Joseph Shelton Hall Jr Story April 30 2020.pdf
Uploaded by: Bridges, Twila
Position: FAV

To: Senate Finance Committee

Senator Delores G. Kelley, Chair
Senator Brian J. Feldman, Vice Chair

From: Twila Bridges, Mother & Biggest Advocate for My Son - In Memory of Joseph S. Hall Jr.

Re: Testifying In Favor of House Bill 983 / Nursing Homes – COVID-19 – Visitation / Support

For 40 years, 8 months and 7 days, I've had to overcome adversity, fear, being apprehensive, unease, worry, and anxiety while at the forefront giving unconditional love and being an Advocate for my son, Joseph S. Hall Jr. As a result, I have had to make tough decisions over the years up until his death on April 30, 2020. On this day at 10:33am EST I witness my son take his last breath through zoom on a tablet at UM Laurel Hospital. He had resided in a nursing home for 24 ½ years.

In August 1979. I gave birth to my first born and it was not an easy birth. The first four years Joseph was progressing as a normal child. I had high hopes of going to his little league games. September of 1984, his life took a turn in a different direction that I was not prepared for. He started kindergarten. In the first few months his teacher notice he started to lag the children in his classroom and became very frustrating for him. The Social Worker pulled me aside and recommended that I take Joseph to Children's Hospital for further testing while the school system decides what to do with him. It was obvious something was wrong with my child. At the Genetic Department there was a doctor who return from England completing his internship and came across a child display the same symptoms as Joseph. He immediately started testing for the Mucopolysaccharide Disorders. The morning of March of 1985 I received the results and our life changed forever. He was diagnosis with Mucopolysaccharide Sanfilippo Syndrome Type C. There is a continuous process in the body of replacing used materials and breaking them down for disposal. Children with Sanfilippo Syndrome are missing an enzyme which is essential in cutting up the used mucopolysaccharides called heparan sulphate. The incompletely broken down mucopolysaccharide remain stored in cells in the body causing progressive damage. Babies may show little sign of the disorder, but as more and more cells become damaged, symptoms start to appear. Our journey began.

Mid 1985 the school system moved Joseph to a Special School. In 1992 Joseph would stay up for days no sleep. I was receiving in home assistance for four hours a day Monday through Friday. In 1993 my insurance decided to cancel the in-home service. Even though he was regressing with this disorder my insurance stated I would have to go through the repeal process. The Board of Education for Special Education placed my son in a long-term residential program at Woods Services in Langhorne PA from 1993 to 1995. My heart was torn. I traveled the turnpike every weekend and need be weekdays for two years. In 1995 I sat in my office early morning and asked God to show me the way for my son. Joseph took sick and I took him back to Children's Hospital in Washington DC. Then doors started to finally open for him and he was able to receive Medicaid. I wanted him in the home, but his Genetic Doctor explained to me I would never receive 24-hour care for my son at home. Joseph had gradually started losing the ability to walk, talk and eat. The best setting to receive this type of care is in a Nursing Home. Late 1995 he was moved to Crownsville Nursing Home, Crownsville MD. He stayed there for two years and got sick again, hospitalized for six months and stayed at Hospital for Sick Children. Once stabilized I had to find another nursing home. October 1997 he was transferred to at the time Mariner Health that is today Patuxent River Health and Rehabilitation Center. He was a resident at Patuxent River Health & Rehabilitation Center in Laurel, Maryland for 24 ½ years.

I thought I had experienced a lot over the years advocating for my son but when COVID-19 overcome our Country, State and individual patients residing in a nursing home broke my heart. Every hospital visit whether short or extensive stay I was by my son's bedside 24/7. You see I was Joseph's voice, champion for his quality of care, dignity and respect related to his care. I had to go into overdrive, make sense of this pandemic, stay connected to the media, CMS weekly updates that was constantly change, The

National Consumer Voice for Quality Long-Term Care, 1st and 21st District updates, PG County Execute, MD Governor, MD Senator and Congressman Town Hall meetings and PG County Health Department weekly updates.

