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MAG MORELLI: Well, we've -- you know, there are some nursing homes that are using that, and we would encourage anyone to do that, so just letting them know fortunately we just heard it's been extended through December. We thought it was closing down, but we just heard they're going to extend the Battelle system through December, which is great news. We've been trying to -- to let people know about that, encouraging the use, so the more you can spread the word, the better. That would be really helpful. It's really, I think a really good resource for people.

REP. MICHEL (146TH): Thank you very much. Thank you, Madam Chair.

SENATOR MOORE (22ND): Thank you. Rep. Abercrombie

REP. ABERCROMBIE (83RD): Thank you, Madam Chair. Good morning, Mag.

MAG MORELLI: HI.

REP. ABERCROMBIE (83RD): It's so nice to see you today. Thank you for being here. Just two quick questions. The first question is on the quarantine for people that are coming from the hospital to get either some therapy or because they have to go into a nursing home; are you quarantining them to be protected from residents that are in the nursing homes? Because I would assume if they were in the hospital they got a COVID test.

MAG MORELLI: We're quarantining them because there's a 14 day period of time where if you have been exposed to COVID-19 you may become positive, so if they were in the hospital for three days, you can do a risk assessment and say, okay, they were tested













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status. So, if you were just a -- a nursing home with your COVID positive unit, many of those residents were probably being paid for, for up to maybe 10 days -- 10 days or less by Medicare, so you went from your Medicaid rate to your Medicare rate, which was significantly higher than your Medicaid rate, not \$600 dollars, but significantly higher for us -- for a short period of time while you were caring for their symptoms, and caring --

REP. ABERCROMBIE (83RD): Could you -- could you include that with the financials because that wasn't my understanding. My understanding was that exactly what you said that the rules were changed -- were changed from a Medicaid recipient becoming a Medicare with the three days in the hospital, and my understanding was that the Medicare rate was also the \$600 dollars just like the COVID positive, and that's what the nursing homes were also getting, and I thought -- and I'll -- I'll go back and talk to Kate McEvoy at DSS, but my understanding was that the majority of our -- in our -- our residents were becoming Medicare, and that's where the enhanced match was coming. So, I would just like to see that, how that worked because I think I'm a little confused there because that wasn't my understanding.

MAG MORELLI: Yeah. I'm sorry. I must -- I -- I think I confused you because that's what I --

REP. ABERCROMBIE (83RD): Oh, okay.

MAG MORELLI: They weren't getting the enhanced \$600-dollar Medicaid payment. They were turning people from a Medicaid payment system to a Medicare payment system in the nursing home.



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REP. ABERCROMBIE (83RD): Right.

MAG MORELLI: That you're -- that you're used to, that you're expecting, that you're on track for --

REP. ABERCROMBIE (83RD): Right.

MAG MORELLI: And, so it has just been -- it has just been a real concern. It's, you know --

REP. ABERCROMBIE (83RD): Yeah.

MAG MORELLI: I mean we're seeing lots of providers that are feeling this and paying for their -- you know, it's -- it's -- and -- and -- and dealing with it, and providing the care, but how long you can sustain that and how long this pandemic is going to last. That's -- that's an unknown.

REP. ABERCROMBIE (83RD): And, that's legit, and that's it for me. Thank you, Madam Chair. Thanks, Mag.

MAG MORELLI: Thank you.

SENATOR MOORE (22ND): Thanks. Thank you, Representative Abercrombie. Next, is Representative Hughes.

