

ROBERT W. O'DONNELL
CHAIRMAN OF THE
DEMOCRATIC CAUCUS



3425 CONRAD STREET
PHILADELPHIA, PENNSYLVANIA 19129
(215) 843-1700

412 MAIN CAPITOL
HARRISBURG, PENNSYLVANIA 17120
(717) 783-1593

HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA

April 21, 1982

FOR IMMEDIATE RELEASE

CONTACT: ROB DUNHAM, 843-1700

O'DONNELL TESTIFIES FOR INTERAC

State Representative Robert W. O'Donnell, D-East Falls, tonight testified in support of INTERAC at a public hearing on the recommended regionalization of Philadelphia's mental health/mental retardation centers.

O'Donnell testified that a proposal by the Mental Health/Mental Retardation Task Force on Reorganization to consolidate the centers would "result in less local control and virtually no accountability. That community interests will be protected by regionalization is unquestionably false."

Rob Dunham, executive assistant to O'Donnell, read the Representative's testimony. O'Donnell was detained in Harrisburg on legislative business.

O'Donnell's prepared statement called the cost-savings from consolidation an "illusion based on an analysis of administrative costs for mental health/mental retardation in complete isolation from other services. Consolidation could destroy other health programs at consolidated centers by leaving those providers short of administrative funds."

Representative O'Donnell concluded that consolidation "will save money up front by cutting the caseload, and cost much more in hospitalization down the road. It results in less diverse patient services, less patient choice, and inferior service."

Also testifying at the April 21st hearing were: Marie D. Jones, President of INTERAC's Board of Directors, board members Jean Hurst, Mary Jane Stephanos, and Barbara Freeman, residents Eleanor McLeer, Mary Orzechowski, and Barbara Ratajczak, and an aide to Congressman Lawrence Coughlin.

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TESTIMONY OF STATE REPRESENTATIVE ROBERT W. O'DONNELL
ON THE MENTAL HEALTH/MENTAL RETARDATION TASK FORCE REPORT

Good evening. My name is Robert O'Donnell. I am a State Representative and Chairman of the Democratic Caucus in the Pennsylvania House of Representatives.

I am testifying tonight in support of INTERAC because I am opposed to consolidation of our community mental health/mental retardation centers. I oppose consolidation because it will not produce cost savings, because it will lead to inferior health care, and because it will deprive our communities of direct control over their centers.

I would first like to speak to the issue of community control. There is a reason community mental health care is called community care: it was designed in the community by community people to serve the distinctive needs of individual communities. If neighbors need a particular service, they direct their center to offer it. That is why local centers are more responsive than regional centers.

Consolidation threatens that responsiveness.

The population of each catchment area is presently 75,000. Consolidation will increase that to 280,000. Even if residents retained direct control over the centers -- and not just advisory powers -- the nearly four-fold increase in catchment size would dilute their input and impede responsiveness to local needs. If community advisory boards are established, and local control abolished, individual neighborhoods will lose their influence.

* * * MORE * * *

In the case of Northwest Philadelphia, the decisions on mental health/mental retardation care will be made by a suburban hospital, the Northwest Institute, in Montgomery County.

That community interests will be protected by regionalization is unquestionably false.

The notion that consolidation will cut costs while preserving quality care also is utterly false. It is based on an analysis of administrative costs for MH/MR in complete isolation from other services. The fact is that consolidation will increase the cost of care while simultaneously de-personalizing that care. Consolidation could destroy other health programs at consolidated centers by leaving those providers short of administrative funds.

Agencies such as INTERAC provide services in many areas besides mental health/mental retardation. They provide drug and alcohol abuse prevention programs, family counseling, and services for the elderly, to mention a few. The increased costs resulting from MH/MR consolidation could destroy these other services. The loss of prevention programs, the devastation of other critical programs, is not more efficient no matter how you try to justify it.

Also, a community center like INTERAC knows its patients personally. Its emergency services are tied to the needs of the community. If these services are regionalized, many patients simply won't travel to Northwest for emergency care. That means a loss of service.

There are often shortages of beds for partial hospitalization, so other patients will be turned away without care. With a catchment area four-times larger, the bed shortage will become more acute. A regional emergency room will not know the people seeking help, and they will be

unable to pursue follow-up care. That cuts costs all right, but not effectively.

Emergency services are an important consideration, because the current economic climate increases stress resulting in increased need for mental health care. The needs for each community will differ with their economic base, and community access will be doubly important. As we all know, diluted community input at such a time is just absurd.

Consolidation is not a good idea. It results in less diverse patient services, less patient choice, and inferior service. It will save money up front by cutting the caseload, and cost much more in hospitalization down the road. It could destroy other crucial services. And it results in less local control and virtually no accountability.

