



Testimony of AARP Connecticut in Support of  
**S.B. 1030, An Act Concerning Long-Term Care Facilities**  
Public Health Committee, March 17, 2021

Senator Daugherty Abrams, Representative Steinberg, Ranking Members, and Members of the Public Health Committee:

AARP is a nonpartisan, social mission organization that advocates for individuals age 50 and older. We have a membership of 38 million nationwide and nearly 600,000 in Connecticut. Thank you for the opportunity to offer our strong support for S.B. 1030, An Act Concerning Long-Term Care Facilities as well as a few recommendations for how to further strengthen this important legislation.

The COVID-19 pandemic has been an unprecedented public health crisis, and despite the best efforts of government officials and healthcare workers, nearly 14,000 Connecticut nursing home residents have contracted the virus in the past year, and more than 3,800 residents have died. These devastating losses have exposed serious deficiencies in the systems that we rely on to serve older adults and people with disabilities.

AARP Connecticut sincerely appreciates the work that has gone into responding to the nursing home crisis and examining what we need to do better moving forward. The report that Mathematica issued on behalf of Governor Lamont in September of 2020, *A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities*, and the subsequent work of the Nursing Home and Assisted Living Oversight Working Group (NHALOWG) were thoughtful investigations of underlying issues and potential solutions, and we will reference both throughout our testimony. We also greatly appreciate the nursing home workers who provided care despite difficult circumstances and, especially, the residents and their loved ones who have shared their experiences and fought to make their voices heard throughout the pandemic.

S.B. 1030 addresses several key issues related to nursing homes that emerged or were exposed during the pandemic, including: deficiencies in infection control, a lack of adequate emergency planning, social isolation and restricted visitation, and staffing levels. While AARP Connecticut believes that S.B. 1030 is a strong piece of legislation and supports its passage, our testimony also includes a few minor recommendations for how it could be improved (in bold throughout).

### **Infection Control and Emergency Planning**

The Mathematica report emphasized the importance of infection control practices and personal protective equipment (PPE) in preventing the spread of COVID-19 and noted that when COVID-19 came to Connecticut, “the state found itself short of staff with infection control expertise and PPE to supplement supplies at facilities.”<sup>i</sup> Infection control was an issue in some facilities even before the pandemic: nearly 67% of Connecticut’s nursing homes were cited for infection control violations between 2017 and 2019, and while the majority of these violations were one-time occurrences, 62 of the state’s 217 facilities that were operating at that time had between two and four violations.<sup>ii</sup>

Prior to the pandemic, there were also issues with facilities not employing required infection control staff. According to Mathematica, “due in part to high turnover among staff filling [the infection control] role, 10 of the 70 facilities in the state whose staff are represented by 1199 SEIU did not have an infection preventionist on staff when the COVID-19 outbreak began.”<sup>iii</sup> Sections 1, 5, 6, and 7 of S.B. 1030 would, respectively: require long-term care facilities to employ a full-time infection prevention and control specialist, require regular meetings of each long-term care facility’s infection prevention and control committee, require all long-term care facility administrators and supervisors to complete the Centers for Disease Control and Prevention’s Nursing Home Infection Preventionist Training course, and require long-term care facilities to regularly test staff and residents for an infectious disease during an outbreak. We support these sections with one suggested recommendation (underlined and italicized) in Section 1(b)(2), line 39: “**The inclusion of information regarding infection prevention and control in the documentation that the long-term care facility provides to residents *and their families* regarding their rights while in the facility.**”

Actions by federal and state government that prioritized critical care hospitals left many long-term care facilities unable to easily access necessary PPE, and early shipments of supplies from the Federal Emergency Management Agency contained faulty gear and did not include the N-95 masks that staff desperately needed to protect themselves and curb COVID-19 spread.<sup>iv</sup> These early missteps cost lives, particularly in states like Connecticut that were among the first to experience major COVID-19 outbreaks.

