Allyson Canterbury Testimony_ SB579 Hospital Bathr
Uploaded by: Canterbury, Allyson
Position: FAV

Allyson Canterbury, ADN RN
Halethorpe, Maryland
Allyson.r.Canterbury@medstar.net

Re: Senate Bill 579 *Health Care Facilities -- Restrooms -- Requirements*
Position: **SUPPORT**

February 25, 2021

Honorable Chair Kelley, Vice-Chair Feldman, and Senate Finance Committee:

I write today in support of SB579, which would require all public restrooms in hospitals, clinics, and other health care facilities to provide touchless options for receiving paper towels and exiting the restroom. This legislation will aid in disease prevention, which is incredibly important now-- almost a full year into the COVID-19 pandemic.

As an Emergency Department Nurse at Medstar Union Memorial Hospital in the City of Baltimore, I see a wide variety of patients come through the ER on any given shift. If a patient does not require a catheter, hand-held urinal, or bedside commode in their room, they must use the public restroom available in the Department. This means that any number of patients frequent this restroom each day, as well as any visitors that accompany them.

Union Memorial is a National Hand Trauma Center. Throughout a shift, many of these patients come in actively bleeding or covered in blood. Hand trauma likely will not prevent a patient from making their way to the restroom. Likewise, if a patient comes in with abdominal pain, though fairly debilitating, excessive vomiting also does not prevent an individual from using the public restroom. Even if that patient used the towels and sanitizers provided in their patient room, they may have other bacteria on their hands from holding the bucket or simply touching their own bodily fluids. As they touch common places within the restroom, they could be leaving behind a plethora of microorganisms for the next person to pick up.

After dealing with almost a full year of life-altering changes because of the Coronavirus pandemic, **everyone** is more cautious about their overall hygiene practices and where germs may be hiding on frequently touched surfaces. It is imperative that we take every step possible to improve public confidence in sanitization efforts. According to a recent study by the American Society of Clinical Oncology (attached), there was a 46.4% weekly decrease in diagnosis of new cancers during the pandemic. To the average person, this seems like fewer people have cancer. The reality is that individuals are too afraid of COVID to see their doctor and be diagnosed.

Since the COVID crisis began, our Emergency Department has seen a steep increase in congestive heart failure patients that waited until the last minute to seek help out of fear of going to the hospital. By the time they do arrive, their condition has declined past the point of a positive outcome. The patient may be in acute distress; need intubation or other more aggressive treatments; and require a prolonged hospital stay.

The only way to move forward is to take precautionary measures that will increase confidence in disease mitigation. By providing more hygienic, hands-free options in public health care restrooms, this legislation will ease the fears of all Marylanders.

I urge a favorable report on SB579.

Sincerely,

Allyson Canterbury
ADN RN- Union Memorial Emergency Department
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Halethorpe, MD

JAMA Network Open

Research Letter | Oncology

Changes in the Number of US Patients With Newly Identified Cancer Before and During the Coronavirus Disease 2019 (COVID-19) Pandemic

Harvey W. Kaufman, MD; Zhen Chen, MS; Justin Niles, MA; Yuri Fesko, MD

Introduction

In response to the coronavirus disease (COVID-19) pandemic, the American Society of Clinical Oncology recommends, "to conserve health system resources and reduce patient contact with health care facilities,... that cancer screening procedures that require clinic/center visits, such as screening mammograms and colonoscopy, be postponed for the time being."[1] A *Washington Post* headline reported, "Patients with heart attacks, strokes, and even appendicitis vanish from hospitals."[2] A study from 9 high-volume US cardiac catheterization laboratories[3] found a 38% decrease in patients treated for ST-elevation myocardial infarction, considered a life-threatening condition. In this study, we analyzed weekly changes in the number of patients with newly identified cancer before and during the COVID-19 pandemic.

Author affiliations and article information are listed at the end of this article.

