health (DMH), Department of Children and Families (DCF), MassAbility, or Department of Developmental Services (DDS). While there may be some aspects of MAP that align with current rest home practice, an analysis of MAP requirements indicates that the program was designed for very different settings and will be extremely problematic to operationalize in the rest home setting.

We are in strong agreement that there is a need to enhance the current regulations for medication administration in rest homes with requirements for standard training, competency evaluations,



documentation and strengthened policies and oversight. We have many members who are already going above and beyond what is required in regulations and have established best practices that could be replicated. There may also be aspects of the MAP program which could be used as well as practices from other states (including Connecticut) that should be studied.

We therefore respectfully request the committee accept suggested substitute language (attached) for the bill which would establish a task force to evaluate best practices relative to medication administration in rest homes and make recommendations to strengthen the medication administration process. It's critical that we build upon what works for rest home residents and not arbitrarily impose a system that was designed for very different populations.

LeadingAge MA is committed to working with the Department, members of the legislature and other stakeholders to ensure the continuation of medication administration by Responsible Persons. We strongly believe there are better ways to enhance medication safety without dismantling a care model that has served residents well for decades. We are fully committed to working collaboratively to identify solutions that maintain resident safety while preserving access to essential services. Our shared goal is to ensure high-quality, safe, person-centered care for residents. We believe that preserving the ability of Responsible Persons to administer medications while enhancing training and accountability best advances that goal.

We urge the committee to favorably consider HB5243 and SB3056 with our suggested substitute language. Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Elissa Sherman".

Elissa Sherman
President