On March 10th Joseph care plan with his doctor and nursing home staff concluded his health was deteriorating and at this point all we could do is to keep him comfortable. On March 13, 2020 the announcement of the doors at the nursing closed to family members' shattered me because of COVID-19. I cried and feared for Joseph. It was my youngest son who reminded me "mom keep the faith" because you are a God fearing woman. At that point in discussion with the Administrator, Nursing Home Medical Director and reviewing the March 13th CMS latest update that my circumstance with my son falls under the exception for certain compassionate care situations, such as an end-of-life situation. I had to follow the CMS protocol entering the building required temperature check, social distancing, isolated to just my son's room, mandatory face mask, gloves, handwashing, sanitizing his area. I even isolated myself at home from my immediate family for extra precaution and safety for Joseph. The facility COVID case started with a staff in mid-April 2020. Then families that I was close with communicated April 20, 2020 two residents test positive for the COVID-19. When I visited Joseph on the 21st that evening, I noticed he was burning up and I immediately notified the nurse to check his temperature. His Nurse Practitioner was present and she immediately ordered an X-ray along with starting Joseph on an antibiotic. The facility did not have the antibiotic in house and we had to wait on the Pharmacy to deliver but he never received a dose. Unfortunately on the 22nd the x-ray results confirmed Joseph lungs did not look good compared to the last one conducted 30 days prior. His doctor ordered to send Joseph out immediately. With Joseph health already declining and now the COVID-19 diagnosis by the UM Laurel Hospital on the 22nd, I felt hopeless for my son. This was the first time I could not be by my son's bedside guide the Doctor's and Nurse's how to communicate and care for my son since he was not able to tell his story. I sat in the Hospital parking lot waiting for the Emergency Room staff to call me. They never did but being persistent I called them. The next day the hospital wanted to send Joseph back to the nursing home. Stating his temperature at 99.8 was a stable temp. I explained to them Joseph is not your normal patient. What is stable for you and I does not mean the same for him base on the nature of his terminal illness. It was the support I received from Delegate Joseline Pena-Melnyk, Dr. Trudy Hall, his Primary Care Doctor, and SavaSenior Care Management Team, Joseph did not get discharged. After speaking with Nursing Home Management Team, his Primary Care Doctor my decision for Joseph was not stable enough to return and would put him in unnecessary risk to his health. He struggled with his breathing issue, J-G-tube burst, needed replacement as a result no way to be feed or receive medication, was in a lot of pain along with his temperature fluctuating throughout the weekend. That Monday the 27th the Head Nursing discussed with me that Joseph condition worsen and my DNR preference for him. He would not make it through the end of the week. Through it all during Joseph hospital stay the nursing unit allowed me to have 24/7 Zoom access at my son's bedside so that he could hear my voice, comfort him and communicate with the staff. Joseph fought to the end April 30, 2020 and received his "wings" at 10:33am EST. I was deprived of being by his bedside but the last voice he heard was his mother. That I will cherish forever.

I am in favorable of this bill for residents in a nursing home that deserves a love one by their side for "Compassionate Care" or "Personal Care" visit. No one wants to be alone in their final hours.

Thank you for your consideration of HB983. I urge a favorable report.

Carter Testimony HB 983 .pdf
Uploaded by: Carter, Mary
Position: FAV

Maryland House of Delegates Health and Government Operations Committee

HB 983

NURSING HOMES – COVID–19 – VISITATION SUPPORT

Statement of

Mary W. Carter, PhD
Associate Professor
Department of Health Sciences
Towson University

Respectfully submitted on February 16, 2021

The devastation wrought by the Covid-19 pandemic has laid bare the vulnerabilities of our long-term care system for older adults, including persistent quality of care failings, short-staffing, and epidemic levels of loneliness and isolation. Although each of these problems were matters of imminent concern in terms of the health and well-being of the roughly 24,500 Marylanders living in nursing homes before the pandemic, the situation has quickly become a matter of life and death since the pandemic. Across the nation, nursing homes have borne the brunt of the Covid-19 pandemic, and the situation is no different in Maryland, with roughly 45% to 55% of all state deaths due to Covid-19 occurring among persons residing in nursing homes, despite representing less than 2% of our state's total population.

In the beginning of the pandemic, with little information but clear evidence that older adults and those with compromised health were at grave risk of Covid complications, coupled with the quick contagion within some nursing homes resulting in startling headlines of tragedy, nursing homes locked down. Despite the crisis, protective equipment for staff and residents were in short supply, with care further compromised by a legacy of poor infectious control procedures in nursing homes. In response to the alarming infection rates and limited information, outside visitation by loved ones ceased and residents were restricted to their rooms as common areas in facilities were closed in an effort to limit infectious spread. What begin as a short-term effort, however, has become standard practice, with lockdowns still in place more than a year later. Now, in place of the startling news of uncontrolled infectious spread in nursing homes, anecdotal reports and empirical evidence of unspeakable pain, neglect, and loneliness are emerging.

