

Representative Ginter, Committee Chair; Representative Swearingen, Committee Vice-Chair; Representative Howse, Committee Ranking Member; and other members of the House Aging and Long-term Care Committee:

I thank you for allowing me the opportunity to submit this written testimony for the committee hearing. I cannot testify in person because the demands of my schedule for working at my job and managing my father's care are too great.

Thousands of people who live in assisted living facilities and congregate homes for individuals with developmental disabilities all across Ohio continue to face high risks of contracting and dying from COVID-19. I am alarmed that there is **no plan for state-implemented COVID-19 testing for staff and residents at assisted living facilities and congregate homes for people with developmental disabilities**. I implore you, our state representatives, to take proactive leadership to protect these vulnerable populations.

My father lived in a nursing home in Columbus for about four months beginning late last year. Some aspects of the care that he received were good, while others were poor. My family and I were able to help my father maintain his physical and emotional health through visiting him every day for the first two months and then at least five days per week after that. On March 11, we were informed that we could no longer visit my father due to risks associated with COVID-19 for the entire nursing home. My father's health began to deteriorate a few days later (not due to COVID-19), and his condition soon become poor.

In early April, we moved my father to an assisted living facility. Although the facility offers a less-extensive range of health services than a nursing home, this particular assisted living facility is well-suited to meet my father's specific care needs. As a result, my father has seen substantial improvements in his health and has nearly returned to his baseline condition despite the fact that he has not had any visits from family or friends since the day he moved in. The professional care that my father receives is excellent, and I get regular updates on his condition from managers at the facility. My family and I read to my father over the phone twice a day on a daily basis. We feel extremely fortunate to have found a suitable assisted living facility for my father.

I commend Ohio for protecting the health of nursing home residents through the recently announced implementation of standard COVID-19 testing for staff at nursing homes, but **I criticize Ohio for its comparative neglect of health risks affecting residents in assisted living facilities and congregate homes for people with developmental disabilities.** A report posted on June 3 to the Ohio Department Health's COVID-19 Dashboard indicates that there are approximately 490 long-term care facilities in Ohio that have reported at least one COVID-19 case among staff or residents, with approximately 80 of those facilities (about 16 percent) being assisted living facilities. Given that more than half of Ohioans who have died from COVID-19 have been residents of long-term care facilities of some type, I cannot understand the decision to deliberately exclude assisted living facilities and congregate homes for people with developmental disabilities from a practice as valuable as testing. Furthermore, the impact of this discrepancy may increase given that, since June 8, visitors have been allowed at these two types of homes even as visitors are still prohibited at nursing homes.

It is important to acknowledge that while people worldwide are eagerly awaiting the time at which a COVID-19 vaccine is developed, the State of Ohio cannot do much to increase the rate of progress toward that goal. **What the State of Ohio can and should do to help protect the health of thousands of people is to allocate funding and organizational resources to implement a plan to perform routine COVID-19 testing for staff and residents at assisted living facilities and congregate homes for people with developmental disabilities.** Routine testing will allow for the rapid identification of infected individuals, including those who are asymptomatic, so that they can be isolated or quarantined in order to minimize the risk of infecting others who work and live in the same facility. Judging from the records of other countries in managing COVID-19 among their populations, it seems clear that **increasing COVID-19 testing with a well-designed plan for deploying those tests should be an immediate focus of Ohio's efforts.**

Theodore Klupinski

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