Senator Robyn Kennedy, Chair September 9, 2025

Representative Jay Livingstone, Chair

Senator Liz Miranda, Vice Chair

Representative Judith Garcia, Vice Chair

Joint Committee on Children, Families and Persons with Disabilities

Massachusetts State House

Boston, MA 02133

**RE: H.282/S.168: An Act to increase the safety of individuals with disabilities relying on life-support equipment**

To the Joint Committee on Children, Families and Persons with Disabilities,

Good afternoon, Chairman and members of the committee. My name is Sandra Heller, and I am a resident of Marion, Massachusetts. I am also a member of the Massachusetts Developmental Disabilities Council, where our mission is to provide opportunities for individuals with developmental disabilities and families to enhance independence, productivity and inclusion. I’m speaking today not just for myself, but as a voice for the countless families who care for our most vulnerable citizens. I want to thank you for the opportunity to express the importance for this vital piece of legislation, which addresses a critical gap in our healthcare system.

Imagine for a moment that your child, sibling, or loved one relies on complex machinery to breathe, to eat, to live. They are in the hospital, and after a stressful stay, you finally get the news they can go home. But in the rush of discharge, the intricate details for their life-supporting equipment—the specific settings, the cleaning schedule, the emergency procedures—are handed over in a thick packet of papers, perhaps with a quick, jargon-filled explanation. The transition is fraught with anxiety, and a single missed detail could lead to a catastrophic failure.

This scenario is not hypothetical; it is a reality for too many families. Especially those caring for individuals with intellectual or developmental disabilities. The current discharge process often fails to ensure a safe and seamless transition from hospital to home. Critical information can be lost, misunderstood, or poorly communicated, placing patients at unacceptable risk. I know it happened to my own family, 20 years ago my son Craig left the hospital after 8 months with a tracheostomy and g-tube with nothing else than an baby nose bulb to suction him if he had a breathing episode in the car ride home. Today, I work with over 110 families in the Southeast Region that have children with these complex medical needs and continue to face this very issue.

This bill provides a direct and powerful solution.

Section 2 is the heart of this legislation. It mandates that a hospital’s discharge plan must be directly communicated to a registered or licensed practical nurse at the patient's residence. Most importantly, it requires

that nurse to review the plan, pay special attention to the maintenance of life-supporting technology, and sign in writing that they fully understand the requirements.

This isn't just about adding a signature; it's about creating a moment of mandatory, focused accountability. It ensures a "warm handoff," where the responsibility for care is transferred with clarity and confidence. It guarantees that the person overseeing the patient's daily care in their residence is fully briefed and prepared. This simple act of confirmation can be the difference between a safe recovery and a preventable tragedy.

Furthermore, Sections 1 and 3 strengthen this process by clarifying the essential information required in a discharge plan and ensuring the Department of Public Health creates clear guidelines and public awareness. This bill doesn’t create an undue burden; it creates a necessary safeguard. It protects patients, empowers families, caregivers and residential staff, and reduces the likelihood of costly and traumatic hospital readmissions.

We have a duty to ensure that when our loved ones return to their homes from the hospital, they are returning to a safe environment. Thank you for your time and consideration.

Sandy Heller