



The Commission on  
Women, Children, Seniors, Equity & Opportunity

**CWCSEO**

Connecticut General Assembly

**Testimony of the Commission on Women, Children, Seniors, Equity and Opportunity  
Presented to the Committee on Human Services  
March 25, 2021**

**\*H.B. No. 6634 (RAISED) AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES.**

**\*H.B. No. 1054 (RAISED) AN ACT ESTABLISHING A STATE HOME HEALTH AND HOPSICE OMBUDSMAN.**

**\*H.B. No. 1057 (RAISED) AN ACT CONCERNING NURSING HOMES.**

Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case, and other distinguished members of the Human Services Committee; my name is Michael Werner, Law & Policy Fellow focusing on Aging Issues for the Commission on Women, Children, Seniors, Equity and Opportunity ("The Commission"). Thank you for the opportunity to testify before you today.

The Commission wishes to testify **in support** of the following bills:

**1. Raised Bill No. 6634 An Act Concerning Essential Support Persons And A State-Wide Visitation Policy For Residents Of Long-Term Care Facilities.**

- a. The statement of purpose for Raised Bill No. 6634 is, “[t]o allow long-term care facility residents to designate essential support persons who may visit and support their physical, emotional, psychological and socialization needs despite other visitation restrictions and to establish a state-wide visitation policy at long-term care facilities.”
- b. A consistent theme of the era of coronavirus has been that of the disproportionate impact brought upon seniors and disabled populations, particularly in hospitals and long-term care facilities. The high death rates and forced isolation, away from loved ones and “Essential Support Persons” for those Older Adult residents and disabled people left remaining, has led to a widely recognized **epidemic of failure to thrive** among these vulnerable and protected populations.<sup>1</sup>

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<sup>1</sup> <https://apnews.com/article/nursing-homes-neglect-death-surge-3b74a2202140c5a6b5cf05cdf0ea4f32>



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- c. Persistent testing, under state and federal guidance, in long-term care facilities, triggers de facto “no visitor” enforcement policies, preventing needed access to outsiders, which is otherwise necessary to safeguard well-being, sustainability and social-emotional reinforcement. This has led to the compelling necessity for a state-wide visitation policy, as proposed in this bill.
- d. The need to address negative health outcomes of prolonged isolation have been identified and confirmed by the state-ordered report, *A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities* by **Mathematica**.<sup>2</sup> This issue has also been raised as a topic of concern by the **United States Commission on Civil Rights – Connecticut State Advisory Committee**, which affirmed the need for individualized Care Plans for each resident and the ability to identify family members and others essential persons “to meet their needs during these extraordinary emergency times.”<sup>3</sup>
- e. Designating primary and secondary “Essential Support Persons” through a long-term care facility resident’s “person-centered plan of care” is an innovative and critical step forward in improving social-emotional needs and ensuring positive health outcomes for this particularly vulnerable population. By defining these terms in statute, Connecticut will help avert the disastrously withering impacts of the otherwise non-adjudicated yet forced isolation imposed against Older Adult and disabled residents of long-term care facilities.
- f. There is **No Fiscal Note** for this bill.

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<sup>2</sup><https://portal.ct.gov/-/media/Coronavirus/20201001-Mathematica-final-report.pdf> (See page 4).

<sup>3</sup> <https://www.usccr.gov/files/2020-09-29-Connecticut-Nursing-Homes-and-Covid-19-Advisory-Memorandum.pdf> (See Assertion #3).



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**2. Raised Bill No. 1054 An Act Establishing A State Home Health And Hospice Ombudsman.**

- a. The statement of purpose for Raised Bill No. 1054 is, “[t]o appoint a state ombudsman to monitor and respond to complaints and concerns regarding home health care and hospice care.”
- b. The CWCSEO supports the intended purposes of the bill but notes that there already exists an Office of the State Long-Term Care Ombudsman (LTC Ombudsman), whose jurisdiction covers these topics. It would perhaps be a more efficient endeavor to fold into or add these responsibilities and funding to expand the mission of the LTC Ombudsman, who already has existing staffing and knowledge to handle this mission, rather than to start over from scratch.
- c. By expanding resources and funding for the current LTC Ombudsman, Connecticut can effectively deploy existing expertise, resources and boots on the ground to avoid duplication of efforts and waste.
- d. There are certain constitutional structural issues of the proposed Health and Hospice Ombudsman as written, pertaining to the independence of the position, which would be avoided by expanding the existing Office of the State Long-Term Care Ombudsman instead.



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### **3. Raised Bill No. 1057 An Act Concerning Nursing Homes.**

- a. The statement of purpose for Raised Bill No. 1057 is, “[t]o change the minimum staffing levels at nursing home facilities.”
- b. Section 1 of the bill defines “nursing home” in statute for the first time. The Department of Public Health is called upon to establish certain minimum staffing level requirements for nursing homes. The Commissioner of Public Health, in consultation with the Commissioner of Social Services is called upon to review the definition of “direct care” for the purposes of updating state regulations pertaining minimal staffing levels. The Commissioner of Social Services, in consultation with the Commissioner of Public Health is called upon to establish a minimum percentage of Medicaid reimbursement to nursing homes for the provision of direct care to nursing home residents.
- c. This bill recognizes the need for minimum staffing requirements within nursing homes to more effectively address the concerns raised by the coronavirus. By codifying “nursing home” in statute and reviewing the term “direct care”, Connecticut can better respond to the inequity found in staffing levels across certain nursing homes. The United States Commission on Civil Rights – Connecticut State Advisory Committee found that, “[s]taffing levels strongly correlate to improved health outcomes” in nursing homes.<sup>4</sup> A Clinical Investigation article in the Journal of the American Geriatrics Society titled, *COVID-19 Infections and Deaths among Connecticut Nursing Home Residents: Facility Correlates*, concluded that, “[n]ursing homes with higher RN staffing and quality ratings have the potential to better control the spread of the novel coronavirus and reduce deaths. Nursing homes caring predominantly for Medicaid or racial and ethnic minority residents tend to have more confirmed cases.”<sup>5</sup>

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<sup>4</sup> <https://www.usccr.gov/files/2020-09-29-Connecticut-Nursing-Homes-and-Covid-19-Advisory-Memorandum.pdf> (See Assertion #2)

<sup>5</sup> <https://agsjournals.onlinelibrary.wiley.com/doi/full/10.1111/jgs.16689> (See Abstract)