



## Written Testimony on HB770

**Submitted by Susan Wallace, Director of Government Relations & Public Affairs**

**House Aging & Long Term Care Committee**

**December 3, 2020**

Thank you for the opportunity to provide written testimony as an interested party on HB 770, which would create an essential caregiver designation for older adults residing in Ohio's nursing homes and assisted living facilities. LeadingAge Ohio represents over 400 mission-driven, values-based providers of aging and end of life services, including affordable and market rate housing operators, assisted living, nursing homes, home health and hospice, and other home- and community-based service providers like adult day health.

Since the early days of the pandemic, we have been concerned about the profound impact of prolonged social isolation on residents of long-term care. Nursing homes and assisted living were the first settings to be closed to outside access, and they will be among the last to reopen fully. We know that social isolation can be as harmful as smoking to an individual's health. Our member staff have been nothing short of heroic in their efforts to step up and stand in, serving almost as a surrogate family for residents who rely on them for not just their physical needs but for their social and emotional ones as well. However, for some residents—particularly those who were accustomed to regular, sometimes even daily contact with family—we know that even our best efforts fall short.

Early in the pandemic, LeadingAge Ohio elevated an essential caregiver program being used in our bordering state of Indiana, as a model to provide some flexibility for this subset of residents who truly rely on unpaid family caregivers, to the DeWine Administration. At that time, we were still early in our pandemic trajectory and competing priorities sidelined the conversation. However, as two months turned to three, and then four and five, we heard growing concerns from family members. These heightened in the late summer, as we saw the end of the fair weather that made outdoor visitation possible ahead of us.

In late summer, the Centers for Medicare & Medicaid Services (CMS) released its own guidance on indoor visitation, and the state of Ohio subsequently aligned with that guidance for its own revised Director's Order permitting indoor visitation. The federal CMS guidance references essential caregiver programs, noting that they believe that there is sufficient flexibility within its guidance around compassionate care visitation to allow such programs to continue, within the parameters set in federal guidance.

LeadingAge Ohio has had multiple conversations with the bill's sponsors, who have a clear understanding of how to ensure this bill aligns with federal rules, while also sending a clear message that family access to loved ones is of paramount importance. We look forward to reviewing the amendments that make these changes. The sponsors also are keenly aware of

the new burdens that long-term care professionals are currently working through. Some examples of requirements that providers have to follow now—that did not exist nine months ago—include:

- Testing all staff on at least a weekly basis, regardless of whether there are positive cases in the community;
- Reporting test results to the local health departments, national authorities, as well as to the Ohio Department of Health, which maintain separate surveillance systems for different purposes. Some reporting has to be completed as frequently as on a daily basis.
- Communicating with all residents and staff as cases in the surrounding county—and within the facility itself—rise and fall.
- Managing PPE acquisition, and adhering to different PPE protocols based on the changing stock of PPE on hand.
- Scheduling all visitors ahead of time, notifying them of policies and protocols for visitation, and notifying them of any changes to visitation that arise due to new COVID cases or county prevalence. Most residents require some level of staff assistance to access the indoor or outdoor visitation space.
- Screening all staff, visitors and visiting contractors upon entry to the facility. This typically necessitates a dedicated staff person.
- Managing separate cohorting for residents who are non-COVID, those who are under quarantine (for example, new admissions from a hospital or those who may have gone out with family for a celebration), and in some cases, those who have tested positive. This necessitates careful management of the flow of staff and use of PPE across these three levels.

We join our families in eager anticipation of the day when families will be reunited and every resident will be able to hug their family again. We believe that by tying this legislation to the federal compassionate care language will allow access for those residents who simply cannot wait that long.

Thank you for the opportunity to provide comments on this important legislation, and I would be happy to answer any follow up questions via email.