

March 28, 2022

RE: Support of House Bill 120, Permit compassionate care visits in long-term care facilities.

Dear Chair Manchester, Vice Chair Cutrona, Ranking Member Liston, and members of the House Families, Aging and Human Services Committee:

My name is Margaret Colvin. I work full time as a financial analyst for a government contractor, and I am POA/caregiver for my mother who resides in a long-term care facility and has been diagnosed with dementia.

I support HB 120. It is critically important to the health and well-being of older adults living in long-term care facilities, especially those who may be living with dementia. There are very clear medical consequences connected to the prolonged physical separation and isolation of these residents. Permitting compassionate care visits in long-term care facilities would provide relief from these serious consequences on our citizens' health and well-being.

Isolation and loneliness are taking a toll on long-term care residents and I have experienced this with my mother. In February 2020 when we moved Mom into her room in Memory Care, she was an active, engaged, and talkative 89-year-old, who had started showing some early signs of dementia. We visited her several times a week, and friends and family members spoke to her on the phone daily. In March her unit went on lockdown. We couldn't visit and the nurses reported she was becoming withdrawn and was spending more and more time alone in her room. At times she was angry that we weren't coming to visit or felt sad that we had abandoned her. She sounded tired and extremely weak on the phone, almost listless, and we could do nothing.

In late May outdoor booth visits were started and the decline in Mom's physical and mental state was obvious. She needed assistance from an aide to walk into the booth and sit down, and it was difficult to engage with her. It was nearly impossible to hear each other, and we were under the constant watch of an aide who would go into the booth and relay our words to Mom while we sat outside the plexiglass box. These visits could only be scheduled 11:00 AM- 3:00 PM weekdays which required taking time off work, but as frustrating as it was, we did what we needed to do to see Mom in person. No one had mentioned her weakened condition to me in any of my calls asking about her and finally being able to observe her after 3 months I saw that she needed help and requested a Physical Therapy evaluation for her. Mom enjoyed these visits, both for the company they provided as well as for opportunity to move off the fourth floor where she had been confined for months. The opportunity to get outdoors and have a change of scenery was a much-needed respite from the isolation and segregation of the previous months. We also scheduled Zoom visits with Mom, another opportunity to see each other but again communication was nearly impossible with the background commotion of an active Memory Care unit. Mom was easily distracted, unable to engage in conversation, and there was no privacy since aides were always present and listening.

In July we were informed of the first COVID positive case in her unit. Mom had been tested and the result was negative. Three days later there were three more positive cases and I immediately brought her to our home to protect her from the spread of the virus through the unit. I was not prepared for the shocking decline in my mother's physical state when I picked her up. In four months of separation, she

had become a very weak, frail shell of herself, barely able to hold a conversation. During our last visit in March we had taken a long walk outside and around the building, but when I arrived to pick her up she was brought to me in a wheelchair, wasn't able to stand without assistance, and could barely walk. Six days after coming to my house she tested positive for COVID. As it turns out 14 out of 20 residents including Mom contracted COVID from the nurse who was infected. My mother spent four days in the hospital and was released under Hospice care. At that point she required 24-hour care, which I was not able to provide in my home and so she returned to the long-term care facility. Thankfully she did recover from her COVID symptoms. As her advocate I requested PT again and she has regained some of her strength. Still she is isolated from family and that continues to take its toll on her well-being. She longs for people who know her. Even with the newly instituted 20 minute inside visits, we have no privacy when we meet in a common area near the lobby with other families chatting just a few feet away. The noise and commotion are distracting but again, it is some relief from the separation. We see bits and pieces of what is going on with her mentally and physically, and can try to address those needs, but the continued separation and isolation is discouraging.

In September Mom fell in her room and required a trip to the ER. I was not allowed to transport her to the hospital, but we had the best two hour visit in the ER. I filed her fingernails. We talked about family. I could show her pictures on my phone and I could hold her hand and encourage her. We were able to communicate in a way that we had been denied for months. That visit did us both a world of good.

We see improvement in her well-being even with these short visits, but she is once again on lockdown and the separation will again take its toll. I hope that the next time I am permitted to touch her isn't on her death bed or at her funeral. We need a solution to the isolation from family. Just as the paid caregivers in my mom's facility, I can go to the store or a restaurant or other public place, but I cannot touch my mom or spend more than 20 minutes with her, while they can. We are compassionate and we are caring, but because we are not employees we are and our loved ones are denied these essential visits.

I thank you for your consideration of HB 120. I urge you all to vote in support of this bill and see that it passes as quickly as possible. The health and well-being, even the lives of our senior citizens depend on passage of this bill.

Sincerely,

Margaret A. Colvin