

# **MaCCRA - Support - Senate Bill 47-Health Facilitie**

Uploaded by: Brocato, Barbara

Position: FAV



**Maryland Continuing Care Residents Association**  
**Protecting the Future of Continuing Care Residents**  
**The Voice of Continuing Care Residents at Annapolis**

**SUBJECT:** Senate Bill 47 - Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers  
**COMMITTEES:** Senate Finance Committee  
The Honorable Delores Kelley, Chair  
**DATE:** Thursday, February 4, 2021  
**POSITION:** **FAVORABLE**

The **Maryland Continuing Care Residents Association (MaCCRA)** is a not-for-profit organization representing the residents in continuing care retirement communities (CCRCs). Maryland has over 18,000 older adults living in CCRCs. The principal purpose of MaCCRA is to protect and enhance the rights and financial security of current and future residents while maintaining the viability of the providers whose interests are frequently the same as their residents. MaCCRA SUPPORTS efforts to:

- Enhance: Transparency, Accountability, Financial Security; and
- Preserve existing protections in law and regulation for current and future CCRC residents statewide.

**On behalf of the Maryland Continuing Care Residents Association, we support Senate Bill 47.** As drafted, SB47 *“Requires each nursing home and assisted living program to establish certain policies and procedures authorizing indoor visitation from an essential caregiver and relating to the designation and use of an essential caregiver; authorizes nursing homes and assisted living programs to consult with a certain local health officer when establishing certain policies and procedures; requires an essential caregiver to inform the staff of the nursing home or assisted living program if the essential caregiver develops certain symptoms.”*

Many nursing homes continue with limitations on visitation or no visitation due to elevated COVID rates in the county. Residents in nursing homes and assisted living have suffered because family members could not visit. Some family members support the resident with feeding, socialization and the myriad of things that bring meaning and purpose to their life.

If family members considered essential caregivers are provided the appropriate PPE, there is no reason, they could not provide support needed and advocate on behalf of the resident.

A January 2021 survey by the National Consumer Voice for Quality Long-Term Care titled “The Devastating Effect of Lockdowns on Residents of Long- Term Care Facilities During COVID-19”<sup>1</sup> reported that 91% of families surveyed reported that their loved one’s demeanor (mental status) had declined.

Restricting the presence of family members at the bedside is having a profound effect on their ability to provide comfort and participate in care and decision-making for their loved one. The lack of connect with family is not sustainable for the mental health of older people.

**As we read the bill it was our understanding that this would apply to Assisted Living and Nursing Home units in CCRCs. If additional clarification is needed we respectfully ask that CCRCs be considered in this legislation as well.**

For these reasons we support Senate Bill 47 and ask for a Favorable report.

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<sup>1</sup> [Devastating Effect of Lockdowns on Residents of LTC Facilities.pdf](#)

# **Testimony for Feb 4 hearing.pdf**

Uploaded by: Burt, Dorothy

Position: FAV

## Testimony for Feb 4 Hearing on SB 47

In the second week of March 2020, Maryland long term care facilities were locked down across the state. We are approaching a full year of family and friends being unable to see their loved one in person, except in some cases of brief limited outdoor visits in early fall. During these months the concept of planned visits from “essential caregivers” – individuals designated to be able to help with care of their loved one in their room on a regular basis -- has drawn growing support from advocates for nursing home residents and from many caregivers. My husband is one of the thousands of residents in long term care in Maryland who has suffered physical and mental health consequences from the extreme and lengthy isolation from those who love him.

The impact of isolation from family on physical and mental health in general, and particularly since the pandemic, has been widely researched and consistently and convincingly demonstrates the negative impact on residents, families, and staff who provide direct care. Rather than cite statistics from dozens of studies, I will quote segments from a document published in *Gerontologist* on December 9, 2020, entitled “#MoreThanAVisitor: Families as “Essential” Care Partners During COVID-19.” Conclusions the authors draw from the research include:

- Research shows that banning family visits has negative consequences for residents, but also families themselves, and direct care workers.
- Policies prohibiting family visits are guided by a biomedical model that prioritizes infection control. It disregards the social and relational aspects of care, neglecting the mental health and well-being of older adults and those who care for them.
- Policies that ban family visits also reflect a narrow understanding of health that focuses on mitigating infection risk, but neglects overall health and well-being.
- The absence of families leaves significant care delivery gaps. Social support and the provision of supplies can be contributed remotely, but doing so requires resources and staff facilitation, adding to workloads.
- without family support, care staff attempt to fill the voids, which during COVID-19 may require them to be all things to all residents, placing greater burden on staff.