Setting the Stage

In nursing homes, the days are long, with pre-pandemic estimates suggesting that in Maryland, persons living in nursing homes received 3.43 hours of nurse staffing time each day, leaving the other 20.57 hours of the day left largely unaccounted. Some of this time was made more bearable by the provision of facility organized activities in common areas of the building, communal meals in dinning rooms, and

of course, visits with loved ones. Contrary to popular opinion, families do not abandon their elders to nursing home care, but stay intimately involved in caring for their elder through weekly visits, with estimates from 30 years of research indicating that 76% to 94% of persons in nursing homes are visited at least once a week by family.[1] The importance of preserving these family ties cannot be understated—research has long documented the devasting effects of isolation and loneliness on health and well-being, including increased risks for heart disease, stroke, depression, weight loss, and death.[2] A recent survey of persons living in nursing homes during Covid reveal staggering increases in feelings of isolation and loneliness—nearly 3-times as many residents (54% vs. 14%) reported engaging in no facility-sponsored activities after lockdown, while an additional 64% reported not leaving their rooms for any reason, while 3 out of every 4 residents indicated that they felt more lonely after lockdown. And, most critically, across the United States, 72% of residents reported not interacting with a single visitor. Even within the nursing home, social interaction has been severely limited, with nearly 65% of residents during Covid reporting that they never leave their room to socially interact with other residents. Moreover, reports of staffing shortages further erode opportunities for socialization. As facilities struggle to maintain adequate staffing levels, time for the more humane interactions between staff and residents are curtailed, with more than half of all surveyed residents reporting that staff were less available to them following Covid.[3]

Although the increase in deaths among nursing home residents due to Covid is well-known, with approximately 1 out of every 100 nursing home residents in the state dying from Covid-19, less well known is the increase in the number of premature deaths among nursing home residents that has also occurred during the pandemic. Estimates suggest that for every 2 deaths among nursing homes due to Covid-19, a third death occurs, driven in part by the loneliness and despair that residents have faced.[4] Known to researchers as excess deaths, these numbers are calculated from trend data that demonstrate substantial increases in death rates in comparison with trends from prior years, and that cannot be explained by simple fluctuations. Rather, what this research suggests is that the nursing homes that have been most successful as preventing Covid-19 spread, have had some of the highest, unexplained death rates. From a practical standpoint, these deaths reflect the consequences of the many personal stories you will hear today—clinical depression, refusal to eat, loneliness, isolation, dismay, neglect, and withering away. On death certificates, this is often recorded as “failure to thrive”, but here, the label is applied in error. It is not that persons in nursing homes have somehow failed to thrive, but that we have failed to provide hope.

What’s Needed

In response, we need common sense practices and nursing home policy that ensure that steps to providing safe, compassionate family visits is made mandatory for all nursing homes. With increasing

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[1] Gaugler J. E. (2005). Family involvement in residential long-term care: a synthesis and critical review. Aging & mental health, 9(2), 105–118. https://doi.org/10.1080/13607860412331310245

[2] National Academies of Sciences, Engineering, and Medicine. 2020. Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. Washington, DC: The National Academies Press. https://doi.org/10.17226/25663.

[3] Montgomery, A., Slocum, S., & Stanik, C. (2020). Experiences of Nursing Home Residents During the Pandemic. Special Report. Altarum. Available from: Nursing-Home-Resident-Survey_Altarum-Special-Report_FINAL.pdf .

[4] Cronin, C. J. & Evans, W. N. (2020). Nursing home quality, Covid-19 Deaths, and Excess Mortality. NBER Working Paper Series. National Bureau of Economic Research. Https://www.nber.org/papers/w28012

knowledge about virus spread, double-masking, physical distancing, testing, and the promise of vaccination, we must open safe rooms in nursing homes to allow one-on-one visits between residents and family. Protocols for allowing visits have already been established by the CDC and CMS, with health policy experts, government agencies, and mental health advocates agreeing on the urgency of the matter. However, the current language in these recommendations has led to wide differences among nursing homes in interpretation and implementation of steps towards easing the unprecedented restriction of visitors to nursing homes, leaving residents at critical risk of poor outcomes and death. In simple terms, families and local Ombudsman have continued to be locked out of nursing homes, leaving residents in precarious states without recourse to address their situation. Reports[5] of malnutrition, residents unbathed and unwashed for days at a time, bed sores, and increasing rates of depression underscore the critical role that the community plays in ensuring adequate, humane care. HB 983 addresses these challenges by standardizing and regulating facility obligations to implementing safe visiting procedures. Mandatory safe rooms in nursing homes will not only address the devasting effects of the current lockdown, reunite families, and ensure compassionate care, but it will also begin to open up our facilities to oversight as well, ensuring adequate, humane care for persons living in nursing homes.