REP. HUGHES (135TH): Hey, good -- thank you, Madam Chair, and thank you Mag for this really informative testimony. Two things I am hearing more and more adult day programs closing. I just heard of (inaudible - 00:42:16) closing its, and that's up in the northwest corner, maybe the only adult day program in that region. And, so to Representative Steinberg's point, we may be witnessing a rolling crisis as some of these key parts lose census and shut down in terms of the senior Care infrastructure. So, it may not be all at once, but







































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you want to get something right away. Someone's symptomatic, we want to know what the -- what the results are. So, we're very happy about that, but just still there's some confusion out there of how we can use them. Now, one of the -- one of the issues I see is that the nursing home is in charge of running this machine. We're in charge of, you know, calibrating it, running, it, sending in the results, recording it. We become a lab, and that's another burden on the nursing home, and hope -- and it's going to take some practice to learn, you know, to be able to do it well. I hear that they're -- they're fairly easy to use. Now, I just heard a report this morning that some of the assisted livings are going to be sent from the federal the new Abbott test that is -- doesn't require a machine. It's more of the container where you take the swab and you put it into the container, and it's a color change, and so those are going to be distributed to schools and to -- to schools, to -- I forgot the other one, and one -- but assisted livings are going to get these. Now, that -- if we can -- if that can be rapidly produced, that's an even easier system for nursing homes to use in their screening process, and it wouldn't require, you know, the -- the [phone ringing], the waivers, and the -- the -- oops. I'm sorry. My phone's ringing.

REP. COOK (65TH): [Laughing].

MAG MORELLI: So -- and I -- it's a new phone system. I don't quite know what to do with it, and I can't answer it or I'll bump me off of Zoom, I know that. So, they're calling for testing -- [phone stops ringing]. There we go. Okay. So -- so, hopefully these antigen testing machines will











































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never taken good care of herself. She's never exercised or watched what she ate in 103 years, but whenever I take her shopping, she always buys ice cream -- whatever's on sale -- and Entenmann's. The pastry has to be Entenmann's, so that's her recipe.

SENATOR MOORE (22ND): That's very sweet, and she probably had a good heart.

JEFFREY FREISER: Yes. Definitely.

SENATOR MOORE (22ND): And, -- and personality goes a long way. My mom was a beautiful, calm person. I'm the opposite when it comes to getting excited.

JEFFREY FREISER: [Laughing]. Whenever I call my --

SENATOR MOORE (22ND): I think she -- she --

JEFFREY FREISER: Whenever I speak with my mom on the phone, I say, hi, mom. How are you doing? She always says, great, great. No one else I know no matter what their age, and it's just that way.

SENATOR MOORE (22ND): Never complaining. Just going through life appreciating everything, so thank you.

JEFFREY FREISER: Thank you.

SENATOR MOORE (22ND): So, next we have Kathleen Flaherty. I see you Kathleen. Good morning.

KATHLEEN FLAHERTY: Good morning, Senator Moore. Good morning to everybody on the Appropriations, Human Services, and Public Health Committee. I am very appreciative that you are holding this mini session today. My name is Kathy Flaherty. I'm the Executive Director of Connecticut Legal Rights Project, also the former Co-Chair of the Keep the



















































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asymptomatic nursing home staff. It recommended benchmarks for testing linked to the COVID-19 positivity rate county-by-county throughout the country. Testing of staff should be monthly if the COVID-19 rate in that county is less than five percent. It should be weekly if the rate is between five and ten percent, and twice weekly if the rate exceeds ten percent. Governor Lamont's executive order No. 7AAA should be modified to reflect the need to consider community transmission per the CMS guidelines or at a minimum DPH, should issue state guidance that mirrors the recent CMS guidance and directs all nursing facilities to test staff with the frequency CMS recommends depending on the community transmission rate. There must be a clear protocol to be able to respond nimbly as circumstances change around the state. There needs to be a clear governmental order that the public, including residents and families, can depend and rely on. I would also encourage you to read the written testimony on the need for testing of nursing home staff who are asymptomatic submitted by Lucy Potter, an attorney from Greater Hartford Legal Assistance. Thank you very much.

SENATOR MOORE (22ND): Thank you, Mr. Brophy. Are there any questions? I'm seeing none. I thank you for your testimony.

KEVIN BROPHY: Thank you.

SENATOR MOORE (22ND): Next is Matt Barrett. Mr. Barrett, are you here? I see you. I -- you are there?