PLEASE, make sure this bill becomes law in the state of Maryland! You will be hard pressed to find constituents, regardless of political affiliation, who have not been negatively affected by the painful separation from loved ones they have experienced for months. This bill is a modest solution; it keeps protection from the spread of coronavirus in the forefront with reasonable and effective safety measures, while it will literally save lives that would be taken by loneliness and declining will to live.

Submitted by Dorothy K. Burt

# **Grace Nuckels Testimony.pdf**

Uploaded by: Jones, Elizabeth

Position: FAV

Hello,

My name is Grace Nuckels. Thank you for the opportunity to speak in support of the Essential Family Caregiver bill. I am passionate about this bill as I know firsthand how critical this bill is for residents of nursing homes and assisted living facilities and also their families. The isolation of these residents from their families is having a devastating effect and causing failure to thrive, and in many cases causing their death. Time is of the essence! My husband and I reside in Hagerstown, MD. My dear 95 year old Mom has resided at Coffman Nursing Home here in Hagerstown since late January of last year. My husband and I have been a steady presence in her life for many years. We have not been allowed any direct contact with my mom since the first week of last March when visitation was locked down due to COVID - no comforting touch of the hand nor the soothing warmth of a hug. We have been barred from assisting in her care, providing critical support, or being able to effectively advocate for her for the past 11 months! This has gone on way too long! We have visited the majority of this time through a window or a glass door. My mother has dementia and cannot understand why we do not come inside to visit or have any contact with her. We have watched her severely decline due to the isolation from my husband and me. She suffers from depression and anxiety as a result. This is the story of hundreds of nursing home and assisted living

residents and their families across Maryland. I cannot begin to adequately express how heartbreaking and agonizing it is to watch a cherished loved one fade away, simply dying from a broken heart. To have my mom reach for us and beg us to come in and hug her is almost too much to bear. I can think of few things more painful than to see a loved one suffering and distraught, and not being able to hug, soothe and comfort them. We want our loved ones to be safe from COVID, but we also want them to be happy and possess quality of life. They need to be allowed contact with their family in order to thrive and enjoy their last years.

Allowing one family member inside to help care for, support and advocate for them is critical to the overall health and well-being of these residents! These are not casual visits. They are visits that are absolutely essential to assure that our lived ones thrive and live the best life possible. We cannot allow these dear people to continue to decline and die from this isolation! This Essential Family Caregiver program is truly a matter of life and death. Again, time is of the essence! I beseech you to please pass this bill and put this program into effect as soon as possible!

Thank you.

**SB 47 Testimony-converted.pdf**

Uploaded by: Jones, Elizabeth

Position: FAV



PAUL D. CORDERMAN  
*Legislative District 2*  
Washington County

Budget and Taxation Committee

*Subcommittees*

Education, Business and Administration

Pensions



THE SENATE OF MARYLAND  
ANNAPOLIS, MARYLAND 21401

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**Testimony in Support of SB47: Health Facilities – Nursing Homes and Assisted Living  
Programs – Essential Caregivers  
Senate Finance Committee  
February 4, 2021, 1:00 PM**

Good afternoon Chairwoman Kelley & Members of the Finance Committee,

During the beginning of the COVID-19 pandemic, long term care facilities and nursing homes were among the first facilities to shut down and limit public access in an effort to keep their residents and patients safe. These facilities house some of our state's most vulnerable population. When public access was limited, in-person visitation was halted. Again, in an effort to keep residents safe. Because Family Members were not able to see loved ones face-to-face, as you can imagine, this had a profoundly negative impact on residents. We have heard story after story of a patient's health declining significantly due to the lack of human interaction they were not (and are still not) receiving from their loved ones. I'm sure there are people on this Committee that have not been able to hug their mothers, fathers, or loved ones due to visitation being halted.

SB47 would allow one person, designated and appointed by the patient, to make an appt. to visit their loved one, not through a window, but inside the facility itself. The designated Essential Caregiver would still be required to complete the normal testing and safety protocols as directed by the facility staff and in accordance with local and state health guidelines. We know this virus is deadly. However, we must remember that the mental health of our elderly population is just as important as their physical health.