[5] Nursing Home Patients Are Dying of Loneliness [Editorial]. (2020, December 29th, The New York Times. Opinion | Nursing Home Patients Are Dying of Loneliness - The New York Times (nytimes.com)

HFAM Testimony HB 983_Senate Finance Hearing.pdf
Uploaded by: DeMattos, Joseph
Position: FAV

TESTIMONY BEFORE THE
SENATE FINANCE COMMITTEE
March 23, 2021
House Bill 983: Nursing Homes - COVID-19 and Other Catastrophic Health Emergencies - Visitation
(The Gloria Daytz Lewis Act)
Written Testimony Only

POSITION: SUPPORT

On behalf of the members of the Health Facilities Association of Maryland (HFAM), we appreciate the opportunity to express our support for House Bill 983: Nursing Homes - COVID-19 - Visitation as amended passed by the House of Delegates. 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.

We appreciate and support this legislation, recognize the challenge in crafting it, and applaud the sponsor's leadership on this important issue. Visitation and engagement of loved ones are critical across all healthcare settings and especially in long-term and post-acute care. Also, it is important to note that there will likely remain federal requirements regarding visitation in place during the current public health emergency and during any future public health emergency.

On February 11, 2021, Governor Hogan and the Maryland Department of Health (MDH) modified Maryland visitation restrictions relative to hospitals, skilled nursing and rehabilitation centers, and assisted living campuses. These amended orders, which are effective March 1, 2021, align state visitation guidelines with those of the Centers for Medicare and Medicaid Services (CMS).

The alignment of visitation with federal CMS guidelines should result in more centers being able to allow visitation. It is important to remember that compassionate care visits had been previously and continue to be permitted under Maryland orders. Also, some points of the updated visitation orders will increase visitation and some points will impede visitation in our setting:

- The modification of percentage caps of visitors linked to the size of a specific skilled nursing and rehabilitation center, its number of licensed beds, and the community's positivity rate will mean that more people will be able to visit with proper PPE and precautions.

- However, linking visitation to the CMS guidance will continue limiting visitation because the CMS requirement for a facility to be totally COVID free for 14 days is still in place. We need the federal government to distinguish that rule, which includes one single case, to exclude workers who do not directly interact with patients.

HFAM continues to advocate for clinically-driven visitation policies and will keep working closely with our MDH colleagues at the state level and with the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) at the federal level.

My work's highest honor is visiting with residents, patients, and staff in Maryland skilled nursing and rehabilitation centers and on assisted living campuses. Before COVID-19, I made these visits, on average, every two weeks.

Unfortunately, due to COVID-19, my visits are no longer safe for the residents, patients, and staff. Once it becomes safe to visit when the pandemic ends, I will visit again, and I will visit often. Fortunately, I have continued to speak with and advocate for residents and family members throughout the COVID-19 pandemic through phone and video calls.

At the intersection of my personal and professional lives, the visits I made to my parents and other family members in nursing homes were cherished. I know these visits also help in the recovery and health of individuals receiving care in skilled nursing and rehabilitation centers, hospitals, and other settings.

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.

Limiting visitation to compassionate care visits was vital in mitigating the spread of COVID-19 in all healthcare settings and 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.

While it was difficult, and everyone wanted to visit loved ones in healthcare settings across the care continuum, nobody wanted to be the person to spread the virus or cause an outbreak among our most vulnerable populations and those who provide their care. It is important to reiterate these points:

- Clinicians and epidemiologists directed federal and state leaders to dramatically curtail visitation during the public health emergency of the COVID-19 pandemic.
- In-person visits under specific guidelines have been permitted in Maryland since the summer of 2020. As we continue to fight COVID-19, it is often challenging to meet those clinical requirements (14 Day CMS Guidance).
- End of life and hospice visits have long been permitted under particular government-mandated guidelines, and later essential care visits were allowed under certain circumstances.
- Getting the COVID-19 vaccine into the arms of Marylanders in healthcare settings and significantly increasing the number of those vaccinated in the community at large is our path to normalcy with visitation and on so many fronts.

For these reasons, we request a favorable report from the Committee on House Bill 983.