Methods

This cross-sectional study included patients across the United States who received testing for any cause by Quest Diagnostics and whose ordering physicians assigned them *International Statistical Classification of Diseases and Related Health Problems, Tenth Revision* (*ICD-10*) codes associated with any of 6 cancer types (ie, breast, colorectal, lung, pancreatic, gastric, and esophageal) from January 1, 2018, to April 18, 2020. Each patient was counted once, at the first instance of each *ICD-10* code

Figure. Newly Identified Cancers, Baseline Mean and Weekly During the Coronavirus Disease 2019 Pandemic

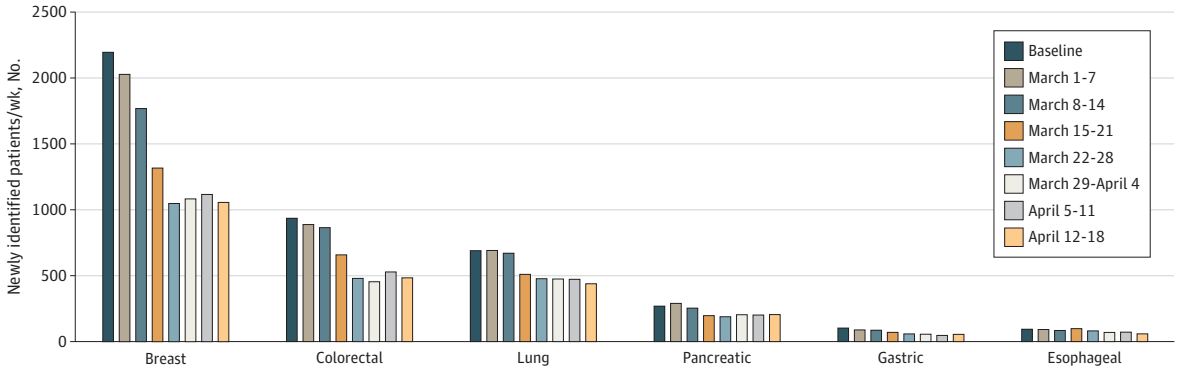

Table. Demographic Information for Patients With Newly Identified Cancer

	January 6, 2019, to February 29, 2020			March 1 to April 18, 2020		
Cancer type	Patients, No.	Women, No. (%)	Age, mean (SD), y	Patients, No.	Women, No. (%)	Age, mean (SD), y
Breast	132 513	132 513 (100)	64.3 (12.7)	9475	9475 (100)	63.0 (13.0)
Colorectal	56 744	28 056 (49.6)	66.7 (13.4)	4377	2109 (48.2)	65.4 (13.3)
Lung	41 671	22 332 (53.7)	70.1 (10.6)	3753	1960 (52.3)	69.3 (11.0)
Pancreatic	16 268	8083 (49.8)	67.6 (12.7)	1547	820 (53.0)	66.8 (12.8)
Gastric	5744	2454 (42.8)	67.4 (13.5)	471	180 (38.2)	66.7 (13.8)
Esophageal	5658	1354 (24.0)	68.4 (11.4)	557	142 (25.5)	69.5 (11.0)

starting in January 2018. The weekly count was tracked starting with the first full calendar week of 2019 through April 18, 2020. This study followed the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guideline for cross-sectional studies. This study was deemed exempt by the Western Institutional Review Board in accordance with 45 CFR §160 and §164 because no study participant provided specimens or information not already existing as part of health care operations.

Mean (SD) weekly numbers of newly diagnosed patients (Poisson regression for count), along with mean ages (2-sided *t* test) and sex distributions (χ^2 test), were compared between baseline period (January 6, 2019, to February 29, 2020) and the COVID-19 period (March 1 to April 18, 2020) at a significance level of $P < .05$. Data analyses were performed using SAS Studio 3.6 on SAS version 9.4 (SAS Institute).