In consulting with a few organizations that were reviewing this bill, we have decided to narrow the focus and application of SB47 to ensure that it would only apply during a global public health emergency or pandemic. We have submitted an amendment that would address that deficiency in the bill and will share that with the Committee as soon as it is returned.

Thank you for your consideration and we respectfully request a favorable report from this Committee.

**Senator Paul D. Corderman**  
**District 2, Washington County**

# **EssentialCaregiverSupportLetterSenate.pdf**

Uploaded by: McGlaughlin, Julia

Position: FAV



January 28, 2021

Chairwoman Delores G. Kelley & Members of the Senate Finance Committee  
3 East  
Miller Senate Office Building  
Annapolis, Maryland 21401

Re: The Essential Caregiver Bill

Dear Senator Kelley,

My name is Julia McGlaughlin, and I am writing to you in support of the Essential Caregiver Bill written by Senator Paul Corderman. I am an RN, and my entire career of twenty years has been in skilled long-term care and assisted living. I have always had a passion for taking care of the elderly. Ultimately, after twenty years, I am now the Clinical Executive Director and in the Administrator in Training Program at Fahrney Keedy Home in Washington County, MD.

It is an honor to support and have a voice regarding this particular bill. I have lived and breathed the COVID pandemic, along with my staff and residents in a nursing home and assisted living setting. I have seen the virus's dire effects on our senior population firsthand. I am not only speaking of the actual virus; I am also speaking of the extreme isolation that COVID forced our residents into. Back in March of 2020, when we were locked down, none of us ever would have dreamt that we would still be in this extreme isolation for almost a year now. It took nine months for Fahrney Keedy to have a severe COVID outbreak. However, our residents suffered mentally and physically with the protocols and orders that we had to follow to keep them from contracting COVID even before our major outbreak. There is one story that still makes me emotional, and that I think about every day. March thirteenth, 2020 was a heartbreaking day. Fahrney Keedy had to close its doors to our resident's families and loved ones. There was one man who religiously visited his wife every day for hours and fed her every meal every single day. He had become more than a visitor to me. He reminded me of my own father. He was so devoted and loyal to his wife who had become bedridden. She felt secure and comfortable here at Fahrney Keedy along with her husband's loving devotion day in and day out. They had been married for sixty-four years. On March thirteenth, we had to tell this man who had never missed a day of seeing his wife in the four plus years she was with us, that he could not come in. He cried, and we cried for both of them. At the time, we did not know how long this would go on. It was not that we disagreed with the lockdown as there was so much unknown about the gravity and destruction of COVID. The situation was just so unbelievable, shocking, and emotional to separate our residents from their loved ones. We found ways for the residents and families to connect virtually. However, that just is not the same as having

your husband there feeding you every meal, holding your hand, and giving you comfort when you need it the most. The resident was not able to understand COVID and why her husband was not coming to see her. She started declining in March after he could not visit. She passed away by the end of March. No one can convince me that she did not die from a broken heart. Almost a year into COVID, we have the tools needed like rapid COVID testing, vaccinations, and appropriate personal protective equipment to allow for these essential caregivers to be with our residents. This man may not have had a certification or license as a caregiver, but I would argue he was essential to his wife and her well-being. This bill could allow the devoted husbands or wives or other loved ones to give our residents what they need emotionally which will improve their physical well-being as well.

I hope in reading this story, you will consider supporting the essential caregiver bill. Can you personally imagine having someone you consider essential in your life taken away from you? At the time, it was what was necessary. Almost a year later, facilities have adjusted to living through the pandemic, gone through severe outbreaks, and have followed the guidelines. Please allow the facilities and local health officers use this bill to make appropriate decisions on who is essential and how to make it safe for those essential caregivers to give the personalized care our residents desperately need. Those of us who have been through this pandemic and watched our residents become depressed, isolated, and develop weight loss know what is best for them. COVID is not going away anytime soon. Let us give our residents in assisted livings and nursing homes a voice and a chance to receive the additional essential, personalized care they so deserve.

I want to personally thank you for taking the time to read this letter. Your support in this matter would be appreciated and life changing.

Sincerely,

A handwritten signature in cursive script that reads "Julia McGlaughlin RN".