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

LeadingAge Maryland - 2021 - HB 983 - NH visitatio
Uploaded by: Greenfield, Aaron
Position: FAV

6811 Campfield Road
Baltimore, MD 21207

TO: The Honorable Delores Kelley
Chairwoman, Finance Committee

FROM: LeadingAge Maryland

SUBJECT: House Bill 983, Nursing Homes - COVID-19 – Visitation

DATE: March 23, 2021

POSITION: **Favorable**

LeadingAge Maryland writes to request a favorable report on House Bill 983, Nursing Homes - COVID-19 - Visitation.

LeadingAge Maryland is a community of not-for-profit aging services organizations serving residents and clients through continuing care retirement communities, affordable senior housing, assisted living, nursing homes and home and community-based services. We represent more than 120 not-for-profit organizations, including the vast majority of CCRCs in Maryland. Our mission is to expand the world of possibilities for aging in Maryland. We partner with consumers, caregivers, researchers, faith communities and others who care about aging in Maryland.

Consistent with federal requirements, House Bill 983 requires the Maryland Department of Health (MDH) develop guidelines relating to the restrictions on personal and compassionate care visitation that a nursing home may impose to reduce the spread of COVID-19 or another disease that constitutes a catastrophic health emergency. The guidelines must describe the circumstances under which visitation may be restricted, limit the spread of COVID–19 or another disease that constitutes a catastrophic health emergency. The guidelines regarding personal care visitation must require a nursing home to allow visitation by a personal care visitor, establish procedures for the designation of a personal care visitor by a resident or a legal representative of the resident. Also, House Bill 983 requires, as practicable and when available, alternative means of communication with visitors if a nursing home determines that an in–person visit would endanger the health and safety of a patient, resident, or member of the staff.

LeadingAge Maryland appreciates the Sponsor's intent and we fully support family visitation. Social connection is vital to overall well-being, and we fully support and promote opportunities for residents to connect and visit with loved ones. Our members continually work to facilitate connection through technology, and whenever possible, in person visits.

During non-COVID-19 times, there are ample opportunities and support for in person visitation. There are existing robust regulations and guidance that inform providers approach to visitation. There are both federal and state regulations and guidance that speak to visitation in nursing homes, state regulations for assisted living, and the State Ombudsman program through the Department of Aging to assist with ensuring residents rights in a variety of settings.

Our members share the frustration families experienced as they sought to visit with relatives in the last year. Often caught between the family and the ever-changing requirements, providers witnessed how challenging visitation is during the pandemic. LeadingAge Maryland supports clear guidelines from MDH.

For these reasons, LeadingAge Maryland respectfully requests a favorable report for House Bill 983.

For additional information, please contact Aaron J. Greenfield, 410.446.1992

HB0983 - SENATE - FAV - LS - Nursing Homes - COVID

Uploaded by: Kauffman, Danna

Position: FAV

Keeping You Connected…Expanding Your Potential…
In Senior Care and Services

TO: The Honorable Delores G. Kelley, Chair
Members, Senate Finance Committee
The Honorable Mary Lehman

FROM: Danna L. Kauffman
Pamela Metz Kasemeyer

DATE: March 23, 2021

RE: **SUPPORT** – House Bill 983 – *Nursing Homes - COVID-19 - Visitation*

On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland representing the continuum of senior care, including nursing facilities, assisted living providers, continuing care retirement communities, medical adult day care centers, senior housing communities and other home and community-based services, we **support** House Bill 983. House Bill 983 establishes a process for allowing visitation in nursing homes during the COVID-19 pandemic. The bill requires the Maryland Department of Health to issue guidance for compassionate care visitors and personal care visitors.

Nursing homes are regulated under both federal and State law. At the onset of the COVID-19 pandemic, the federal Centers for Medicare and Medicaid Services began issuing guidance to states restricting visitation, which was incorporated in directives issued by the Maryland Department of Health.

- March 13th: Restricted ALL visitors, except for compassionate care visitors (i.e., end of life).[1]
- June 18th: Lifted restrictions for indoor visitation if the facility had no new onset of a single case for at least 42 days.[2]
- October 1st: Lessened the restrictions on indoor visitation based on a set of new metrics – no onset of a single case for 14 days and indoor visitation allowed when the county's positivity rate was lower than 10% (over 10% - only compassionate care visits permitted).[3]
- December 8th: Restricted visitation to account for the surge in cases. Required all visitors to have a negative COVID-19 test; no onset of a single case for 14 days; if county positivity rates were below 5% – indoor visitation permitted; positivity rate between 5%-10% - indoor visitation restricted to 5% of the total residents at the facility at any given time; greater than 10% - restricted only to compassionate care.

