Attica LONG TERM CARE

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Dear Chair Carpenter and Members of the House Health Committee:

Thank you for the opportunity to provide feedback regarding HB 2718 and the proposed language related to pharmacy choice in adult care homes. I appreciate the intent of protecting resident rights while addressing concerns about pharmacy access.

As the Administrator of a rural, federally certified nursing facility, I would like to offer a compliance-based perspective.

We support a resident's right to choose their pharmacy, and at our facility we do not charge a fee when a resident selects a different pharmacy. However, any pharmacy serving our residents must be able to meet applicable CMS long-term care regulations and performance standards.

I have concern regarding the bill language stating that a resident has the right to choose a pharmacy "regardless of the type of medication distribution system used by the adult care home," as well as the reference to "repackaging a medication." Nursing homes do not repackage medications. Medication packaging for long-term care residents is performed by licensed pharmacies in accordance with pharmacy regulations. Facilities administer medications in the packaging provided. The issue is not facility repackaging, but whether a chosen pharmacy can provide the packaging capability, delivery standards, consultant pharmacist services, emergency access, and operational integration necessary to allow the facility to remain compliant with federal requirements.

As a federally certified nursing facility, we are governed by 42 CFR § 483.45 and related CMS guidance, including Survey & Certification Letter 06-16. CMS has also established specific long-term care pharmacy performance and service criteria for pharmacies serving institutionalized beneficiaries. Retail pharmacy standards and long-term care standards are not always identical. Residents should absolutely be able to use any pharmacy that meets those CMS long-term care requirements.

However, if a pharmacy is unable to meet those federal standards, the facility must retain the right to decline participation. This creates a compliance conflict in which the facility must choose between maintaining CMS standards and potentially compromising resident rights protections. The statute should not create that compliance conflict.

Regardless of pharmacy selection, regulatory accountability remains with the facility. If medications are delayed, required long-term care standards are not met, or emergency access is unavailable, survey citations are issued to the facility and not to the pharmacy.

Clarifying the bill language to align pharmacy choice with CMS long-term care performance and service criteria would preserve resident rights while ensuring facilities are not forced into conflict with federal regulations.

My goal is to support a balanced solution that protects resident choice while maintaining compliance, safety, and operational realities, particularly in rural communities.

Thank you for considering this perspective as HB 2718 moves forward. I am happy to provide additional information if helpful.

Holly Noble, Administrator