



Written Testimony on SB58

Submitted by Susan Wallace, Chief Policy Officer

House Families, Aging and Human Services Committee

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Thank you for the opportunity to provide written testimony as an interested party on SB58, which would allow remote monitoring of resident rooms in Ohio assisted living and nursing homes. 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 services.

The National Council on Aging estimates that one in 10 Americans aged 60 or older have experienced some form of elder abuse, and only an estimated one in 24 cases are reported. Two-thirds of perpetrators of elder abuse are adult children and spouses, a fact which partially explains the low rates of reporting. While a smaller portion of elder abusers are healthcare providers, these cases are much more likely to be witnessed, documented and addressed. This bill seeks to expand the tools families may available to them for that smaller portion of abuse cases.

Our concerns related to this legislation have been—and will continue to be—its impact on the inherent dignity of our elders and the impact on the caregiving relationship.

Individual dignity. A majority of individuals residing in Ohio’s nursing facilities have some level of cognitive impairment. As decision-making capacity diminishes, an individual’s inherent dignity should be protected by families and professional caregivers alike. This might mean directing devices away from bathrooms or areas where clothing is changed.

Earlier drafts of the legislation allowed any “sponsor” to request electronic monitoring in a resident’s room, a term that was quite broad. The current bill narrows the scope to residents and their guardians, ensuring that only those with legal authority to make decisions on behalf of the resident may request electronic monitoring.

Caregiving relationship. Our staff enter residents’ lives at their most vulnerable with the goal of maximizing quality of life, autonomy and preserving dignity. At our best, we develop close, authentic relationships with residents that resemble the relationships we have with friends, family, and other community members—with shared joys and sorrows, with humor and spontaneity. Constant surveillance may have a cooling impact on relationships as caregivers realize their interactions are under the microscope.

Notice & consent. During a typical day, healthcare providers, visitors, and other residents may enter a resident's room. Furthermore, many nursing home residents share a room with a roommate. This latest bill allows for notice of electronic monitoring to be posted, and creates a process by which a roommate would be informed and offered the choice of relocation, should they refuse to consent to surveillance.

Cost considerations. Earlier drafts of this bill would have obligated the state's Medicaid program to pay for devices for low-income residents. While the desire for equity is commendable, the proposal is ill-conceived given the current fiscal environment. The Medicaid program already struggles to keep pace with the costs of care, so adding additional services that may only tangentially improve care is an inappropriate use of taxpayer dollars.

For non-Medicaid residents, the previous draft of the bill was silent on who would bear the costs of electronic monitoring devices as well as the infrastructure needed to support their usage. While many facilities offer free wireless, few have the bandwidth to support multiple, continuous-streaming devices.

This latest version of the bill also clarifies that residents and families will be responsible for the expense, that data will be stored and maintained by residents and/or guardians, and facilities will not have access to data. This circumvents providers' concerns about the cost of storing the data gathered by devices—all of which would be considered protected health information and require encryption and additional security measures.

Conclusions. It is no accident that this bill has traction at this particular moment in history. We are coming out of a global pandemic that both isolated and hit older adults hardest, and their families second-hardest. At the same time, cameras have become ubiquitous as they are installed on doorbells and cars and indeed, each of us carries our own personal monitoring device in our pocket. It is not unusual for a long-term care facility to have cameras in their hallways and common spaces for security purposes. As telehealth and telemonitoring technologies expand, we recognize remote monitoring can have a powerful impact in improving the quality of care.

For these reasons, LeadingAge Ohio does not oppose the proposed bill, especially in the current time when residents have endured prolonged separation from the day-to-day care activities within the home.

It is important to recognize that there will be impacts that we cannot foresee, including the threat of video modification which has become all too common. Similarly, we are still learning the impact of technology on our day-to-day interactions, and particularly the impact of being constantly surveilled in the workplace. Our sector is currently buckling under the pressures caused by prolonged workforce shortages. Few professions require individuals to be continually monitored throughout the workday. Fewer still are monitored under the assumption they will do harm. And fewer still ask all of this, while paying wages that are near-poverty levels. We are

hopeful the bill will do more to alleviate concerns among family members than it will do harm to our already-demoralized, underpaid, and understaffed workforce.

In closing, we appreciate the opportunity to provide our thoughts on this legislation, and welcome any questions you may have.