

**Testimony of
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President and COO
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before
House Aging and Older Adult Services Committee
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Good morning, Chairman Hennessey, Chairman Samuelson, and distinguished members of the House Aging and Older Adult Services Committee.

My name is Russ McDaid, and I am the President and Chief Operating Officer of the Pennsylvania Health Care Association and Center for Assisted Living Management, better known as PHCA/CALM. We are a statewide advocacy organization for the commonwealth's elderly and disabled residents and their providers of care. Our mission is to ensure that those who need long-term care receive quality services in the safest and most cost effective setting as they age.

Our membership, which is comprised of both for-profit and not-for-profit providers, offers services that range from integrated retirement communities and multi-level care campuses to freestanding nursing homes and personal care or assisted living residences. Overall, PHCA and CALM represent more than 450 long-term care and senior service providers that serve over 45,000 elderly and disabled individuals across the state.

I am here to testify on House Bill 264, which, if enacted into law, would establish new standards for the installation of carbon monoxide (CO) detectors in licensed care facilities, which are defined as nursing facilities, personal care homes, and assisted living residences in the Bill.

As an advocate for the commonwealth's elderly and disabled, this is obviously an issue I and our members are deeply concerned with. I would like to thank the prime sponsor of this bill, Representative Mark Mustio, for his leadership on this issue and his willingness to work with PHCA/CALM and other stakeholders as he was crafting the legislation.

Carbon Monoxide poisoning is not an issue to be taken lightly. It is colorless, odorless, and poisonous. The gas itself results from the incomplete combustion of fuels such as natural or liquefied petroleum gas, kerosene, gasoline, oil, wood, coal and other fuels. It is present in very low amounts which pose no threat to a person's health when the CO source is functioning properly and is ventilated as directed by the manufacturer of the heating system, portable heater, generator, or other fossil fuel burning source such as a gas appliance or fireplace. The health effects related to carbon monoxide depend upon its concentration in the air, the duration and exposure to the source, and its concentration in the blood.

This issue is certainly not new to the Pennsylvania legislature. Our CEO, Dr. Stuart Shapiro, and I testified before this very committee in 2008 to provide the members with additional information and the provider perspective of carbon monoxide detectors in residential facilities

with care-dependent individuals. At that time, Representative Mustio, Representative Kathy Watson, and others in the legislature were advancing a Bill that would have accomplished the same end goals as House Bill 264.

Largely due to the inherent protections that are present 24/7 in licensed facilities and the lack of consensus on the need to mandate the installation of carbon monoxide detectors in law, that measure didn't advance to become law. The data also didn't show the need to mandate the installation of carbon monoxide detectors in care facilities, as an **extremely small number of severe exposures and deaths** related to carbon monoxide occur in licensed 24/7 care settings.

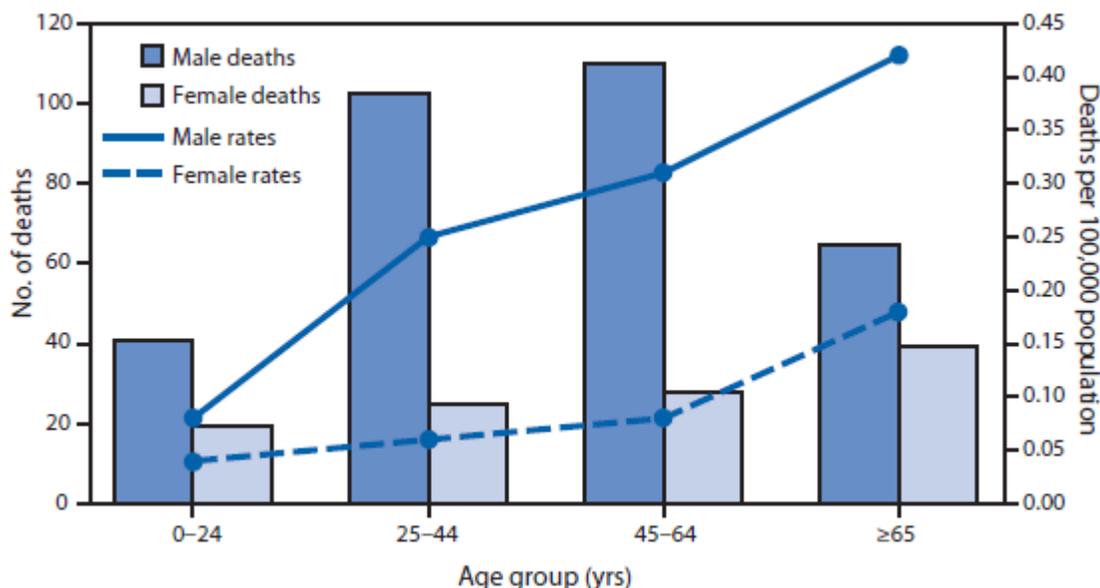
The data hasn't changed since 2008—there is still an **extremely low risk of death from Carbon Monoxide poisoning and death in licensed 24/7 care facilities.**

