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**Families, Aging, and Human Services Committee**
**House Bill 110**
**March 11, 2021**

Good morning, Chair Manchester, Vice-Chair Cutrona, Ranking Member Liston, and members of the committee. I am Pete Van Runkle from the Ohio Health Care Association. OHCA represents providers of assisted living, home care, hospice, intellectual and developmental disabilities, and skilled nursing services. We appreciate the opportunity to provide written testimony today as a proponent of House Bill 120, which affects our assisted living and skilled nursing facility (SNF) members.

House Bill 120 specifies requirements for compassionate care visits to residents of SNFs and assisted living communities during the COVID-19 state of emergency. OHCA strongly supports compassionate care visits and agrees that HB 120 is an effective way for the legislature to spotlight this practice.

We very much appreciate the efforts of the sponsors, Representatives Richardson and Fraizer, to work with OHCA and other interested parties to ensure the legislation is consistent with the federal regulatory language on compassionate care visits. The federal requirements promulgated by the Centers for Medicare and Medicaid Services (CMS) are mandatory for SNFs. While the CMS provisions do not apply specifically to assisted living, the Department of Health picked them up in its 6th amended order on visitation that does cover assisted living. It is important that any state legislation on compassionate care visits not conflict with the federal mandates because that would create confusion for families, residents, and providers. The sponsors devoted much time and effort to accomplishing this goal.

Compassionate care visitation to residents of a long-term care facility differs in important ways from regular, routine visitation. I am happy to report that because Ohio is down to only 9 red counties on the CMS COVID-19 county positivity ratings, SNFs in the other 79 Ohio counties are open to routine visitation, so long as there are no COVID-19 cases in the facility.

Compassionate care is not the same as routine visitation because it responds to the impact of social isolation on a resident. The original concept of compassionate care was limited to end-of-life situations, but CMS and Ohio gradually expanded these visits to include situations in which a resident experiences negative effects from COVID-19-induced social isolation. These effects

can be physical, mental, or emotional. Caregivers working in SNFs and assisted living communities are well aware of the relationship between isolation and resident decline and grieve for their residents who experience decline. If unaddressed, this decline can worsen and potentially become life-threatening.

Compassionate care visits, along with other strategies, are an antidote to social isolation and the accompanying negative effects, which can include such things as combativeness, lack of interest, weight loss, and depression. Unlike routine visits, compassionate care visits are based on observed resident decline. Like the CMS guidelines, HB 120 lists indicators of decline to help facilities identify when compassionate care visits are needed. These indicators are examples, and there can be other ways to identify if a resident is suffering ill effects of social isolation. The legislation also recognizes the original reason for compassionate care visits, that a resident is nearing end of life.

Another important distinction between compassionate care visits and routine visits is that facilities must allow compassionate care visits for any resident who shows signs of decline because of social isolation. It does not matter whether the facility is in a red county or has COVID-19 cases or even if the resident has COVID-19. Compassionate care visits must be allowed. The visit can be initiated by the family or by facility staff. Of course, in all cases, visitors must follow appropriate infection prevention and control protocols.

OHCA believes compassionate care visits are an incredibly important way to mitigate the impact of COVID-19 on our vulnerable facility populations. We strongly support compassionate care visits and, therefore, HB 120.

HB 120 also contains a related provision on entry of necessary personnel, other than visitors, into SNFs and assisted living communities. This provision, which also is consistent with federal and state guidelines that otherwise restrict entry, includes a variety of people aside from facility staff who are necessary to provide services to residents and to facility operations. As I mentioned above, OHCA represents hospice and home health providers, and we strongly support their access to facilities to meet the needs of residents who have elected these services. The list in HB 120 of personnel who must be allowed entry includes a number of examples of health care and other contractors in addition to hospice and home health. With the exception of emergency responders, these personnel are all subject to screening, testing, and other infection prevention and control procedures.

Thank you for your attention to my testimony. I would welcome any questions from the committee. You may reach me at pvanrunkle@ohca.org or 614-361-5169.