

Proponent testimony HB 770 offered by Janet Foley Orosz, Ph.D.  
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Good day, Chairman Ginter, Vice Chair Swearingen, Ranking member Howse, and members of the House Aging and Long-Term Care Committee. Thank you for the opportunity to offer proponent testimony on HB 770, and specifically to address the importance of assuring essential caregiver access to loved ones in long-term care facility residents during the COVID-19 health crisis. **I address the broader range of who is affected by the inability of a family member to have in-room, private visits, and emphasize the importance of frequency, determination of timing, and length of visits.**

In March of 2020, family members were barred from entering the buildings of residents of long-term care facilities in an effort to prevent the spread of COVID-19 and thereby protect the health and lives of the residents of these facilities. We are now nine months into these family separations. I am the primary family contact for a parent living in an Independent Living Apartment in a Senior Living Community.

In July of this year, I wrote the Governor's office to request that additional value be placed on compassion and prevention of long term negative health effects in decisions about reinstating family emotional support visits for residents in senior residential care facilities licensed under ORC 3721. I asked that Independent Living apartment residents could have a designated family member who is permitted to enter the resident's room through an "emotional support" provision that was in place for a short time prior to the March shutdown. That is correct. While it is common to think of long-term care facilities as nursing homes and assisted living facilities, **residents who are living in some Independent living apartments in the senior living communities are also not having designated essential caregiver visits in their apartments.**

The current restricted situation for Independent Living residents in apartments is a consequence of the independent living apartments being licensed as Assisted Living beds under Ohio Administrative Code 3701 and ORC 3721. This licensing allows the benefits of valued support services by organizational employees, and, I have learned, such licensing is a common practice for senior living facilities with both Assisted Living (AL) and Independent Living apartments in the same complex. Generally, Independent Living apartments and AL are separated by doors and in different wings. **Licensing Independent Living Apartments as AL beds made a lot of sense prior to the Covid-19 situation--but results in the same visitation rules being applied to both "sides" --Independent Living apartment residents and Assisted Living residents.**

Independent residents are able to go into the community if their circumstance allows (drivers with their own cars still have their autonomy). Outside providers for physical therapy and other services are permitted in the apartments. My parent, living into the 9<sup>th</sup> decade, is sheltering in place because that is the safest approach given health circumstances of my loved one. Warm weather and extended daylight permitted outdoor visits, and I was able to observe in a limited manner general health conditions. I also chatted with other residents. Many seem to have experienced some negative effects based on isolation from their families and more limited social contacts and possibilities for activities. And now, with cold weather, that glimpse into how the family member is doing is diminishing.

**The warm weather outdoor support visits were helpful, but, for example, they did not allow for a family member to be present for tele-health visits with medical providers in the resident's apartment, where internet and privacy are possible.** The ability to have a family member who can be present on a limited basis in the resident's apartment, mask on and socially distant of course, would allow family companionship while the loved one eats a meal, and also allows health-related decisions to be made in a more informed way rather than through a short outside visit and quick assessment period. The duration of this "lockdown" experience requires that adjustment to the visitation prohibitions be made. Our seniors' lives are at risk through lack of family contact as well as potentially from Covid-19.

**Further, there is a continuum of capability statuses for seniors in Independent-Living apartments, and these capabilities are variable over time and can change rapidly.** Residents may not be "quite needing" Assisted Living if there is family member support. A notable part of this successful equation for senior living communities is the supportive help of family members. Without access to a family member, if a problem arises outside of pre-scheduled companion services times, these seniors are on their own. There is no help available beyond an acute medical emergency call. Well, there are many situations where a family member with access to the residence can assess and help. Since March, this must be done by phone or video, with more limited success and much stress. Allowing a designated family member who is taking appropriate precautions to provide emotional support by going directly to the resident's Independent Living but -AL licensed apartment seems a reasonable way to proceed. It is a lonely and isolating situation for an elderly person.

Independent Living apartments can be accessed by in-home health care providers, and also by contract service providers (outside repair services, for example). Although these workers are screened for temperature and symptoms and wear masks on the way to the apartments, they are often working in multiple locations. A designated family member who also participated in screenings would seem to be no greater risk to the senior living community when moving through the building to their loved-one's apartment.

**Even after the order from the executive branch of state government allowing Compassionate Caregivers to have in-room access based upon a person-centered approach after October 12,** efforts to gain meaningful access to my parent have been stymied, with limited in apartment access finally being granted in late November—just one hour per week, this through the involvement of the Ombudsman. **The visit and amount of time granted was not long enough to provide the emotional support needed, and allow an assessment of evolving health concerns.** It was barely enough to watch a video church service with my loved one. I know from friends with parents in assisted living facilities in Ohio and other states that there is variation across facilities on how the policies are implemented, with some receiving more frequent access.

So, I welcomed the opportunity to provide proponent testimony when Representatives Richardson and Fraizer introduced HB 770 to require essential caregiver access during the COVID-19 state of emergency. At this point, the bill lacks some specifics on how the visits would be structured, and this makes the role of the Ombudsman's office critical and the Ombudsman's office would need adequate staff and funding. It is clear to me that a one-size fits all model does not produce meaningful visits that meet the needs of each resident. Thank you for considering this testimony.

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