Results

This study included 278 778 patients, 258 598 (92.8%) from the baseline period and 20 180 (7.2%) from the COVID-19 period. Among all patients, 209 478 (75.1%) were women, and the mean (SD) age was 66.1 (12.7) years. During baseline, the mean (SD) weekly number of newly identified patients was 2208 (335) with breast cancer, 946 (134) with colorectal cancer, 695 (88) with lung cancer, 271 (39) with pancreatic cancer, 96 (14) with gastric cancer, and 94 (14) with esophageal cancer. During the pandemic, the weekly number fell 46.4% (from 4310 to 2310) for the 6 cancers combined, with significant declines in all cancer types, ranging from 24.7% for pancreatic cancer (from 271 to 204; $P = .01$) to 51.8% for breast cancer (from 2208 to 1064; $P < .001$) (**Figure**). The mean age of cancer patients in the COVID-19 period was within 1 year of that for patients in the baseline period; patients diagnosed with esophageal cancer in the COVID-19 period were slightly older than those diagnosed in the baseline period (mean [SD] age, 69.5 [11.0] years vs 68.4 [11.4] years; $P = .04$), but patients with all other cancers were younger (eg, breast cancer: mean [SD] age, 63.0 [13.0] years vs 64.3 [12.7] years; $P < .001$). Statistically, sex distribution in the 2 periods was the same in all cancers except for pancreatic, which had fewer women in the baseline group than the COVID-19 group (8083 of 16 248 [49.8%] vs 820 of 1546 [53.0%]; $P = .01$) (**Table**). The decrease had generally leveled beginning the week starting March 29, 2020 (Figure).

Discussion

Our prepandemic data represented a good share of the National Cancer Institute weekly incidence estimates of the 6 cancers, ranging from 16% (lung cancer) to 42% (breast cancer).[4] A potential limitation of this study is that the association of delayed diagnoses of cancer with outcomes likely depends on the final stage of disease at diagnosis, relative to baseline, and associated treatment implications (curative vs palliative).

Our results indicate a significant decline in newly identified patients with 6 common types of cancer, mirroring findings from other countries.[5] The Netherlands Cancer Registry has seen as much as a 40% decline in weekly cancer incidence, and the United Kingdom has experienced a 75% decline in referrals for suspected cancer since COVID-19 restrictions were implemented.[5]

While residents have taken to social distancing, cancer does not pause. The delay in diagnosis will likely lead to presentation at more advanced stages and poorer clinical outcomes. One study suggests a potential increase of 33 890 excessive cancer deaths in the United States.[6] Our findings are consistent with previous research,[1-3,5] and they call for urgent planning to address the consequences of delayed diagnoses. Planning may entail more robust digital technology to strengthen clinical telehealth offerings and other patient-clinician interactions, including self-service scheduling across specialties and well-designed collection processes.

ARTICLE INFORMATION

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Correction: This article was corrected on September 10, 2020, to fix the percentage of patients included in the COVID-19 period and the number of women with pancreatic cancer in the baseline and COVID-19 periods, to correct errors in the date ranges that appear in the Figure legend, and to add a column for esophageal cancer in the Figure.

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Author Affiliations: Quest Diagnostics, Secaucus, New Jersey.

Author Contributions: Dr Kaufman and Ms Chen had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis.

Concept and design: All authors.

Acquisition, analysis, or interpretation of data: Chen.

Drafting of the manuscript: Kaufman, Chen, Niles.

Critical revision of the manuscript for important intellectual content: All authors.

Statistical analysis: Chen, Niles.

Administrative, technical, or material support: Fesko.

Conflict of Interest Disclosures: Drs Kaufman and Fesko, Ms Chen, and Mr Niles reported being employed by and owning stock in Quest Diagnostics outside the submitted work.

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SB579_ Melanie Ezrin Testimony (2_22_21).pdf
Uploaded by: Ezrin, Melanie
Position: FAV

Melanie Ezrin Gaithersburg, MD mezrin@udel.edu

Senate Bill 579 *Health Care Facilities -- Restrooms -- Requirements*
February 25, 2021

Position: **FAVORABLE**
Honorable Chair Kelley and Esteemed Senate Finance Committee Members:

COVID-19 has made each of us more cognizant of our hygiene. Frequent hand washing and application of hand sanitizer are now part of our daily routines. Paying attention to the surfaces we touch, rooms we enter, and time we spend with others feels like a habit. Unfortunately, some situations, such as using a public restroom, can be unavoidable. During this global pandemic, entering a public bathroom feels like more of a risk.

