



**TESTIMONY BEFORE THE  
SENATE FINANCE COMMITTEE**

February 4, 2021

Senate Bill 47: Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers  
*Written Testimony Only*

**POSITION: UNFAVORABLE**

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to offer this testimony and background in opposition of Senate Bill 47: Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers.

We sincerely commend the sponsor for bringing this legislation forward; however, we oppose this bill because it is drafted very broadly. As written, it could apply not only to immediate family members, but also to professionals who may or may not be accredited or licensed to provide care in nursing homes or assisted living programs. In addition, if implemented, this legislation could actually impede the delivery of quality care or conflict with an existing care plan.

Before the COVID-19 pandemic, it was common for families to visit, stay long hours, and to be highly engaged in their loved one's care. Families would often personally hire licensed nurses' aides to augment skilled nursing or assisted living staff under mutual agreement and pre-agreed upon conditions.

During the pandemic, limiting visitation to compassionate care visits was vital to mitigating the spread of COVID-19 in all healthcare settings and to reducing the death rate among older and medically challenged Marylanders who live in nursing homes or receive care in hospitals. As we all know, older individuals and those with pre-existing conditions are most at risk of severe illness or death due to COVID-19. So rightfully, under the direction of clinicians and epidemiologists, the Governor's emergency public health executive orders have curtailed access to healthcare settings, including hospitals, assisted living campuses, and skilled nursing and rehabilitation centers.

In advance of the government orders to severely limit in-person visitation, HFAM prepared the long-term and post-acute care sector by advising on the critical need for symptom screening, limited visitation, and identification of employees who worked in multiple healthcare settings. Around the same time, many healthcare organizations, including skilled nursing and rehabilitation centers, bought iPads, handheld devices, and laptops for virtual visitation with loved ones.

We can all agree that normal visitation and supplemental essential care is in interest that we share. Admittedly, it has been difficult as everyone wants to be able to visit loved ones or augment care. However, in a pandemic, nobody wants to be the person to spread the virus or cause an outbreak among our most vulnerable populations and those who provide their care.

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It is also important to note that during the second quarter of 2020, during the peak of the first COVID-19 surge, daily hours of direct care per patient actually increased. As the virus surged in communities and healthcare settings, nursing assistants' total hours of care decreased. At the same time, registered nurse hours of care increased. All-in-all, the hours of direct medical care per patient per day increased during the peak of the second and third quarter surges in 2020.

In a non-pandemic environment, direct caregiving family members (such as medical decision-makers) and supplemental licensed caregivers at the family's expense are a norm and permitted under current federal and state guidelines. Under current federal law, a family can visit our setting at will, and outside medical professionals can be brought in by the family for care planning meetings.

**While we appreciate the intent of this legislation and we agree on the importance of essential caregivers, we respectfully request an unfavorable report from the Committee on Senate Bill 47.**

*Submitted by:*

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