TESTIMONY BEFORE THE
HOUSE HEALTH AND GOVERNMENT OPERATIONS COMMITTEE
February 2, 2021
House Bill 276: Congregate Care Facilities - Visitation
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 information in opposition of HB 276: Congregate Care Facilities – Visitation, because federal and state law already requires such visitation.

While we oppose this legislation because it is duplicative of current federal and state mandates relative to visitation in skilled nursing and rehabilitation centers, we sincerely commend the sponsor for introducing for this legislation and appreciate the opportunity to provide additional background information. We do think that through administrative rule-making within the Maryland Department of Health, learnings from the COVID-19 pandemic could become instructive relative to iPads, handheld devices, and laptops for virtual visitation with loved ones.

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.

The highest honor of my work 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, due to phone and video calls, I have continued to speak with and advocate for residents and family members throughout the COVID-19 pandemic.

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 in other settings.

Current federal and state law mandates visits in skilled nursing and rehabilitation centers, hospitals, and other settings; healthcare providers cannot prohibit visitors. Pre- and post-pandemic visits are a core resident and patient right. In the declared public health emergency of the COVID-19 pandemic, clinicians and epidemiologists directed federal and state leaders to dramatically curtail visits as part of an infectious disease control response to this deadly virus in order to save lives.

In advance of the government orders to severely limit in-person visitation, HFAM prepared the long-term and post-acute care sector by advising of 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 key 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 essential to keep in mind that before late March, it was not yet known that a large percentage of people infected with COVID-19 could spread the virus while asymptomatic. This discovery meant that the symptom screening across all health settings was less effective than such screenings during flu season.

Early on, screening alone was at best only partially successful in limiting the spread of the virus. Once we knew about the rates of asymptomatic spread, it became exponentially necessary to restrict visitation to protect residents, patients, and staff in healthcare settings and prevent additional deaths. Timely and actionable COVID-19 testing also became critical.

Beginning in March and for many months, most of Maryland's hospitals, nursing homes, assisted living campuses, and other congregate settings found themselves fighting surges of COVID-19. They were doing all they could to save lives. While every death is tragic and to be mourned, every life saved is to be celebrated and more lives were saved than lost.

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.

Direct care focused on saving lives often took precedence over virtual visits. The main objective for all healthcare settings was to limit the spread of COVID-19, protect patients, and save lives. This was reinforced during the long-term and post-acute care sector's weekly calls with the Maryland Department of Health and in our direct work with physicians at Johns Hopkins Medicine and UMMS.

The most significant indicator of COVID-19 entering a healthcare setting is the prevalence of COVID-19 in the surrounding community. Therefore, as COVID-19 spreads in the community, it also spreads in healthcare settings. As COVID-19 outbreaks continue in Maryland skilled nursing and rehabilitation centers, hospitals, and other settings, infection control practices and timely, actionable testing remain key. And, again, the often-asymptomatic nature of COVID-19 and the virus's deadliness for at-risk groups of people sadly forced the clinical necessity of curtailing visitation.

<u>It is important to reiterate these points:</u>

- Clinicians and epidemiologists directed federal and state leaders to dramatically curtail visitation during the public health emergency of the COVID-19 pandemic.
- Current federal and state law already mandates that resident and patient visits must be allowed in skilled nursing and rehabilitation centers, hospitals, and other settings.

- Technology has been deployed for virtual visits; admittedly, it is not the same and not nearly enough.
- 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.
- 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 vaccine into the arms of Marylanders in need and in greater numbers in the community at large is our path to normalcy with visitation and on so many fronts.

While we appreciate the intention of this legislation and recognize the importance of visitation in congregate care settings, for the reasons outlined above, we respectfully request an unfavorable report from the Committee on HB 276.

Submitted by:

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