Julia McGlaughlin RN/BSN/AIT  
8507 Mapleville Road  
Boonsboro, MD 21713

**Gmail - Bill SB 0047.pdf**

Uploaded by: Mills, Julianne

Position: FAV



J M <julianne.e.mills@gmail.com>

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## Bill SB 0047

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J M <julianne.e.mills@gmail.com>

Fri, Jan 29, 2021 at 10:28 AM

To: Paul.Corderman@senate.state.md.us

Cc: MMedina@senate.state.md.us, Vaughn Delegate <Vaughn.Stewart@house.state.md.us>, Ben Senator <Ben.Kramer@senate.state.md.us>, cullison.bonnie@house.state.md.us, Charlotte Delegate <Charlotte.Crutchfield@house.state.md.us>, Dad <joem.432@gmail.com>

Dear Senator Corderman,

Thank you for sponsoring your bill [SB 0047] seeking to further regulate Assisted Living Facilities. Today I am reaching out to you on behalf of my grandmother in the hopes it helps in passing your bill and expanding visitor access. **Family visits are essential for resident health and well-being**, and at the very least, we should allow a single "Designated Essential Visitor" to be chosen by each resident.

My grandmother became a resident at an Assisted Living Facility in late 2019 when her condition required a greater level of care than we were able to provide at home. On March 14, 2020 the facility went into "lock down." **Visitor access remains limited, sometimes fully restricted for weeks on end – with no end in sight.**

We know that loneliness is harmful to all citizens during the pandemic, and significantly more so for residents at assisted living facilities, often manifesting in severe and sudden weight loss, mood disturbances, and overall decline in quality of life. My grandmother has not contracted COVID-19, but she has declined significantly both physically and mentally. She moved in weighing 109 pounds, today she is 86 pounds (most of her weight loss has occurred since restrictions were placed on visitor access), and more frequent urinary tract infections are indicative of chronic dehydration. We can no longer be there to support her eating and drinking at mealtimes, and have had to increase her intake of supplemental nutrition drinks. **My family is fortunate to have my grandmother in one of Maryland's best Assisted Living Facilities – oftentimes, negligence in care is not intentional, but rather a result of a facility being understaffed and without the resources to provide proper care to residents.**

Although the offer of window visits and phone calls are a nice gesture, these options are not practical for my grandmother. Hearing and vision loss, coupled with a decreasing level of consciousness, necessitates **physical presence and touch** when we visit her. Whether it is my hand, or my dog's paw, this loving touch brings my grandmother comfort -- and the feelings are mutual! In this way, I am an Essential Caregiver for my grandmother, yet I am precluded from entry.

Together with my father (Joe Mills), we have taken on the responsibility of leading the Family Council (bi-weekly virtual meetings) to maintain communication and support between family members of residents. We are frustrated! We need and welcome your help. We have tried to communicate these concerns to facility administration and county officials with NO SUCCESS. The facility staff are doing all they can but are equally frustrated by their corporate office and by local officials. **We need clear legislation at the State level to put reasonable regulations in place.**

Respectfully,

Julianne Mills

610 Andrew Hill Road  
Arnold, MD 21012

**SB47 testimony.pdf**

Uploaded by: Palfrey, Jenna

Position: FAV

Good Afternoon,

I am writing in support of SB0047. We are the voices of the elderly who can no longer speak and act for themselves, and the elderly deserve more.

My Grandmother, who I call Meme, became a resident at an Assisted Living Facility in Maryland in late 2019 when her condition required a greater level of care than we were able to provide at home.

On March 14, 2020 the facility went into "lock down." Visitor access remains limited, sometimes fully restricted for weeks on end – with no end in sight. Family visits are essential for resident health and well-being, and at the very least, we should allow a single "Designated Essential Visitor" to be chosen by each resident.

My Grandmother's name is Rose Mary, and she is my namesake and my oldest daughter's namesake. And I could not be more proud to carry on the legacy of her name. Because she is an incredible woman, whose strength, grace, humor, and compassion will be our family's greatest legacy.

My Grandmother - Meme - was brought into this world **alone**. Her mother passed just after childbirth as a result of blood poisoning. Meme's father was devastated and felt as though Meme would be better cared for in an orphanage. And so she was cared for by nuns at St Ann's Infant Asylum (orphanage) in Hyattsville, Maryland, for the first several years of her life. This facility still exists today as a woman's and children's shelter.

When my father was only 9 years old, on February 14 - Valentines - his father passed of a massive heart attack in bed next to my Grandmother, leaving her to care for my father and aunt, **alone**.

