Eric Colchamiro
Director of Government Affairs, Alzheimer's Association
REMARKS BEFORE THE JOINT COMMITTEE ON CHILDREN, YOUTH, AND FAMILIES
October 8, 2020

Chairwomen Kelly and Washington,
Thank you for the opportunity to brief the committee. My name is Eric Colchamiro, and I am the Director of Government Affairs for the Alzheimer's Association in Maryland.

For those of you who may not be aware, the Association—and our two chapters which serve Marylanders—is the leading voluntary health organization in Alzheimer's care, support and research. Our programs and services include a 24-7 help line, caregiver support groups, and an Early Stage Memory Support Group for people with Alzheimer's or related dementia. All of those programs are free to Marylanders, and all are happening remotely during this pandemic.

Thank you for the opportunity to discuss the long-term care industry, and its impact on families during this unprecedented time. I want to say from the onset; the three provider groups which represent this industry in Maryland are partners of the Association. Well over 40 percent of their members' residents have Alzheimer's or some other form of dementia. During this pandemic, we were also pleased to host the three industry executives for a webinar, where we provided them a platform to discuss their COVID-19 response.

Yet when I consider the response of industry, along with that of the Hogan Administration. When I consider that—as of yesterday's MDH data--roughly 56 percent of Maryland's COVID-19 deaths have occurred in long-term care facilities. I believe **we can all do better for Maryland's families.**

OPERATIONS

The impact of the virus on long-term care facilities is understandable, from a biological standpoint, as COVID mercilessly attacks those with pre-existing conditions and many older Marylanders. Yet from an operational standpoint, families lost loved ones—during this unprecedented time—also because infection control procedures were not consistently followed.

We know that

- 64 nursing homes received fines from the State, for not following inspection control protocol.
    - **10 of those received fines, ranging from $70,000 to $380,000**.
    - The other 54 were ordered to develop practices to fix the problems.

    - Of the 64 facilities, 45 facilities received smaller fines for not completing mandatory testing and reporting to the State.
- For Assisted Living facilities, unfortunately, we do not have a full picture of their efforts.

There are over 1,563 assisted living facilities in Maryland—and the Health Department's COVID-19 testing mandate only covered those with 50 or more beds—which is less than 9 percent of them.

Underlying these operational concerns directly at facilities is the Hogan administration's role in supporting, communicating, and overseeing what happens there. When families put their loved ones in a long-term care facility, they are trusting the state to aid in making sure care happens well.

To start, I think families have been challenged by the work of the Health Department's division of infection disease epidemiology and outbreak response.

This unit oversees the COVID-19 website for our state.

I'll raise three issues, which have muddled the picture of this pandemic for families who have loved ones in long-term care facilities;

1) **the long-term care website only displays data from facilities that have had cases in the last 14 days;** so—for example, for someone relocating to Charles County—if you looked yesterday at a long-term care facility to place your dad, you would be hard pressed to see ANY information about the numerous cases at Sagepoint, which was fined $380,000 by the State.

2) **The long-term care facility section of the website is updated once a week**, despite information regularly flowing into CRISP; so—if I'm checking about facility information for my dad on a Tuesday—there is no publicly available data there about outbreaks in the last 6 days

and 3) **the website only includes data about assisted living facilities with 10 or more beds**, which misses—according to industry representatives—the supermajority of locations.

In short, for families seeking to place their loved ones in a Maryland long-term care facility, it is really hard to find good information.

- Shifting to the Health Department's Office of Healthcare Quality, the most recent annual report from OHCQ showed a roughly 13-person deficit of nursing home surveyors, and a 5-person deficit of assisted living surveyors for this bureau which enforces healthcare quality at LTC facilities.
    - In turn…
        - For nursing homes, inspectors completed surveys and follow-ups at just 194 of Maryland's 227 nursing homes in fiscal year 2019.
        - And they have inspected, on average, just 56 percent of all assisted living facilities each of the last three years.

All told --- WE can do better in helping protect Maryland's seniors, and aid their families making decisions about long-term care.

PERSONNEL

Shifting to personnel issues, one thing I want to emphasize is that this pandemic has created some new concerns, but it has also really heightened existing ones.

And while I certainly have critiques of the Administration's response; they did lead—well back in early April—to create "strike and bridge teams", to help facilities in need of support for infection control and staffing. They should be commended for that, as it saved lives.

I want to focus my personnel remarks on one key issue; workforce recruitment and retention;

1) **We are concerned about the ability of personnel to facilitate effective transitions in care:**
    - The Alzheimer's Association believes that—in order to accept transfers between hospitals and nursing homes, there should be some key COVID safety fundamentals in place to test and separate new residents.

We are concerned about the recruitment and retention of long-term care workforce, particularly during this pandemic. Many of the individuals who work at these facilities are heroes; nursing homes employ large portions of their population at the minimum wage. These workers are—in short—dealing with complicated medical situations, during a pandemic, and receiving very low wages.

- I am pleased that MDH has partnered with the Maryland Institute for Emergency Medical Services Systems (MIEMSS) to provide a free COVID-19 Mental Health Crisis Support Program for staff
- Yet I also know that this program has had a minimal uptake; the last report I heard, staff at just 30 percent of long-term care facilities had availed themselves of it.

When we consider the health of families during this time, we must recognize the individuals who work for LTC facilities, and the impact this pandemic has had on their families.

