



February 25, 2025

House Committee on Health and Human Services
Rhode Island State House
Re: **Testimony SUPPORTING House Bill 5303,**

Dear Chair Donovan and Honorable Committee Members,

Thank you for the opportunity to submit this testimony in support of House Bill 5303, a bill to help health care administrators protect their patients and residents by better screening potential employees.

There are over 16,000 individuals with active nursing assistant licenses in Rhode Island. The vast majority of them have never had an allegation of abuse. But according to records held only by the Department of Health and the State Long Term Care Ombudsman, there are dozens of cnas who have 4 or more abuse complaints on their records. One abuse allegation could be the result of a hallucination or fabrication. Two, especially in different facilities, could be an unlikely and unfortunate coincidence. Three or more is a pattern worthy of concern. But our regulatory system doesn't provide any mechanism for investigating multiple allegations beyond the standard incident investigation.

When a resident or patient in a healthcare facility makes a complaint of abuse against a staff member, the facility is required to notify the Department of Health, law enforcement, and the Long Term Care Ombudsman Program, and to complete their own investigation of the incident. If the facility substantiates the complaint, the facility generally receives a citation of deficiency from RIDOH's Center for Health Facilities Regulation (CHFR), and the staff member may have a hearing resulting in a disciplinary action from RIDOH's Center for Professional Boards and Licensing (CPBL).

Most facility administrators conducting an incident investigation will strive to find and report the truth of the matter. However, there is an incentive for an administrator to NOT substantiate an incident in order to avoid receiving a citation, but then to still terminate the staff member's employment. The pattern we see then is for the staff member to be hired elsewhere; to be accused of abuse at that facility; to have the complaint NOT substantiated but their employment terminated, and so on.

Administrators have no way of knowing of an employee's history of complaints unless disciplinary action is brought by CPBL, and CPBL has no grounds to impose a disciplinary action if the complaints have not been substantiated. This may not be seriously problematic for staff members who have a couple of complaints of verbal abuse over a number of years. But many of the health care professionals with multiple complaints of physical, psychological, verbal, and even sexual abuse at multiple facilities, for which sufficient evidence has not been available, continue to work in facilities and in home care with vulnerable patients and residents.

While transparency of complaint histories for employers is not the optimal solution to this problem, it is the best option we have within the constraints of current mandated CMS protocols and the challenges of meeting burdens of proof in health-care facilities.

We do NOT want to deprive healthcare professionals of their livelihood or their right to due process. We DO want to protect residents and patients from serial abusers. We believe H5303 will help protect both residents and staff, and strongly urge this committee to vote in favor of this bill.

Thank you for your time and consideration.

Sincerely,

Kathleen Gerard, ABC-RI