Senator Kagan's SB 579 implements a straightforward and minimally expensive fix to a hygienic problem within our health care facilities. By requiring hands-free paper towel dispensers and touchless exit mechanisms in public restrooms, we are in essence removing a prominent mode of disease transmission. COVID-19 persists on surfaces anywhere from a few hours to days, and may even spread to others this way. However, the transmission of COVID-19 isn't our only concern. The average person's hand carries more than 3,000 bacteria from at least 100 species. Constant touching and retouching of different surfaces can and does spread those bacteria and other pathogens.

Frequent sanitization of surfaces is key to reducing the transmission of diseases. We have all had to make many recent changes to adapt to this reality. I attend the University of Delaware, which has implemented many changes to make our campus safer for students. The school added touchless hand sanitizer stations; created contact-free pick-up for food courts in our student centers; and increased the frequency of cleaning campus spaces. SB579 takes this concept of increased disease mitigation to the place where the most illnesses can be transmitted-- frequent touch bathroom surfaces in health care facilities. These places are filled with sick people who have the potential to leave a trail of germs behind them, even prior to the COVID-19 pandemic. We must act now in order to protect ourselves and those around us.

I urge a favorable report on SB579.

Sincerely,

Melanie Ezrin
Gaithersburg, MD

SB579_ Bathroom Requirements Testimony 2_23_21.pdf
Uploaded by: Kagan, Sen. Cheryl
Position: FAV

CHERYL C. KAGAN
Legislative District 17
Montgomery County

Vice Chair
Education, Health, and
Environmental Affairs Committee

Joint Audit Committee
Joint Committee on Federal Relations

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THE SENATE OF MARYLAND
ANNAPOLIS, MARYLAND 21401

SB579: Health Care Facilities – Restrooms – Requirements
Senate Finance Committee | Thursday, February 25, 2021 at 1pm

There is always a risk of picking up an illness when using a public restroom. The space might not appear to be dirty, but pathogens are likely living on high-touch surfaces. The last place you'd want to worry about getting sick would be in a hospital, but unfortunately, disease transmission happens there too.

In 2019, while at Anne Arundel Medical Center, I used the restroom in the Emergency Department. I was shocked that after washing my hands, I had to blow dry my hands and touch the door handle to exit. Many pathogens from infected individuals are shed specifically in fecal matter, increasing the importance of hand hygiene. In a place with sick people, requiring touchless options (including paper towel dispensers) seems like a no-brainer.

I shared my concerns about hygiene in restrooms with the Maryland Hospital Association (MHA) and the Maryland Health Care Commission (MHCC). After over a year of meetings with MHA, MHCC, and the Maryland Department of Health (MDH), we were making no progress towards a solution. In fact, I was informed that the only way to make these changes would be to file a complaint against every public restroom within a hospital, clinic, and doctor's office. In lieu of this absurd suggestion, I am sponsoring SB579-- which requires touchless paper towel dispensers and hands-free exit methods for public restrooms in a hospital or health care facility. This would not apply to individual patient rooms with a bathroom. These needed upgrades will help mitigate the spread of COVID-19 in addition to other bacteria, viruses, fecal matter, etc.

The potential for disease transmission increases exponentially when individuals touch the same surfaces. In a 2014 study by the University of Arizona, researchers applied samples of a virus to doorknobs. Within two to four hours, the virus had been picked up by 40-60% of workers and visitors and could be detected on other frequently touched objects.

Many touchless (or "hands-free") options are affordable and easily available. Foot door openers range from $25-$50; arm door openers can be purchased for roughly $50; and hands-free paper towel dispensers cost $50-$115.

Especially during this pandemic, it is imperative that we restore public confidence in cleanliness. As we stay masked and socially distanced to protect others, our health institutions should be

required to take prudent steps to keep us safe **before** we get sick. If restaurants and retail stores can provide sanitization stations, PPE, and their own touchless bathroom upgrades, surely our medical facilities can do their part to make needed changes as well!