MATT BARRETT: Yes. Good afternoon, Senator Moore, and also to Senators Abrams and Senator Osten, and







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MATT BARRETT: Oh -- [Crosstalk].

SENATOR MOORE (22ND): Could you wrap up your testimony, please?

MATT BARRETT: Oh, I'm so sorry. Let me just really get to the issue of occupancy. In the -- in the -- pre-COVID in February occupancy was approximately 88 percent. Occupancy is just under 73 percent now, and in the issue of occupancy and sort of the recovery period that most operators are estimating, may people believe that it will be between 15 and 18 months before they see a near full recovery. Many of the issues regarding the occupancy recovery are really outside of the control of nursing facilities and that they're related to the hospital recovery, hospital activity, and rehabilitation and therapy services that nursing homes provide post-acute. They're related to hospital recovery, and so we see this long runway, and while we -- again, I'm going to summarize this very quickly because it's the heart and soul of what was discussed earlier in terms of the fiscal implications of what nursing homes are facing -- is there has been a tremendous amount of federal support, and in part, recognizing the occupancy decline. There has been a strong commitment from Governor Lamont, Commissioner Gifford, and there have been several now really four distributions from the federal government, but we're preparing an analysis right now. We intend to share this with legislature. We've been in discussions. Really, weekly discussions with DSS where we're going to try our best to demonstrate how this occupancy recovery timeline matches up with all of the support we've received so we can communicate a clear vision as where we think the dollars are







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who have died. I have the opportunity to hold hands wearing gloves of the people who have lost their loved ones who were workers in nursing homes, and if you listen to their stories, it was clearly the lack of support of common sense, precautions that were supposed to be there that needed to be provided, and I'm -- I'm sorry it was not provided by some of the nursing homes or many of the nursing homes, and I wish there was a way to have a conversation just on what will be the way they will function in the future and if it is done internally, it would be the best thing, and then come up with recommendations, or we may have to do it through legislative mechanisms, in my opinion, so I'm just venting because I am hurt after seeing the patients, but also seeing the people who work there and how they're being treated and how they're -- they're families are being treated, and I just want you to be aware of that. And, thank you for listening and thank you for being here.

MATT BARRETT: No. I appreciate that. With Senator Moore's permission, and I promise not to, you know, provide an elongated answer, I do want to reiterate I am very proud of the work that our skilled nursing facility operators did, and I think that they did this work under very challenging circumstances, and I think the Mathematica report is starting to, you know, bring this into clear focus. They implemented, you know, traditional infection prevention control procedures that were recommended and put in place early on in the pandemic, were really wholly ineffective to -- to -- to prevent the transmission of the virus when the asymptomatic transmission of the virus wasn't even really known until early April and the CDC hadn't even

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recommended universal, you know, source control, masking, and a full range of measures to prevent the spread of the virus, but I don't say this even further, that even if they had known that then testing was not available to the extent that it would have needed to be even to implement the cohorting strategy that would have been needed to really, really get this virus contained back, and neither was PPE, and so if -- if it sounds defensive and I don't mean it to be, but I really am proud of the work that these operators did in -- you know, in an epic battle against a virus [bell] that had a lot of unknowns to it early on, and I think the evidence is starting to suggest that when we figured it out -- and I don't say us -- the CDC, the World's Health Organization, the Department of Public Health, and nursing home operators understood what was they needed to do, and when testing and PPE became available, we start to see us turning the corner and getting to the place we're in right now, so I -- I don't support any situation where quality isn't what we would all expect for our loved ones, so I won't defend the unevenness of some of the -- some of the responses. But, in terms of the overall system, I really, really am proud of the work that's been done, and I really just want to keep that on the record, Senator, but I appreciate your comments.

