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Representative Stephanie D. Howse, Ranking Member

The Aging and Long-Term Care Committee
The Ohio House of Representatives

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Chair Ginther, Vice Chair Swearingen, Ranking Member Howse, thank you for the opportunity to submit written testimony regarding COVID-19's impact on nursing homes and long-term care facilities. My name is Emily Muttillo and I am an Applied Research Fellow with the Center for Community Solutions, a nonpartisan think tank established in 1903 focused on improving health, social and economic conditions through nonpartisan research, policy analysis, communications and advocacy. Long term care facilities in Ohio have emerged as locations with COVID-19 infection clusters. High numbers of known infection among staff and residents of long-term care facilities are due to both the nature of congregate living while receiving medical care and the prioritization of testing this specific population. In addition to official guidance and checklists for long-term care facilities provide by various government agencies, federal and state resources are being implemented to increase the sharing of information, services and equipment among long-term care facilities. Additional funding through the CARES Act will offset some, but likely not all, of the costs associated with COVID-19 for long-term care facilities.

At Community Solutions, one of our main policy priority areas is advancing the well-being of older adults. With COVID-19, our work in this area is made more pressing as these individuals are at greater risk of the illness and mortality associated with the virus. Ohio began reporting COVID-19 cases originating in long-term care facilities on April 16 in an effort to help residents and their family members gain access to information about the number of infections within their facilities. The data reported includes nursing homes, intermediate care facilities and state-licensed assisted living. It does not include those living in other common senior housing arrangements such as HUD subsidized senior apartment buildings or independent living communities. As of May 20th, preliminary data on Ohio's long-term care facilities through the state's dashboard indicates 4,666 cumulative resident cases, 2,124 resident cases, and 876 deaths, or about 46.7 percent of Ohio's total mortality of 1,853. Because this dataset

does not include all cases originating in long-term care facilities, the total number of Ohio cases of COVID-19 originating in residents and staff of long-term care facilities is still unknown.

While there are many questions that remain unanswered about this virus, one thing we do know is that clusters exist because of how quickly the virus spreads when people spend time together in close proximity. The newly-released data shows some clear indications of clustered infections. Of the 392 long-term care facilities with known infections, 72 percent have more than one known case identified among residents or staff. Sixty of the facilities have twenty five or more resident cases with twenty two of the facilities having more than fifty resident cases.

Long-term care facilities are by design places where people are in close proximity as they receive medical care and therapies during their residency. Until guidelines were released mandating they stop, many facilities offered congregate dining and social activities to bring residents together as way to reduce isolation, which may have unknowingly spread the virus. COVID-19 clusters do not mean that long-term care facilities are doing something wrong. These are high-risk places, with many people often exposed before the first case is known to exist. This is, in part, why ODH has indicated individuals with symptoms "in long-term care/congregate facilities" are considered the second priority in the state's tiered testing approach, behind individuals with symptoms who are hospitalized or those who are health care workers. Ohio set a goal of testing 18,000 residents of the state per day, but as of May 26th the state is testing half that number of residents per day. Our analysis projects Ohio will not reach the testing goal until early August. Until testing is more widely available, we will continue to see higher rates of infection among more tested populations, including those living in congregate facilities.

The Ohio Departments of Health, Aging and Medicaid, alongside the Centers for Medicare and Medicaid Services and Disease Control have all issued guidance, checklists and toolkits for providers and community members to assist in the management of residents during the pandemic. In our state, this has included coordination between hospitals and nursing facilities in Ohio's three-region system as well as a number of regulatory relief measures to streamline services and reduce paperwork associated with care delivery. Additionally, Ohio has also developed a "collaborative protocol" built around Ohio's three coordinating regions, wherein hospitals, long-term care facilities and community-based sites (such as hospice, assisted living and prisons) develop locally coordinated clinical support to ensure better care for the community, share real-time information and maximize the allocation of critical resources like personal protective equipment. This also includes the development of Health Care Isolation Centers (HCICs) which are regionally developed congregate care settings that provide escalating set of services from quarantine to more acute levels. Additionally, on May 26 Governor DeWine announced the newly created Congregate Care Unified Response Teams consisting of medically trained Ohio National Guard Members, Ohio Department of Health, Ohio Department of Medicaid and local health departments. These teams will work to conduct testing of all residents and staff at all long-care facilities in the state and other advanced work as needed. All of these represent critical tools and supports which will assist in reducing mortality and containing spread.

Additionally, the Department of Health and Human Services has indicated a desire to expand testing in this critical infrastructure and, as of May 22nd, announced $4.9 billion in CARES Act funding to long-term care facilities, which includes a fixed distribution of $50,000 plus $2,500 per bed. While some industry experts indicate this funding falls short of what may be needed, it is a welcomed resource as Ohio navigates a complex set of circumstances which may influence how these infections spread and develop clusters.

Even with all of the recommendations, guidelines and checklists fully implemented, it is still true that long-term care facilities, by the very nature of what they provide to those who need a nursing home level of care, are likely to have and increased number of identified cases. With a population of older adults, and those with underlying medical conditions, necessarily in close proximity with others so they can receive needed care, the residents of long-term care facilities are at a higher risk to be infected and experience severe symptoms than those in the general population. With this population already at risk of experiencing feelings of social isolation and loneliness, we, as the general public, should take great measure to not isolate them further through stigmatization related to COVID-19. Public health officials have advised that is both safe and necessary to continue provide deliveries and supplies to long-term care facilities.

I want to thank you again for the opportunity to provide testimony as Community Solutions always values the chance to weigh in on policies that would greatly impact the health and wellbeing of Ohioans. We welcome the chance to share additional research that we have conducted in this space, and are happy to answer any questions that you may have at this time.

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