I urge a favorable report on SB579.

SB 579- Health Care Facilities – Restrooms – Requi
Uploaded by: Frazee, Brian
Position: UNF

Maryland
Hospital Association

Senate Bill 579 - Health Care Facilities – Restrooms – Requirements

Position: *Oppose*
February 25, 2021
Senate Finance Committee

MHA Position

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment in opposition of Senate Bill 579.

The top priority of the health care sector nationwide and in Maryland is to ensure the safety and wellbeing of its employees, patients, and visitors. The 2018 *Guidelines for Design and Construction of Hospitals* from The Facilities Guidelines Institute, a national organization that develops guidance for the planning, design, and construction of hospitals and other types of health facilities, includes provisions related to hygiene. More specifically, the Facilities Guidelines Institute issued requirements related to hand-washing stations and "toilet rooms" used by patients. Hospitals in Maryland must comply with these guidelines under regulations of the Maryland Office of Health Care Quality in the Maryland Department of Health (MDH) (see COMAR 10.07.01.02).

Over the past year, Maryland hospitals responded to the COVID-19 pandemic by implementing comprehensive precautions to ensure patient safety. Hospitals regularly treat patients with a variety of infectious diseases and are well-equipped to isolate and treat those patients safely and without harm to others. As a result of the pandemic, hospitals took additional steps to prevent the spread of COVID-19 and promote safety in accordance with guidelines from the Centers for Disease Control and Prevention and MDH. These guidelines include extensive cleaning of exam rooms before and after every appointment and frequently disinfecting common areas, including waiting rooms, elevators, and bathrooms. The guidelines also require staff members to wash their hands before and after every interaction with a patient and ensure hand sanitizer is available for all visitors and patients.

SB 579 would place unnecessary burdens on Maryland hospitals that are already required to meet strict hygiene guidelines.

For these reasons, we urge an ***unfavorable report*** on SB 579.

For more information, please contact:
Brian Frazee, Vice President, Government Affairs
Bfrazee@mhaonline.org

SB0579_UNF_LifeSpan,MNCHA,Hospice_MAADS_Restrooms.
Uploaded by: Kauffman, Danna
Position: UNF

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Cheryl Kagan

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000

DATE: February 25, 2021

RE: **OPPOSE** – Senate Bill 579 – *Health Care Facilities – Restrooms – Requirements*

On behalf of the LifeSpan Network, the Maryland-National Capital Homecare Association, the Maryland Association of Adult Day Services, and the Hospice & Palliative Care Network of Maryland, we respectfully oppose Senate Bill 579, which requires that a health care facility, by January 1, 2023, to provide a "hands-free disposable towel dispenser and a device that allows an individual to open the door to exit the restroom without touching the door handle." In addition, before January 1, 2023, a health care facility must report to the Maryland Department of Health on the total number of restrooms it maintains and its status and ability to comply with this requirement.

While we understand that the intent of the legislation is to reduce the spreading of germs, we believe that this bill goes too far and imposes an unnecessary burden on health care facilities that continue to struggle with the impact, both financial and administrative, caused by the COVID-19 pandemic. It is important to point out that health care facilities currently follow procedures to reduce the spread of infectious disease set forth by the Centers for Disease Control, which does not contain these requirements. In addition, the bill language is vague in that it does not specify the device that needs to be used to "exit the restroom." Does this mean an electric device, a device to open by foot, a hook to allow an individual to open by the elbow? Each poses its own challenge, especially considering the population that is cared for by a health care facility. There are other ways to reduce the spread of germs when leaving a restroom, including using a paper towel to open the door.

Health care facilities have gone to great lengths to reduce the transmission of COVID-19 and other infectious diseases, which for some health care facilities, is confirmed through regular infection control surveys. For these reasons, the above-referenced associations respectfully request an unfavorable vote.