SENATOR ANWAR (3RD): I just have to correct some of the things. I think the -- the asymptomatic information was out there far before. There were at least 30-40 other countries that had disease before it reached United States, and the data was quite clear about that, and I also am surprised that you're proud that we have the highest case fatality rate in the country with the nursing home deaths. I



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to be COVID positive or they have had a COVID positive test because they have either had symptoms or have been exposed to a COVID positive person, and I'm wondering is there a specific policy, and would you be opposed to having a specific law that would require people to report such a -- such a situation?

MATT BARRETT: Right. Well, I -- I do agree. I -- well, the nursing home is under a duty to screen and to, you know, to evaluate whether workers meet any of the criteria that would suggest they should not be coming to work. I'm not aware that the -- the employees are compelled to disclose. Sometimes, they have referred -- have referred to as kind of an honor system, and -- and so I -- I -- I -- I agree that the law does not compel the employees to compel, and there are no consequences under the law right now for misrepresenting that, that I'm aware of, but I don't want to say that the nursing homes don't implement very strict guidance in terms of screening employees to -- and this has really been from the onset, and while I said it was insufficient in the beginning because it wasn't identifying [bell] the asymptomatic failure, but nursing homes right from the beginning were -- were screening employees -- did -- had they been to any hot spot areas, including countries back in the early part of the pandemic that were considered hot spots, and that the nursing homes even before the CDC had recommended were doing temperature checks to try to, you know, prevent employees who were showing symptoms. Again, they weren't identifying anyone that wasn't showing symptoms, but they -- those are -- those are duties of the nursing facility, but they're -- there's nothing that compels them -- the employee to -- to -- to -- to comply with -- with

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that, and it -- it's kind of an issue with first impression for me, and -- but I am very open to, you know, discussing whether or not that's a public policy that we think will improve outcomes moving forward.

SENATOR OSTEN (19TH): Thank you, Matt, and I'd like -- you know, I have many questions about this, but as a result of that particular situation, there's been a couple of other outbreaks within the Norwich city limits. One at -- an outbreak at Baptist Hospital, and an outbreak amongst the parents of Baptist Hospital staff who had kids going to the school system, so I am concerned about the way this situation unfolded, and my understanding is that in this case PPE was provided and this particular person who did not report to their employer that they were being tested also was refusing to wear PPE. Is it a policy that staff wear PPE within the confines of nursing homes to your knowledge?

MATT BARRETT: Yes. That's -- that's absolutely a policy, and I mean the PPE requirements differ actually in terms of what part of the facility they are in -- employees are in in terms of a three-prong cohorting strategy that includes, you know, a section of the facility that is for COVID positives or that are naïve to COVID or COVID negative, and those are really sort of the -- the observation unit that's often discussed and characterized as those coming from hospitals have a previous negative test, but they have to be in isolation and observation for a period of time up to 14 days but sometimes less if you can count days that were in -- you know, where in the hospital section where they were isolated, but PPE requirements apply in all situations, but

























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- it's, you know -- while I fully support, you know, the opportunity to make capital funds available to nursing facilities, making lending available to nursing facilities that are having difficulty borrowing money, it's actually not unprecedented when Connecticut mandated sprinklers in nursing facilities. They didn't -- they made capital available to implement those requirements. I would say this that nursing facilities in the for-profit sector won't need any of that if -- if the whole system is going to collapse, and if we can bring stability to the -- to the financing here, the nursing homes, frankly -- at this this is the opinion for for-profit -- providers can go to the market and borrow the money, which is very challenging right now in occupancy what it is. They can borrow their own money and have the property component of the rates that they reflect payback on that, as has been the policy of Connecticut for 30 years. It can work, but the occupancy is the -- is the towering issue that I think towers above everything else.

REP. STEINBERG (136TH): I take your point, Matt. My concern is there is no reason to expect any improvement of the occupancy rates probably until we have a vaccine that's widely available. People are going to shy away even from rehab in some of these facilities, not wanting to take any greater risk or perhaps expose older people who are more vulnerable, so when you talk about all we need to do is resolve the fiscal stability issue, I remain concerned. And, I think, to your point, this could happen -- this could change very quickly, and we're not exactly nimble as government even with executive orders necessarily to make adjustments,























































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we knew how deadly this is -- it is -- it is normalized worker abuse, and --

TANYA BECKFORD: Exactly.