More than a decade later she remarried to who I knew and loved as Grandad. Grandad passed from lung disease fourteen years ago, leaving Meme, **alone**.

Soon after Grandad passed we realized that Meme had been declining, her memory waning significantly. My father stepped in to care for her - without a single complaint - just as Meme cared for him. Once Meme reached the stage of requiring diaper changing and assistance bathing, our family made the difficult decision of putting her in an assisted living facility.

Over the last nearly 11 months our family has been able to visit with Meme only a handful of times. And each time we recognize the dramatic decline in her memory. And as my sister describes below, a dramatic decline in her physical health as well.

Meme can hardly see. Her memory, has betrayed her. But when I was able to bring my three young daughters - her three great-granddaughters - to see her more than a year ago - she smiled. She touched their hair, held their hands, laughed at their silly gestures. In that moment she was connected, she felt joy. Even back then, those



moments were fleeting, rare. But now, those moments don't exist at all. And that needs to change.

Although the offer of window visits and phone calls are a nice gesture, these options are not practical for Meme, and many others. Hearing and vision loss, coupled with a decreasing level of consciousness, necessitates **physical presence and touch** when we visit her. Whether it is my hand, or touching the soft curls in my daughters' hair, their tiny fingers, this loving touch brings Meme comfort, and joy. In this way, I am an Essential Caregiver for Meme, yet I am precluded from entry.

Meme has ventured through life alone at many times. **She does not deserve to venture into the remaining years of her life, alone.**

**We need clear legislation at the State level to put reasonable regulations in place.**

Thank you kindly,  
Jenna Rose Mills Palfrey

**Testimony SB0047.pdf**

Uploaded by: Raucher, Stephen

Position: FAV

**Dr. Stephen M. Raucher, Ed.D.**  
**5515 Manorfield Road**  
**Rockville, MD. 20853**

**Testimony in Favor of SB 0047/ HB 806**  
**February 4, 2021**

Mme. Chairperson and Members of the Finance Committee,

Thank you for this opportunity to speak in favor of SB 0047, ‘Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers’; and to ask for your positive support of this bill and, in particular, the definition of “Essential Caregiver” as written on page 2, line 22. To me, and to the families of thousands of residents of these facilities in Maryland, we are most appreciative of the phrase **...“as designated by a patient or resident ...”** within that definition.

I would like to share some personal and anecdotal information with you, in the hopes it helps in your understanding of the “problem” and in recommending passage of this bill.

My wife, Helen, and I built, and have been living in, our Rockville home since 1968. We raised our three children and educated them in the Montgomery County Public Schools. Helen retired as a High School Math Teacher and I as a School Administrator. Our children, grandchildren and great grandchildren are all Marylanders.

Helen, my wife, of 58 years, has been suffering from dementia (FTD) for almost 7 years. Her cognitive decline forced me to place her in an Assisted Living Facility last March 2, 2020, after being her sole caregiver at home. On March 14, 2020, the facility went into “lock down”. I have not been able to be with her, touch her, hold her hand, or even be in her room since. While we had weekly “garden visits” in warmer weather, the pandemic is still requiring us to be apart. We “celebrated” our 58<sup>th</sup> wedding anniversary and her 78<sup>th</sup> birthday **through her window**, wearing masks and a face shield. A member of the staff was permitted to be with her and help her open her gifts and read her cards, but I was left outside, looking through a closed window. As a result, she no longer knows who I am and has physically and mentally declined PRIMARILY FROM LACK OF CONTACT WITH ME. I am an **essential caregiver** as much as any staff member in the facility, yet I am precluded from entry.

Worse yet, the current interpretation of “essential” by local authorities and the facility has precluded routine visits by the clergy, podiatrist, beautician, OT/PT, dentist, etc. As a result, she developed infected ingrown toenails, requiring medical intervention. She has lost the ability to walk and is now wheelchair bound. She has “lost” her removable teeth and I am not allowed in her room to look for them. Dentists are not allowed entry unless it is a “medical emergency”, so she cannot get a replacement appliance. If I “take her out” for such treatments, she will be isolated in her room for 14 days, **EVEN IF TESTED NEGATIVE FOR COVID** upon her return.

Dementia patients require routine and reinforcement. They need love and proximity to their loved ones. For her entire life, she has been proud of her appearance. She never went out of the house without lipstick, nails done, hair colored and combed etc. These simple things have been taken from her by the pandemic and by the tight implementation of **perceived** current regulations. Neither she nor I have any control in this matter. She is literally dying alone, isolated from me.