SB0579_UNF_MedChi, MASA_ Health Care Facilities -

Uploaded by: Wise, Steve

Position: UNF

MedChi

MASA Maryland Ambulatory Surgery Association

The Maryland State Medical Society

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TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Cheryl C. Kagan

FROM: J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman

DATE: February 25, 2021

RE: **OPPOSE** – Senate Bill 579 – *Health Care Facilities – Restrooms – Requirements*

The Maryland State Medical Society (MedChi), and the Maryland Ambulatory Surgery Association (MASA) **oppose** Senate Bill 579.

Senate Bill 579 requires that every ambulatory surgical facility and every office of a health care practitioner provide a "hands-free disposable towel dispenser and a device that allows an individual to open the door to exit the restroom without touching the door handle" by January 1, 2023. Each of these facilities, as well as hospitals, nursing facilities and others, must report to the Department of Health on the total number of restrooms they maintain and their status as to compliance with the requirement.

The obvious intent of Senate Bill 579 is to limit the spread of infectious diseases by reducing the need to touch common surfaces like paper towel dispensers and door handles. While MedChi and MASA appreciate the intent, they do not believe now is the time to impose another mandate on health care facilities which have spent the last year complying with near-weekly orders from federal, state, and local governments related to the COVID-19 pandemic. Surgery centers have gone from not being allowed to conduct elective surgeries to conducting surgeries but under strict requirements, and physician offices have been busy adjusting their procedures for seeing patients, while also increasing their telehealth abilities so as to reduce the number of patient visits. Surgery centers and offices have also had to comply with the regular cleaning procedures recommended by the Centers for Disease Control for the safety of patients and the health care facility workforce, which include wiping down common surfaces, supplying hand sanitizer and so forth. Notably, the CDC has not required the measures called for in Senate Bill 579.

Every effort is being made to comply with governmental directives aimed at reducing transmission of COVID, and perhaps some of the measures implemented for this purpose will become permanent so as to prevent transmission of other infectious diseases as well. But until that decision is made, MedChi and MASA ask the Committee to not adopt these mandates at this time.

For more information call:
J. Steven Wise
Pamela Metz Kasemeyer
Danna L. Kauffman
410-244-7000

HFAM Letter of Concern SB 579.pdf
Uploaded by: DeMattos, Joseph
Position: INFO

HFAM
Health Facilities Association of Maryland
Partners in Quality Care

February 25, 2021

The Honorable Delores Kelley
Chair, Senate Finance Committee
3 East Miller Senate Office Building
11 Bladen Street
Annapolis, MD 21401

Dear Madame Chair Kelley and Finance Committee Members:

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to comment on Senate Bill 579: Health Care Facilities - Restrooms - Requirements. HFAM represents over 170 skilled nursing centers and assisted living communities in Maryland, as well as nearly 80 associate businesses that offer products and services to healthcare providers.

Our members provide services and employ individuals in nearly every jurisdiction in the state. HFAM members provide the majority of post-acute and long-term care to Marylanders in need: 6 million days of care across all payer sources annually, including more than 4 million Medicaid days of care and one million Medicare days of care. Thousands of Marylanders across the state depend on the high-quality services that our skilled nursing and rehabilitation centers offer every day.

Senate Bill 579 requires each health care facility, on or after January 1, 2023, to provide in each restroom maintained by the health care facility a hands-free disposable towel dispenser and a device that allows an individual to open a door without touching the door handle. This legislation requires health care facilities to report to the Maryland Department of Health that they meet these requirements and requires the Maryland Department of Health to maintain records of these reports.

While this legislation is well-intentioned, its implementation would create an unnecessary burden on health care providers while they are still fighting ramifications from the COVID-19 pandemic. More than ever, we all know of the importance of infection control and prevention protocols and understand that simple measures, such as hand hygiene, can prevent the spread of illness. It is critical for health care providers continue to follow these protocols, even after the pandemic ends.

