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Committee



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THE MARYLAND HOUSE OF DELEGATES  
ANNAPOLIS, MARYLAND 21401

**HB 983**

**NURSING HOMES – COVID-19 AND OTHER CATASTROPHIC HEALTH  
EMERGENCIES – VISITATION**

**(THE GLORIA DAYTZ LEWIS ACT)**

**SUPPORT**

GOOD AFTERNOON MADAM CHAIR, MR. VICE CHAIR, AND MEMBERS OF THE SENATE FINANCE COMMITTEE. I AM ASKING YOUR FAVORABLE REPORT OF HB 983, A BILL THAT REQUIRES NURSING HOMES TO ALLOW COMPASSIONATE CARE VISITS BY DESIGNATED FAMILY MEMBERS, GUARDIANS, OR ANY INDIVIDUAL WHO IS IMPORTANT TO THE MENTAL, PHYSICAL, OR SOCIAL WELL-BEING OF THE RESIDENT DURING COVID-19 AND FUTURE PANDEMICS.

**WHY THIS BILL IS NEEDED:** ON MARCH 13, 2020, NURSING HOMES IN MARYLAND STOPPED ALL OUTSIDE VISITATION BECAUSE OF THE COVID 19 PANDEMIC. ALTHOUGH THERE HAVE BEEN TENTATIVE PLANS TO REOPEN SINCE THEN – CONTINGENT ON LOWERED INFECTION RATES – THAT HAS NOT OCCURRED. THIS HAS CAUSED AN UNTOLD NUMBER OF RESIDENTS TO EXPERIENCE LONELINESS,

CLINICAL DEPRESSION AND AN OVERALL DECLINE IN PHYSICAL, SOCIAL AND EMOTIONAL WELL BEING.

I SPEAK FROM FIRSTHAND EXPERIENCE. MY 88-YEAR-OLD MOTHER, IRENE, HAS BEEN A RESIDENT OF A NURSING HOME IN MONTGOMERY COUNTY SINCE APRIL 2018 AND WE HAVE BEEN UNABLE TO SEE HER IN PERSON FOR NEARLY A YEAR. ALTHOUGH WE DO WINDOW VISITS TWO TO THREE TIMES A WEEK AND ZOOM VISITS WEEKLY, IT IS NOT THE SAME. WHILE WE HAVE BEEN UNABLE TO SPEND TIME WITH MOM, TALKING, LOOKING AT FAMILY PICTURES, READING OUR HOMETOWN PAPER WITH HER, AND DOING CROSSWORD PUZZLES, THE NURSING HOME'S SOCIAL ACTIVITIES AND PROGRAMS HAVE BEEN SEVERELY CURTAILED. IN OTHER WORDS, THERE IS NOTHING FOR MOM AND OTHER RESIDENTS TO LOOK FORWARD TO.

OUR MOTHER'S DECLINE AND DISINTEREST IN JUST ABOUT EVERYTHING WAS GRADUAL BUT IT BECAME MORE OBVIOUS AROUND THE CHRISTMAS HOLIDAYS. WE BECAME SO CONCERNED WE ASKED FOR A PSYCHIATRIC EVALUATION. THE DOCTOR WHO SAW HER CONFIRMED SHE WAS CLINICALLY DEPRESSED AS A RESULT OF SOCIAL ISOLATION AND A LACK OF ENGAGEMENT. HE SAID SHE WOULD NOT BENEFIT FROM AN ADJUSTMENT TO HER ANTI-DEPRESSANT MEDICATION AND INSTEAD ORDERED THREE TO FOUR ONE-HOUR VISITS PER WEEK BY A CERTIFIED NURSING ASSISTANT. THOSE VISITS, BY A CAREGIVER MY SISTER WAS ABLE TO HIRE, BEGAN RECENTLY AND HAVE HELPED. WE HAVE TO PAY FOR THESE SERVICES OUT=OF-POCKET, WHICH WE DO NOT MIND; HOWEVER, NOT EVERY FAMILY CAN AFFORD THAT. OUR OBJECTION IS THAT IF A SCREENED, OUTSIDE CAREGIVER IS

PERMITTED TO PROVIDE EMOTIONAL SUPPORT TO A NURSING HOME RESIDENT,  
THEN A FAMILY MEMBER SHOULD BE ABLE TO SAFELY DO SO.

**WHAT THIS BILL DOES:** IT INSTRUCTS THE MARYLAND DEPARTMENT OF HEALTH  
TO DEVELOP VISITATION GUIDELINES THAT:

1. REQUIRE A NURSING HOME TO ALLOW VISITATION BY A COMPASSIONATE  
CARE VISITOR;
2. DESCRIBE THE CIRCUMSTANCES UNDER WHICH VISITATION MAY BE  
RESTRICTED TO ONLY COMPASSIONATE CARE AND PERSONAL VISITORS;
3. RESTRICT THE COMPASSIONATE CARE VISITOR TO THE RESIDENT'S ROOM OR  
ANOTHER DESIGNATED ROOM; AND
4. REQUIRE EACH COMPASSIONATE CARE VISITOR TO FOLLOW SAFETY  
PROTOCOLS SUCH AS:
  - TESTING FOR COVID-19 OR A FUTURE PANDEMIC DISEASE;
  - CHECKING BODY TEMPERATURE;
  - HEALTH SCREENINGS;
  - USE OF PERSONAL PROTECTIVE EQUIPMENT;
  - SOCIAL DISTANCING; AND
  - ANY OTHER SAFETY PROTOCOL THAT THE MD DEPARTMENT OF  
HEALTH CONSIDERS APPROPRIATE TO LIMIT THE SPREAD OF COVID-19  
IN A NURSING HOME.

THE GUIDELINES ALSO ESTABLISH PROCEDURES FOR DESIGNATING ONE  
PERSONAL CARE VISITOR PER RESIDENT; ESTABLISH PROCEDURES FOR  
CHANGING THE PERSONAL CARE VISITOR; AND ESTABLISH CIRCUMSTANCES

UNDER WHICH VISITATION MAY BE LIMITED, SUSPENDED, OR TERMINATED,  
INCLUDING INCREASED LOCAL INFECTION RATES.

MADAM CHAIR, THIS IS A CAREFULLY CRAFTED BILL THAT ADDRESSES  
THE DEVASTATING PHYSICAL, EMOTIONAL AND MENTAL HEALTH  
EFFECTS OF THE SEVERE ISOLATION OF NURSING HOME RESIDENTS AS  
A RESULT OF COVID. THE BILL INCLUDES SCREENING OF VISITORS AND  
OTHER SAFEGUARDS TO PREVENT THE SPREAD OF COVID AND WAIVES  
LIABILITY FOR NURSING HOMES IF VISITORS BECOME INFECTED.

THANK YOU FOR YOUR CONSIDERATION OF HB 983. I URGE A FAVORABLE  
REPORT.

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