So why advance House Bill 264 now? Since 2008 Pennsylvania has joined a number of other states, 29 in all, that have adopted some sort of Carbon Monoxide law. A number of these states have required dwellings, or family homes, that have a fuel-burning heater or appliance, a fireplace, or an attached garage to have an operational carbon monoxide alarm installed. Specific examples include Texas, which mandates carbon monoxide detectors in certain day-care centers, group day-care homes, and family homes, and Connecticut and Maryland, which both require installation of carbon monoxide detectors in schools. In short, there is growing consensus that some type of requirement for carbon monoxide detectors in a number of settings makes sense.

The Centers for Disease Control and Prevention recently released a report that averaged the number of deaths, as well as death rates, from unintentional, non-fire related carbon monoxide poisoning from 1999 to 2010. During those years, a total of 5,149 deaths from unintentional carbon monoxide poisoning occurred in the United States, an average of 430 deaths per year, and clearly show that the major problem sites are not our care facilities. We have included a graphic from that study for your use, which shows that the death rates from carbon monoxide poisoning are highest among males and those aged 65+¹.

¹ Centers for Disease Control and Policy. Carbon Monoxide-Related Deaths – United States, 1999-2004. Morbidity and Mortality Weekly Report. December 21, 2007; 56(50):1309-12.

QuickStats: Average Annual Number of Deaths and Death Rates from Unintentional, Non-Fire-Related Carbon Monoxide Poisoning, by Sex and Age Group — United States, 1999–2010



I have also included data from the United States Consumer Product Safety Commission (CPSC) for your reference, showing the non-fire carbon monoxide poisoning deaths by the location of death. They compiled numbers from 1999-2009. The data confirms that the **vast majority** of carbon the monoxide poisoning deaths during that period—**84%**—occurred at home and in temporary shelters, such as cabins, TVs, campers, tents or trailers. Very few, if any, occurred in nursing homes, personal care homes, or assisted living facilities.

Estimated Non-Fire Carbon Monoxide Poisoning Deaths by Location of Death, 1999—2009

Location of Death	Average Percentage
TOTAL	100%
Home (1)	73%
Home-External Structure (2)	6%
Home-But Not House (3)	2%
Temporary Shelter	11%
Vehicles (including boats)	6%
Other	1%
Unknown	1%

(1) Traditional home (e.g., detached house, townhouse, apartment, mobile home)

(2) External structure at residential locations (e.g., detached garage, shed)

(3) Non-fixed structure or structure not originally designed for permanent occupation (e.g., camper trailer, van, converted sea-land shipping)

Source: U.S. Consumer Product Safety Commission/EPHA. CPSC Death Certificate File, CPSC In-Depth Investigation File, CPSC Injury or Potential Injury Incident File, National Center for Health Statistics Mortality File, 1999–2009.

The small percentage of carbon monoxide deaths associated with licensed care facilities isn't all that surprising when you consider that they undergo annual licensure inspections, are required to have their furnaces and other major appliances serviced annually as part of their licensure requirements, provide staffing on a 24/7 basis, and are routinely and continually checking on the residents under their care.

In spite of the very low risks to residents in our settings, PHCA/CALM is on record in support of House Bill 264. We are supportive of this measure because in House Bill 264, Rep. Mustio has drafted a common-sense piece of legislation that will ensure additional protections for the residents and staff in licensed care settings. This bill would ensure that detectors are placed in proximity to carbon monoxide sources and, if those detector alarms cannot be heard by the staff in the event that they are triggered, the Bill requires that they be installed where the audible alarms *can be heard* by on duty staff responsible for that area of the care facility.