However, we have concerns that the installation of automatic doors in public and staff restrooms of health care facilities will be costly and logistically difficult, especially while providers are still fighting and recovering from the COVID-19 pandemic. Our members have been on the front lines of the pandemic for nearly a year and will still be dealing with lasting impacts for years to come. Together, we must ensure that resources are used in a way that will have the most positive impacts on quality care.

Throughout the COVID-19 pandemic, long-term and post-acute care centers faced unprecedented costs on personal protective equipment (PPE), staffing, and hero pay bonuses while dealing with a loss of revenue due to declined census and observation and isolation requirements. These were all, of course, necessary precautions and steps to protect residents, patients, and staff but it is important to note the financial impact on providers.

There are alternative ways to achieve the goal of keeping people safe and free of germs in health care facilities without requiring the installation of automatic doors in restrooms. For example, the use of a paper towel when opening a door and the placement of hand sanitizer right outside of the restroom.

For these reasons, we are apprehensive about the requirements outlined in this legislation and the financial and logistical burden that would be added to health care providers during an already difficult, unprecedented time. We respectfully request that you and members of the Committee take these concerns in to account.

We appreciate the sponsor for bringing this legislation forward and thank you for your consideration of this issue. We look forward to our continued work together to protect quality care for Marylanders in need.

Submitted by:

Joseph DeMattos, Jr.
President and CEO
(410) 290-5132

SB579_Health Care Facilities Restrooms_LOI.pdf
Uploaded by: Taylor, Allison
Position: INFO

Kaiser Foundation Health Plan of the Mid-Atlantic States, Inc
2101 East Jefferson Street
Rockville, Maryland 20852

February 25, 2021

The Honorable Delores G. Kelley
Senate Finance Committee
3 East, Miller Senate Office Building
11 Bladen Street
Annapolis, Maryland 21401

RE: SB 579 – Letter of Information

Dear Chair Kelley and Members of the Committee:

Kaiser Permanente appreciates the opportunity to provide comments on SB 579, "Health Care Facilities – Restrooms – Requirements."

Kaiser Permanente is the largest private integrated health care delivery system in the United States, delivering health care to over 12 million members in eight states and the District of Columbia.[1] Kaiser Permanente of the Mid-Atlantic States, which operates in Maryland, provides and coordinates complete health care services for approximately 775,000 members. In Maryland, we deliver care to over 450,000 members.

Kaiser Permanente operates 18 health facilities in ten Maryland counties and offers the following feedback on SB 579:

- Many of our restrooms already meet the proposed requirements of this legislation. However, some restrooms, especially those in buildings that we lease, may not meet the space requirements that would be necessary to make the proposed alterations. The bill does not include a process by which a health care facility could request an exception.

- Our restrooms are cleaned and disinfected using best practices and monitored to ensure there are adequate supplies (e.g., toilet paper, paper towels, hand soap). To the extent that the bill is intended to ensure adequate sanitary practices, we believe that cleaning procedures would achieve the same goal.

- The bill doesn't differentiate between a multi-stall restroom and a single-stall restroom, and there may be important reasons to have different standards for each. For example, there is a greater need for a patient to touch the door handle in a single-stall restroom if it has a locking mechanism.

[1] Kaiser Permanente comprises Kaiser Foundation Health Plan, Inc., the nation's largest not-for-profit health plan, and its health plan subsidiaries outside California and Hawaii; the not-for-profit Kaiser Foundation Hospitals, which operates 39 hospitals and over 650 other clinical facilities; and the Permanente Medical Groups, self-governed physician group practices that exclusively contract with Kaiser Foundation Health Plan and its health plan subsidiaries to meet the health needs of Kaiser Permanente's members.

- The bill also requires the Department of Health to consider information about a health care facility's compliance with this legislation in making any determination regarding certificate of need. Not all facilities subject to this legislation are subject to certificate of need requirements, so this provision may be confusing.

Thank you for the opportunity to comment. Please feel free to contact Allison Taylor at Allison.W.Taylor@kp.org or (202) 924-7496 with questions.

Sincerely,

Allison Taylor
Director of Government Relations
Kaiser Foundation Health Plan of Mid-Atlantic States, Inc.