In my opinion, her Assisted Living Facility is one of the best in Maryland. All staff are certified in their respective positions. The place is well kept, food well prepared, and appropriate activities are being provided but ...

As a member of the Family Council, and as a frustrated spouse, we need and welcome your help. We need to be able to have the same access to our loved ones that the staff have. The residents need us, they need to feel our love. I have tried to communicate these concerns to our county officials with NO SUCCESS. The facilities on site management team are doing all they can but are equally frustrated by their corporate office and by local officials. We need clear legislation, at the State level, to put reasonable regulations in place. We need you to help us to be recognized as “Essential Caregivers” for our loved ones. We need you to bring some logic and empathy to this situation. We need you to recommend passage of this bill.

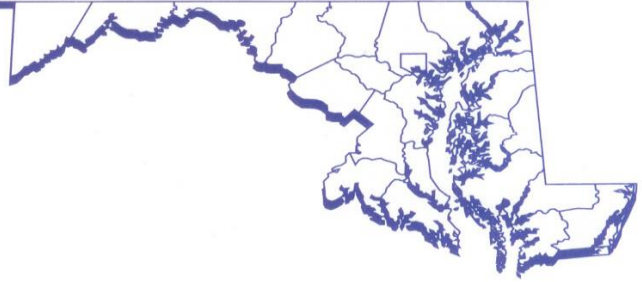
Thank you,

***Dr. Stephen M. Raucher***

**2b - FIN - SB 47 - Health Facilities - MACHO - L**

Uploaded by: Office of Governmental Affairs, Maryland Department of Health

Position: FWA



**2021 SESSION  
POSITION PAPER**

**BILL: SB 47 – Health Facilities -Nursing Homes and Assisted Living Programs – Essential Caregivers**

**COMMITTEE: Senate Finance Committee**

**POSITION: Letter of Information with Amendment**

**BILL ANALYSIS: SB 47 would require Maryland nursing homes and assisted living programs to establish policies and procedures related to essential caregivers, require that these facilities consult with the local Health Officer of their jurisdiction when setting the required policies, and other related actions.**

**POSITION RATIONALE:** The Maryland Association of County Health Officers (MACHO) agrees with the intent of SB 47 to establish procedures for essential caregivers which are suitable to the facility, the residents of those facilities, any regulatory or oversight body, the current health status of these communities and actions necessary in emergency conditions.

As written, SB47 states that nursing homes or assisted living facilities may consult with the Health Officer for where the facility is located in relation to the essential caregiver policies and procedures. Health Officers and local health departments do not have jurisdiction over these facilities and do not currently perform this function and would not be able to do so as described in the bill as currently introduced. MACHO asks that SB 47 be amended in this manner:

~~2) A NURSING HOME OR ASSISTED LIVING PROGRAM MAY CONSULT 28 WITH THE LOCAL HEALTH OFFICER FOR THE JURISDICTION IN WHICH THE FACILITY 29 IS LOCATED WHEN ESTABLISHING POLICIES AND PROCEDURES UNDER PARAGRAPH 30 (1) OF THIS SUBSECTION.~~

For these reasons, the Maryland Association of County Health Officers submits this letter of information with amendment. For more information, please contact Ruth Maiorana, MACHO Executive Director at [rmaiora1@jhu.edu](mailto:rmaiora1@jhu.edu) or 410-937-1433. *This communication reflects the position of MACHO.*

# **SB47\_UNF\_AlzheimersAssociation.pdf**

Uploaded by: Colchamiro, Eric

Position: UNF

Testimony of the Alzheimer's Association Greater Maryland and National Capital Area Chapters  
**SB 47 - Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers**  
**Position: Unfavorable**

Chairwoman Kelley and Vice Chair Feldman

My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland. Thank you for the opportunity to submit testimony about SB 47, legislation which requires each nursing home and assisted living program to establish certain policies and procedures authorizing indoor visitation from an essential caregiver and relating to the designation and use of an essential caregiver

As Maryland considers the appropriate policy to allow indoor visitation at nursing homes and assisted living facilities (particularly during a public health emergency), we are concerned about a potential “essential caregiver” category of visitors.

The Alzheimer's Association wants individuals at nursing homes and assisted living facilities to be able to see their loved ones; yet visitation policy must be centered around more frequent, rapid turnaround testing to effectively manage the spread of COVID-19 for the many individuals coming in and out of facilities daily.