I support INTERAC in opposing consolidation not because INTERAC serves my district -- Northwest serves my district, too. I support INTERAC because the quality care they offer and their responsiveness to community needs is threatened by a geographic consolidation plan anchored in the illusion of reduced costs.

Regionalization would be a tragic error.

Thank you.

--State Rep. Robert W. O'Donnell
April 21, 1982

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HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

November 5, 1982

FOR IMMEDIATE RELEASE

CONTACT: BUD SCHOEFER, 843-1700

DPW REVERSES MEDICAL CUTS

State Representative Robert W. O'Donnell, D-Germantown, today announced that the Pennsylvania Department of Public Welfare has withdrawn a proposal that could have crippled medical services for indigent patients.

O'Donnell said the proposed regulations, which would have reduced state reimbursements for x-rays and laboratory services for medical assistance patients, "would have devastated health care services for the poor."

Representative O'Donnell contacted Helen O'Bannon, Secretary of Public Welfare, on September 28 criticizing the proposed reduced fee schedule and requesting "greater opportunity for public participation in this matter."

Implementation of the regulations was initially delayed from November 1 to January 1983. But in a letter dated October 27, Secretary O'Bannon informed O'Donnell that DPW had decided against pursuing the reduced lab reimbursement levels.

Dr. Jennifer Allcock, Executive Director of Covenant House Health Services, and Dr. Muriel Kowlessar, Director of Pediatric Group Services at the Medical College of Pennsylvania and Hospital, enlisted Representative O'Donnell's assistance in fighting the regulations calling the proposed fee schedule "a disaster."

Kowlessar wrote that "the implementation of this proposed fee schedule will only confirm the current concern that it is the poor who are bearing the burden of government economics."

* * * MORE * * *

DPW REVERSES CUTS

ADD ONE

"By slashing reimbursements to labs serving the poor," O'Donnell said, "the regulations would have denied needy patients medically necessary lab tests and x-rays, and bankrupted those labs which attempted to provide those services."

O'Donnell called DPW's reversal "a major step toward insuring quality health care for all classes of Pennsylvanians."

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THE MAJORITY WHIP



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HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

June 28, 1984

FOR IMMEDIATE RELEASE

CONTACT: ROB DUNHAM, 843-1700

O'DONNELL INTRODUCES BOARDING HOME BILL

State Representative Robert W. O'Donnell (D-East Falls), the House Majority Whip, today introduced a bill to improve the quality of care in Pennsylvania's boarding homes.

O'Donnell's bill would require large numbers of personal care homes which currently are unlicensed and unregulated to meet state quality standards in the care they provide. The bill also would increase penalties and in some cases shut down boarding homes that show a pattern of abuse, neglect, or substandard care.

O'Donnell called existing boarding home licensing requirements "seriously inadequate. Many disabled people who live in unregulated boarding homes are not receiving the care they need. Right now, all the state can do is give boarding home operators a slap on the wrist.

"This bill will permit stricter enforcement of state regulations, so that when a boarding home operator loses his license, he can't just move to a new address, change the name of the boarding home, and mistreat the home residents all over again," O'Donnell explained.

The East Falls legislator warned that "the problem with unregulated homes will only get worse as a result of the Governor's reclassification of nursing homes which will force even more disabled people to seek care in personal care boarding facilities. This makes it even more important that the legislature act quickly on this matter," O'Donnell said.

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April 12, 1985

FOR IMMEDIATE RELEASE

Contact: Ben Schuster 843-1700

O'DONNELL INTRODUCES BOARDING HOME BILL

State Representative Robert W. O'Donnell (D-Germantown) today introduced a bill that would create a new system for regulating personal care boarding homes in Pennsylvania.

Personal care boarding homes are those in which individuals receive food, shelter, and some form of personal care assistance.

O'Donnell called the present system for licensing and regulating personal care boarding homes "totally inadequate. Many disabled people live in completely unregulated boarding homes. Even in regulated homes, the state can only 'slap the wrist' of operators who provide substandard conditions or care."

"My bill will bring more homes under state regulations and it will increase the penalties - including fines - for those operators who do not live up to the regulations. In addition, boarding home operators who repeatedly violate the regulations (3 or more violations) could lose their licenses for a year."

The people who live in personal care boarding homes are one of the most vulnerable groups in our state. They frequently have no one to protect their interests, their health and sometimes their lives.

In 1984 Representative O'Donnell was honored by the Boarding Home Advocacy Team (BHAT) a citywide organization of professional caregivers with their Annual Award. The Award was presented in recognition of his "commitment to the disadvantaged and for the work he is doing on behalf of boarding homes."