Compliance with the Bill's requirements is to be assured during the care facility's annual state licensure survey completed by the Department of Health for nursing facilities, and the Department of Human Services for personal care homes and assisted living residences.

While preparing to appear before the Committee, I found a list of strategies or techniques that are recommended to prevent Carbon Monoxide Poisoning and Death on the website run by the Centers for Disease Control--known by many as the CDC. I found the list very instructive in evaluating the protections already in place in the licensed care facilities, and believe that it provides the rationale for the common sense protections included in House Bill 264.

The list includes the following recommendations:

- ***DO have your heating system, water heater and any other gas, oil, or coal burning appliances serviced by a qualified technician every year.***
PENNSYLVANIA'S LICENSED CARE FACILITIES ARE REQUIRED TO DO THIS AS A CONDITION OF LICENSURE, AND INSPECTORS VERIFY THAT IT WAS COMPLETED ANNUALLY.
- ***DO seek prompt medical attention if you suspect CO poisoning and are feeling dizzy, light-headed, or nauseous.***
WITH 24/7 STAFFING, PENNSYLVANIA'S LICENSED CARE FACILITIES ARE EQUIPPED TO HELP ENSURE THAT THIS OCCURS AT THE FIRST SIGNS OF CARBON MONOXIDE EXPOSURE IN THEIR FACILITIES.
- ***DON'T use a generator, charcoal grill, camp stove, or other gasoline or charcoal-burning device inside your home, basement, or garage or near a window—***
THE USE OF TEMPORARY GENERATORS SUCH AS THOSE THAT HAVE BECOME POPULAR IN MANY PRIVATE HOMES DURING EXTENDED POWER OUTAGES IS PROHIBITED IN AREAS OF CARE FACILITIES WHERE RESIDENTS ARE LOCATED. ANY PERMANENT BACKUP GENERATOR THAT IS REQUIRED IN THE CARE FACILITY IS INSTALLED CONSISTENT W/ MANUFACTURER'S RECOMMENDATIONS, SERVICED REGULARLY BY QUALIFIED TECHNICIANS, AND VENTILATED

CONSISTENT WITH THE LIFE SAFETY CODE AND MANUFACTURER’S RECOMMENDATIONS. AGAIN, THE CARE FACILITY’S COMPLIANCE WITH THIS IS MEASURED DURING THEIR ANNUAL LICENSURE INSPECTION.

- ***DON’T run a car or truck inside a garage attached to your house, even if you leave the door open.-***
THIS RECOMMENDATION IS NOT APPLICABLE TO CARE FACILITIES IN GENERAL.
- ***DON’T burn anything in a stove or fireplace that isn’t vented.—***
JUST AS IN THE CASE OF THE TEMPORARY GENERATORS DISCUSSED ABOVE, STOVES AND GAS FIREPLACES IN CARE FACILITIES ARE SUBJECT TO ANNUAL INSPECTION, SERVICE, AND SUBJECT TO LIFE SAFETY STANDARDS.
- ***DON’T heat your house with a gas oven***
AGAIN, THIS WOULD NOT APPLY TO CARE FACILITIES.
- ***DO install a battery-operated or battery back-up CO detector in your home and check or replace the battery regularly. If the detector sounds leave your home immediately and call 911!***
WHILE SOME LICENSED CARE FACILITIES HAVE ALREADY VOLUNTARILY INSTALLED CO DETECTORS, THERE IS NO REQUIREMENT THAT THEY DO SO. HOUSE BILL 264 WOULD REMEDY THAT BY REQUIRING THEIR INSTALLATION IN PENNSYLVANIA’S LICENSED CARE FACILITIES AS DEFINED IN THE BILL.

In short, PHCA/CALM is supportive of Rep. Mustio’s Bill, House Bill 264, as it is currently drafted because it provides a robust level of protection for the residents and staff in Pennsylvania’s licensed care facilities, and does so in a manner that ensures protection in those settings without creating excessive unfunded mandate costs for care facilities.

We appreciate that the Bill recognizes and balances the protections already inherent in these settings, including 24/7 awake staff, routine maintenance of fossil fuel burning appliances and annual licensure inspections. This ensures that the care facility’s resources remain focused on the provision of high quality care for the commonwealth’s frail and elderly population.

Thank you for the opportunity to come before you and provide our thoughts on this important piece legislation.