The Essential Caregiver designation has had mixed results in jurisdictions where it has been adopted; for example, Minnesota introduced it in July 2020 without adequate regulations to protect the health and safety of individuals at nursing homes and assisted living facilities, and there was a spike in COVID-19 cases at these facilities three weeks later.

As Maryland continues to discuss infection control procedures—as evidenced by recent CMS inspections, and the resulting fines—how can we be certain that protocols will be enforced among caregivers entering these facilities? How can we know that caregivers are not usurping and interfering with the role of trained, experienced staff?

If this provision was to move forward, we would encourage that:

- Essential caregivers be required to provide results of a negative COVID-19 test conducted within the last 48 hours, along with being subjected to temperature screening, upon each entrance into a nursing home or assisted living facility;
- In addition, the Essential Caregiver should sign an attestation that they have isolated in the time between the testing sample was taken and the visit, and they are free from symptoms;
- **Clear guidelines must be established to guide what essential caregivers should be doing.** Essential caregivers should be a complement—and not a substitute—for trained, employed staff at nursing homes or assisted living facilities. Family caregivers should not be assisting with activities of daily living inside care facilities (staff are primarily responsible for this role); and

This bill notes the importance of better caregiving, and also alludes to the enormous challenge of social isolation; a challenge at long-term care facilities before, especially during, and after this pandemic. The Alzheimer's Association welcomes MDOA's Senior Call Check Program, and its new Share Your Life Stories, an initiative designed to address the issue of social isolation many older adults are experiencing as a result of COVID-19.



We would also welcome further investment by the State to help combat this epidemic of loneliness; the Alzheimer's Association's Florida chapters, in April of 2020, launched Project VITAL. This initiative, starting with 150 care communities, supplies tablets preloaded with software programming which enables residents to connect with their loved ones via video chat with a simple tap on the home screen.

We respectfully applaud the intention of this legislation, but oppose it as written.

# **HFAM Testimony SB 47 Final.pdf**

Uploaded by: DeMattos, Joseph

Position: UNF



**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.

(more)

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:*

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

# **LeadingAge Maryland - 2021 - SB 47- Essential Care**

Uploaded by: Greenfield, Aaron

Position: UNF



6811 Campfield Road  
Baltimore, MD 21207

**TO:** The Honorable Delores Kelley  
Chairwoman, Finance Committee

**FROM:** LeadingAge Maryland

**SUBJECT:** Senate Bill 47, Health Facilities – Nursing Homes and Assisted Living Programs  
– Essential Caregivers

**DATE:** February 4, 2021

**POSITION:** **Unfavorable**

LeadingAge Maryland opposes Senate Bill 47, Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers.

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.

Senate Bill 47 authorizes indoor visitation of an “essential caregiver” at a nursing home or assisted living program. Each nursing home and assisted living program must establish policies and procedures authorizing indoor visitation from an essential caregiver. A nursing home or assisted living program may consult with the local health officer for the jurisdiction in which the facility is located when establishing policies and procedures.

An essential caregiver must, in a timely manner, inform the staff of the nursing home or assisted living program if the essential caregiver develops any symptom of a potentially transmissible illness. An essential caregiver may transport the patient or resident outside the nursing home or assisted living program for essential medical appointments. If a patient or resident is quarantined, an essential caregiver may not visit the patient or resident until the

quarantine ends. A nursing home or assisted living program may restrict or revoke essential caregiver status if the essential caregiver does not follow the rules and policies of the nursing home or assisted living program or the direction of staff.

LeadingAge Maryland appreciates the Sponsor's intent. Our members continually work to facilitate connection between residents and caregivers while also protecting the wellbeing of all who live in the community. Nursing homes and assisted livings currently follow detailed regulations and guidance related to visitation that are based on best practices for infection prevention and control.

Visitation at communities was a non-issue prior to the pandemic. An "essential caregiver" for a resident could be identified now. A resident of a nursing home or assisted living programs have the right to meet or visit privately with anyone, subject to reasonable hours and locations (See COMAR 10.07.14.35; COMAR 10.07.09.08). Federal law goes even further with nursing homes and allows the resident to meet visitors at a time of their choosing as long as it does not impose on the rights of another resident. Should issues arise, the State Ombudsman program through the Department of Aging assists with ensuring residents rights in a variety of settings.