[1] March 13, 2020. https://www.cms.gov/files/document/3-13-2020-nursing-home-guidance-covid-19.pdf

[2] https://phpa.health.maryland.gov/Documents/NH%20Relaxation%20of%20Restrictions_6.18.2020_FINAL.pdf

[3] September 17, 2020. https://www.cms.gov/files/document/qso-20-39-nh.pdf

7090 Samuel Morse Drive, Suite 400, Columbia, MD 21046
410-381-1176 Fax 410-381-0240 www.LifeSpan-Network.org

- Beginning March 1st: Visitation will return to the rules issued October 1st.[4]

LifeSpan understands and shares the frustration of our residents and families during this unprecedented time. Our members have seen first-hand the decline in resident's mental and physical health due to isolation and separation as our members have navigated frequently changing guidance, often subject to interpretation by local health departments and others. For these reasons, we support House Bill 983.

For more information call:
Danna L. Kauffman
Pamela Metz Kasemeyer
410-244-7000
dkauffman@smwpa.com

[4] February 11, 2021. https://phpa.health.maryland.gov/Documents/2021.02.11.02%20-%20MDH%20Order%20-%20Amended%20Nursing%20Homes%20Matter%20Order%20(Feb%202021%20Updates%20to%20Visitation%20Testing%20Other).pdf

Del. Lehman Written Testimony - HB 983 (Senate Fin
Uploaded by: Lehman, Mary
Position: FAV

DELEGATE MARY A. LEHMAN
Legislative District 21
Prince George's and
Anne Arundel Counties

Environment and Transportation
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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HB0983FTestimonySupport.pdf
Uploaded by: Pope-Onwukwe, Karren
Position: FAV

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February 18, 2021

RE: SUPPORT OF HB0983F

My name is Karren Jo Pope-Onwukwe, I live at 6001 43rd Street, Hyattsville, Maryland. Since 2000, I have operated the Law Office of Karren Pope-Onwukwe where I am an Elder Law and Disability Rights attorney. I am a past chair of the Elder Law and Disability Rights Section Council of the Maryland State Bar Association and the past co-founder and chair of the Elder Law Section of the Prince George's County Bar Association. I am currently a Commissioner on the American Bar Association Commission on Law and Aging, chair of the Elder Law Committee of the Senior Lawyers Division of the American Bar Association and Advisor to the Elder Affairs Committee of the Civil Rights and Social Justice Committee of the American Bar Association.

For the purposes of this testimony in support of HB0983F the most relevant position I hold is a member of the Adult Public Guardianship Review Board ("APGRB") of Prince George's County, Maryland. Pursuant to COMAR 07.02.16.15 each jurisdiction in Maryland has a APGRB charged with six month reviews of all public guardianships in each jurisdiction and to advise the Circuit Court if the guardianship should be continued, modified or terminated (https://dhs.maryland.gov/office-of-adult-services/adult-public-guardianship/).

Due to the COVID-19 lockdown of nursing homes, the APGRB was initially faced with the inability to physically meet and receive any information concerning people subject to a guardianship administered by our local Department of Social Services and our Area

Agency on Aging. By April 2020, we transitioned to virtual board meetings. We were alarmed by the reports of our guardians and attorneys that were being rebuffed or in some cases completely ignored by some nursing home facilities making it necessary to postpone schedule hearings. This problem was magnified because some nursing homes were doing an outstanding job providing our guardians and attorneys access to residents while other facilities were making no effort. Determined to see if there was a "stick" that could be used to prod the facilities that did not develop alternative communication methods for their residents, I contacted Disability Rights Maryland (a copy of attorney Megan Rusciano's response dated September 10, 2021 is attached hereto and incorporated herein). We were prepared to forward to Disability Rights Maryland the names of the nursing home facilities that did not voluntarily comply with the law and spirit of the attached letter. My concern is that the APGRB was able to advocate for people subject to a public guardianship. Unfortunately, people that are private pay at a nursing home facility have no one but their family members to try and fight for their right to communicate with their loved ones. Do we really want family members, agents under legally sufficient power of attorneys and court appointed legal representatives to have to resort to court action to force a nursing home to facilitate reasonable accommodations for people to be able to communicate with their residents? Please vote in favor of HB0983F.

Best Regards,

Karren Jo Pope-Onwukwe
Attorney at Law