REP. HUGHES (135TH): This short-staffed industry that was short-staffed -- like your saying and this is what I was talking about with the under resourced care infrastructure of this country -- it was short-staffed before this pandemic, and you know, we all know we're mandated reporters for elder abuse of the elderly that we take care of, but we also need to be mandated reporters of worker abuse when we see it for each other because we cannot normalize, you know, putting people -- desecrating workers that are going into harms way without the proper protection, without the proper support, and without the proper coverage when they get sick, and you know, we have to find the demands, the resources to protect our frontline caregivers -- paid, unpaid, union, nonunion wherever they are in Connecticut because we have to prioritize health, safety, and people before profits.

TANYA BECKFORD: Exactly.

REP. HUGHES (135TH): Thank you very much, Senator, and thank you, Tanya.

TANYA BECKFORD: Thank you.

SENATOR MOORE (22ND): Thank you. I -- I heard you struggling there, and I hope that you get yourself some emotional care for the trauma that you suffered, not just as a COVID-19 patient, but also as a healthcare worker, you know. We talk about money, we talk about work conditions, but we don't talk about what this does to people emotionally, and









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of you, then we are failing. We as a state, we as legislators, we have to make sure that those workers who risk their lives actually are taking care of, and that means compensated, that means having availability of services, that means being looked after well into the future when some of the ramifications of COVID-19 continue to persist, and so your being here today helps us, reminds us of all this, and you know, I just want to thank you for your service, for what you've done, for what you've been through, and also what you brought to us today, so thank you, Tanya. Thank you, Madam Chair.

TANYA BECKFORD: Thank you for listening.

SENATOR MOORE (22ND): Well, Tanya, I want you to take care of yourself and continue to heal --

TANYA BECKFORD: I am.

SENATOR MOORE (22ND): And, thank you for taking time out of your day today to talk to us. I don't see any more questions for you. Thank you, Tanya.

TANYA BECKFORD: Thank you.

SENATOR MOORE (22ND): Jean Dyer [pause] or is it Joan Dyer. Joan.

JOAN DYER: Joan Dyer.

SENATOR MOORE (22ND): Hi, Joan. How are you?

JOAN DYER: I'm good.

SENATOR MOORE (22ND): Okay. We're ready for you, dear.

JOAN DYER: Well, I -- my name is Joan Dyer. I've been a CNA for 20-something years, like 22 years. I work at a nursing home in New Haven, and when COVID



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and cry. We didn't know if we was gonna be alive, dead, or whatever was gonna happen to us.

When we come home, we had to -- some of us had to go to our basements or whatever we can, see our kids, and all of that, and it hurts, you know. It don't matter what we do. Like, we cry and we have the DNS -- the DNS for help, not even a bottle of water they would offer to us. They told us that we can't go to the second floor because the second floor don't have COVID, and it could come down there, then that the second floor without COVID, so we had to take the stairs most of the time to punch out and go home, but it's been a -- it's -- and like she said, we really need therapy, like because some of us with everything that we go through, we're mental. You know, we need that therapy, so that is all.

SENATOR MOORE (22ND): Thank you, Joan. Thank you. I appreciate you taking the time, and I know that it -- it's very emotional and go back and relive that story again. You all are like survivors --

JOAN DYER: Yes --

SENATOR MOORE (22ND): At this point. The experiences that you've been through and all survivors need to have counseling and emotional support, so.

JOAN DYER: Yes.

SENATOR MOORE (22ND): Thank you. I see Rep. Michel has his hand up.

REP. MICHEL (146TH): Thank you, Madam Chair. Thank you, Joan, again, for another really heartfelt testimony. I just wanted to go back to the same issue we addressed earlier, just to continue with































