

House Bill 276 Congregate Care Facilities - Visitation
House Health and Government Operations Committee
February 2, 2021
Position: Support

The Mental Health Association of Maryland is the state's only volunteer, nonprofit citizen's organization that brings together consumers, families, professionals, advocates and concerned citizens for unified action in all aspects of mental health and mental illness. We appreciate this opportunity to submit testimony in support of House Bill 276.

HB 276 seeks to require congregate care facilities, including residential treatment centers, home health agencies, nursing homes, hospice facilities, assisted living facilities, and others, to allow residents' family members to visit with them. It includes prohibitions for when the presence of a visitor might present a danger to the health and safety of patients, residents, or staff. The bill also requires facilities to allow for alternative means of communication, including audio or video calls, when a visit might endanger the health of a patient, residents, or staff.

Social isolation has been demonstrated to negatively impact people's mental health, including increasing rates of anxiety and depression, and is a known symptom as well of pre-existing mental health conditions.¹ Long term social isolation can contribute to depression, poor sleep quality, impaired executive function, accelerated cognitive decline, poor cardiovascular function and impaired immunity at every stage of life,² and may be coupled with post-traumatic stress disorder when connected with traumatic events such as death, illness, or social disasters like the COVID-19 pandemic.³ Social isolation can also increase substance misuse and abuse, and social wellness has been identified as one of the eight dimensions of wellness under the Substance Abuse and Mental Health Services Administration.⁴

Social isolation is also a longstanding challenge for older adults; research has shown that almost one-third of older adults experience loneliness and/or social isolation,⁵ and reduced social connection for older adults has been attributed to rates of mortality greater than those associated

¹ Tulane University School of Public Health and Tropical Medicine, 2020. *Understanding the Effects of Social Isolation on Mental Health*. <https://publichealth.tulane.edu/blog/effects-of-social-isolation-on-mental-health/>

² Novotney, A., 2020. *The risks of social isolation*. American Psychological Association.

³ Triangle Spring, 2020. *Effects of Social Isolation on Mental Health: What to Expect After Quarantine*. <https://trianglesprings.com/blog/social-isolation/>

⁴ Kobrin, M. *Promoting Wellness for Better Behavioral and Physical Health*. SAMHSA. https://mfpc.samhsa.gov/ENewsArticles/Article12b_2017.aspx

⁵ Jansson AH, Savikko NM, Pitkala KH. *Training professionals to implement a group model for alleviating loneliness among older people—10-year follow-up study*. Educational Gerontology 2017. DOI: 10.1080/03601277.2017.1420005.

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with obesity, physical inactivity, and smoking 15 cigarettes per day.⁶ COVID-19 has greatly exacerbated social isolation for many residents in congregate care facilities, as they are unable to safely visit with family during the pandemic who might otherwise provide support around meals, medications, and critical social interactions.

Research has shown that patient and family centered care, and open family visitation policies, have positive impacts for patients, including faster recovery times and decreased lengths of stay.⁷ Visitors can also aid in reducing patients' anxiety in intensive care unit settings.⁸ Family who are regular at-home caregivers for a patient can also provide critical context and care information which may support providers' efficacy of care and reduce potential medical errors.⁹ Many of Maryland's congregate care facilities have been navigating the challenging barriers in patient and family centered care during the COVID-19 pandemic, and MHAMD appreciates that this bill provides language to give further guidance and protection for visits to be conducted via phone or video.

The Mental Health Association of Maryland supports the goals and intents of this bill and urges a favorable report on House Bill 276.

⁶ Holt-Lunstad, J., Smith, T. B., Baker, M., Harris, T., Stephenson, D. (2015). *Loneliness and social isolation as risk factors for mortality: A meta-analytic review*. Perspectives on Psychological Science, 10(2), 227–237. <http://journals.sagepub.com/doi/pdf/10.1177/1745691614568352>

⁷ Ågård AS, Lomborg K. Flexible family visitation in the intensive care unit: nurses' decision-making. J Clin Nurs. 2011;20(7-8):1106-1114. <https://www.ncbi.nlm.nih.gov/pubmed/21029226>

⁸ Granberg A, Engberg IB, Lundberg D. Acute confusion and unreal experiences in intensive care patients in relation to the ICU syndrome. Part II. Intensive Crit Care Nurs. 1999;15(1):19–33. <https://www.ncbi.nlm.nih.gov/pubmed/10401338>

⁹ O'Connell M, Stare M, Espina-Gabriel P, Franks R. Providing information patients and families want: smoothing the transition from intensive care to general care units. Crit Care Nurs. 2011;31(2):39-40.