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HOUSE OF REPRESENTATIVES
COMMONWEALTH OF PENNSYLVANIA
HARRISBURG

February 3, 1986

FOR IMMEDIATE RELEASE

CONTACT: ROB DUNHAM, 843-1700

O'DONNELL INTRODUCES BILLS TO CURTAIL BOARDING HOME ABUSES

State Representative Robert W. O'Donnell (D-Germantown), the House Majority Whip, today introduced two bills to counteract the abuse or neglect of patients in Pennsylvania boarding homes.

O'Donnell, who is the recipient of the Boarding Home Advocacy Team's Annual Award in 1984 for his "commitment to the disadvantaged," called substandard boarding homes "a serious and ongoing threat both to the patients they mistreat and to the neighborhood at large. Northwest Philadelphia is filled with boarding homes, and the bad ones are a blight on our community.

"Under existing law, any person aged 18 or older may open a boarding home regardless of his personal background or experience," O'Donnell explained. This encourages dishonest and unscrupulous people to open shoddy boarding homes that are poorly run and which abuse or neglect their patients. My first bill would require every licensed boarding home in the state to designate an administrator who would be required to meet training standards in health care and safety, first aid, nutrition, recreation, and social services."

O'Donnell, who last year introduced a bill to strengthen state boarding home licensing and enforcement practices, also charged that "wholly inadequate and insufficient medical assistance subsidies for poor boarding home residents are a major contributor to substandard care. What the state pays is ridiculous,"

O'DONNELL BOARDING HOME BILLS

ADD ONE

O'Donnell said. "It doesn't even cover the patients' basic expenses. As a result, even the best homes have trouble providing adequate care for these boarders. My second bill would address this problem by adding \$7 million to the state program which funds medical assistance patients in boarding homes."

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Legislative Report
State Representative
Robert W. O'Donnell



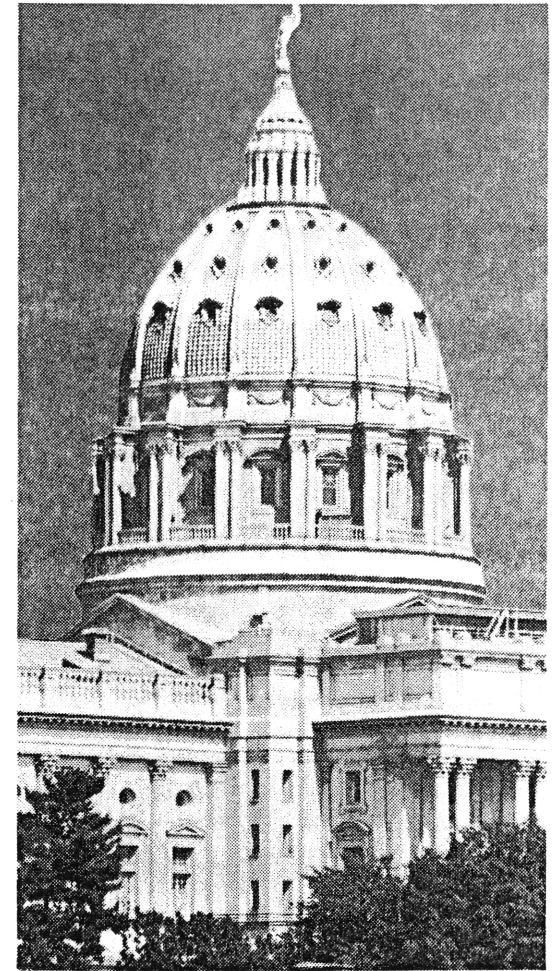
Boarding homes that provide inadequate or substandard care continue to present serious problems for our community.

Last year, I introduced a bill that would give the state greater powers to regulate boarding homes and would strengthen penalties against those homes which show a pattern of abusing or neglecting their patients. This week, I will introduce two new bills designed to prevent this neglect or abuse from occurring in the first place.

Under existing law, any person aged 18 or older may open a boarding home regardless of background or experience. My first bill would require every boarding home to designate an administrator who would be required to meet minimum training standards in health care and safety, first aid, nutrition, recreation and social services. The state Department of Public Welfare would be permitted to gradually increase these requirements or to require training in other areas.

A second major factor that leads to substandard care is the wholly inadequate medical assistance subsidy for poor boarding home residents which doesn't even cover their housing costs. As a result, these patients' basic needs frequently go unmet. The second bill would address the problem by adding an additional \$7 million to the state program which funds medical assistance patients in boarding homes.

Hearings on these bills are scheduled for mid-February.



THIS WEEK IN
HARRISBURG

February 3, 1986