VISITATION:

NEXT -- A particular area of interest for families across Maryland is visiting their loved ones. There has been a series of Health Department guidance put out on this, but I want to focus on the most recent one, which said—in a nutshell--that 1) all previous guidance is revoked; and 2) facilities should follow CMS guidance.

So what does CMS guidance say? Here's a snapshot:

- visitors should be screened for COVID-19 symptoms, but are not required to be tested, even if they go indoors;
- facilities can request proof of testing, but cannot require it
- And that the long-term care ombudsperson's office matters; facilities must communicate their re-opening plans with them, and—consistent with late April guidance—the ombudsman's office must have immediate in-person access to any resident, including a review of their records, to act as an on-the-ground representative for families;

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Let me be clear. The need for families to see their loved ones at long-term care facilities is real. The impact of social isolation is significant; studies have shown that loneliness and social isolation can be as damaging to health as smoking 15 cigarettes a day, and perhaps even moreso among seniors.

Yet there is a need—and no longer a clear mandate--for consistent Point of Care testing, to ensure the safety of facilities for our loved ones who live and work there.

Please make no mistake, there is a significant cost to facilities of testing

And so I am pleased that 1) Governor Hogan—despite eliminating the weekly testing requirement--will add to the over $100 million he has provided this industry; and 2) I hope that a significant portion of the 500,000 rapid tests, which the Administration recently acquired through a multi-state compact, are distributed to and able to be used by Maryland's long-term care facilities.

Yet—despite all of this support--we are dismayed by the CMS guidance, as we expect many of Maryland's facilities to shift to a monthly testing protocol

The Alzheimer's Association supports LTC regulations that comply with CMS guidance, but go a step further, to protect residents and their families; Arizona, for example, **requires** indoor visitors to provide a negative COVID test that is less than 48 hours old AND they sign an attestation that they have isolated between when the sample was taken and their visit.

Testing once a month however—when staff are coming in and out of facilities daily--puts everyone at greater risk.

SOULTIONS:
This has been a lot of ground covered, and I want to close with a few potential policy recommendations and the words—actually—of one of our staff members from the Association, who has a personal connection with COVID and long-term care.

1) **TESTING**. The Association remains tremendously concerned about the impacts of this pandemic on social isolation. We want indoor visitation for families, but we are dismayed about the lack of a **consistent** rapid turnaround testing protocol within CMS guidance, to ensure safety

2) **QUALITY**. Families—especially during the time of a pandemic, when they have not been allowed inside—place an implicit trust in the State to inspect LTC facilities and protect their loved ones. Yet—despite their statutory requirements--the State does not inspect all nursing homes annually, and inspects far fewer assisted living facilities each year.

3) **WORKFORCE. Families benefit from good, trained, staff** paid above minimum wage – especially during a time of crisis. Industry will rightly point to low Medicaid reimbursement rates; I urge the Assembly to remain vigilant—particularly with the rising minimum wage in our state—to ensure that the mandated 4 percent Medicaid increase is implemented in a full and timely fashion.

Yet along with Medicaid advocacy, we need to look deeply at our direct care workforce, and consider how we can help them so that LTC facilities can keep its quality staff.

I believe that legislation or budget language can be enacted to study—through the Department of Labor, through the Maryland Healthcare Commission, or a new independent commission—so we can understand, and get better solutions about how the LTC industry can best recruit and retain its workers.

I hope that workers can be empowered, with information forms about each resident, to better provide person-centered care. And I'll also mention that-- according to LifeSpan—the turnover of direct care workers in nursing homes is 100 percent.

And as families try to navigate this pandemic – we must consider the families of individuals who live at LTC facilities, and the families of individuals who work there

4) **Data**. As families try to make informed choices about LTC—there are significant improvements that MDH can make this fall on how it displays data--or legislation, currently being developed in

HGO around data reporting, can incorporate what information and how frequently information is displayed about long-term care facilities.

5) Lastly, **social isolation**. As I mentioned, this was an issue prior to the pandemic, and it has only been heightened. In-person visitation, for facilities that are able to have it, will help. Yet I would urge a concentrated investment—a budget appropriation, or amidst this time, leveraging of existing agency resources—to help seniors in need of connection.

   That could mean more widespread distribution of personal information forms I mentioned. It could also mean, like the Alzheimer's Association did in Florida with its Project VITAL initiative—using federal funding to distribute tablets, so residents can engage with their families.

Lastly, I will leave you with some words from my colleague Julie, who has a mom in a nursing home in Maryland, and recently wrote about "the need to end senior isolation".

> "I am one of the "lucky" ones. My mother is under hospice care which allows me to visit on the inside, after I am screened through the, now standard, COVID checkpoint. As she and I sit among the other residents who are void of visitors, I feel alien in their world. Over the weeks since Mother's Day, the first day I was allowed inside after weeks of window visits, I detect the decline in the other residents. It's like a palpable curling inward of their very souls. My mother, on the other hand, seems to be recovering. Her regular contact with those who love and cherish her have made her stronger."

I thank the long-term care industry for their work caring for Marylanders with Alzheimer's and dementia, amidst a pandemic that none of us could have been fully prepared for. Thank you to the Health Department staff, who has worked tirelessly. And thanks to all of you for the opportunity to share a few words. We are all in this together for families, and we can all do better.