COVID-19 has restricted visitation at communities as a result of State and local orders. This has been understandably hard on residents and their families. However, establishing a separate and additional layer for visitation will create confusion in practice.

For these reasons, LeadingAge Maryland respectfully requests an unfavorable report for Senate Bill 47.

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

# **SB0047\_UNF\_LifeSpan\_Health Facilities - Nursing Ho**

Uploaded by: Kauffman, Danna

Position: UNF





*Keeping You Connected...Expanding Your Potential...  
In Senior Care and Services*

TO: The Honorable Delores Kelley, Chair  
Members, Senate Finance Committee  
The Honorable Paul Corderman

FROM: Danna L. Kauffman  
Pamela Metz Kasemeyer

DATE: February 4, 2021

RE: **OPPOSE** – Senate Bill 47 – *Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers*

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On behalf of the LifeSpan Network, the largest and most diverse senior care provider association in Maryland, we **respectfully oppose** Senate Bill 47. Senate Bill 47 requires a nursing home or assisted living program to establish policies and procedures for indoor visitation for a designated essential caregiver.

LifeSpan understands and shares the frustration felt by residents and family members regarding the restrictions on visitation imposed by State and local directives during the COVID-19 pandemic (based on CDC guidelines/CMS requirements). These restrictions have often placed communities in the crosshairs between compliance with the directives and the needs of family members and residents. However, prior to the COVID-19 pandemic, visitation within communities was not an issue because it is a core resident right. COMAR 10.07.14.35 (assisted living programs) and COMAR 10.07.09.08 (nursing homes) both state that a resident has the right to meet or visit privately with any individual that the resident chooses, subject to reasonable hours and locations. For nursing homes, the federal law is more restrictive and states that “[t]he resident has a right to receive visitors of his or her choosing at the time of his or her choosing, subject to the resident’s right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident.” The federal law contains specific guidance on when visitation can be limited under reasonable clinical and safety restrictions. *See Federal Code - Section 483.10(f)(4)*. Unfortunately, even with the above-referenced laws protecting visitation rights, during the COVID-19 pandemic, the federal and State directives superseded these laws.

Therefore, it is unclear how this bill will further advance visitation and the need for an essential caregiver given the limitations on restricting visitation. Rather, there is a concern that, given the above-referenced requirements on visitation, an additional layer will cause confusion and inconsistency in the application of the law. For these reasons we urge an unfavorable vote.

## **2a - FIN - SB 47- Health Facilities – Nursing Home**

Uploaded by: Bennardi, Maryland Department of Health /Office of Governmen

Position: INFO



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Acting Secretary

February 4, 2021

The Honorable Delores Kelley, Chair  
Senate Finance Committee  
3 East, Miller Senate Office Building  
Annapolis, Maryland 21401

**RE: Senate Bill 47 - Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers - Letter of Information**

Dear Chair Kelley and Committee Members:

The Maryland Department of Health (MDH) respectfully submits this letter of information on Senate Bill (SB) 47 - Health Facilities – Nursing Homes and Assisted Living Programs – Essential Caregivers.

SB 47 would require each nursing home and assisted living program to establish policies and procedures authorizing essential caregivers at their facilities and requiring facilities to consult with their local health officer when establishing policies and procedures. Additionally, an essential caregiver would be required to inform the staff of the facility if they develop certain symptoms.

MDH has enacted various similar requirements of skilled nursing facilities throughout the COVID-19 pandemic via Secretary's Orders. The latest version of the Secretary's Order Related to Nursing Homes is attached for reference. All aspects of the order, especially those related to visitation are aligned with CMS guidance. If a facility is directed to take an action that is out of compliance with CMS guidance, MDH provides oversight through the Office of Health Care Quality and would be required by CMS to survey and issue citations. It is important that any state requirements align with CMS guidance which can change frequently and has changed throughout the pandemic as the impact on long term care facilities evolved.

I hope this information is useful. If you have questions or need more information about this subject, please do not hesitate to contact me at (410) 260-3190 or [webster.ye@maryland.gov](mailto:webster.ye@maryland.gov) or Emily Berg, Assistant Director, Office of Governmental Affairs at (443) 202- 4977 or [emily.berg@maryland.gov](mailto:emily.berg@maryland.gov).

Sincerely,

A handwritten signature in blue ink that reads "Webster Ye".

Webster Ye  
Assistant Secretary, Health Policy