While access to PPE has improved since the spring, nursing homes continue to indicate a shortage of PPE, defined as not having a one-week supply of N95 masks, surgical masks, gowns, gloves, and eye protection during the last four weeks. In Connecticut, about one in ten nursing homes (11.6%) had a PPE shortage during the four weeks ending February 14, 2021, which is close to the national average (11.1%). While this represents an improvement over the late fall when 17.1% of Connecticut nursing homes reported a shortage, the Department of Public Health and individual long-term care facilities need to continue to obtain and stockpile PPE.<sup>v</sup>

Section 3 of S.B. 1030 would require both the Department of Public Health and individual long-term care facilities to acquire and maintain three month stockpiles of PPE. AARP strongly supports this recommendation.

We also strongly support sections of the bill that would improve emergency planning efforts. A year ago, no one was prepared for a public health crisis as long-lasting and widespread as COVID-19, but there were clear gaps in Connecticut’s emergency planning. The Department of Public Health’s Public Health Emergency Response Plan has not been updated since 2011, and it includes no mention of either long-term care facilities or home and community-based services. Section 2 of S.B. 1030 would require long-term care facility administrators to participate in local emergency planning through the Intrastate Mutual Aid Compact, and Section 11 would require the state to amend its public health emergency response plan to include plans for long-term care facilities and providers of community-based services. We support both of these recommendations related to emergency planning.

### **Visitation and Social Isolation**

At some of the NHALOWG’s Socialization, Visitation, and Caregiver Engagement Subcommittee meetings, nursing home staff, residents and their loved ones have shared

heartbreaking stories about the impact of visitation bans. At the NHALOWG's Staffing Level Subcommittee meeting on December 14, 2020, a social worker shared the emotional impact of holding the phone for residents as they remotely said goodbye to family members who couldn't be with them in their final moments. At other meetings, residents shared stories about not being able to see their friends within the facility, eating meals alone, and seeing a newly born grandchild held up to a window instead of being able to hold her. AARP Connecticut appreciates that resident and staff voices were included in these meetings; their experiences highlight the tension between keeping facilities safe from infection and ensuring that residents, staff, and families do not suffer undue harm from strict visitation bans.

We would like to direct your attention to any testimony submitted today by nursing home residents and their loved ones. They have experienced incredible heartbreak and demonstrated remarkable resilience throughout the past year, and we want to acknowledge and highlight their experiences.

Even before COVID-19, public health professionals warned of the adverse impacts of loneliness and social isolation, which include increased risks for dementia, heart disease and stroke, emergency department visits, and premature death that "may rival those of smoking, obesity, and physical inactivity."<sup>vi</sup> Connecticut has been proactive in requiring virtual visitation<sup>vii</sup> and reiterating federal visitation guidance from the Centers for Medicare and Medicaid Services (CMS), but these actions have not been enough to keep residents connected to their loved ones and ensure that their social and emotional needs are met. S.B. 1030 would take additional actions to promote open communication with residents' loved ones (Section 8) and address issues related to isolation (Section 9) and the supplemental care that many family members provide to their loved ones who reside in nursing homes (Section 10).

Throughout the pandemic, AARP Connecticut has heard from residents' loved ones who are concerned with inconsistencies in how nursing homes have interpreted CMS guidance. As an example: CMS issued new visitation guidelines on March 10, 2021 that allow for expanded indoor, in-person visitation. After this guidance was issued, some family members reported being able to enter their loved one's facility and give their loved one a hug while others were told that they would have to continue visiting through a window. AARP Connecticut strongly supports the provisions of S.B. 1030 that would address social isolation and allow for visitation in accordance with CMS and CDC guidelines, but **we would recommend that there should also be a way for residents and their families to find assistance and hold facilities accountable when they believe they have been inappropriately denied visitation. We also recommend making Section 9 effective upon passage or no later than July 1, 2021.**

### **Staffing**

Staffing levels are critical to quality care in nursing homes. Low staffing levels mean that residents cannot get out of bed, use the bathroom, or eat in a timely manner; staff risk physical injury and cannot give residents the time and attention they deserve; visits with loved ones may be limited or cancelled; and it is more difficult for facilities to contain the spread of COVID-19 and other infectious diseases. In its report, Mathematica determined that "staffing rating [referring to the Centers for Medicare and Medicaid Services 5-star quality rating system] was highly predictive of the ability to limit the spread of COVID-19 in nursing homes."<sup>viii</sup>

Even prior to COVID-19, researchers saw the connection between staffing levels and other factors than impact care. "For example, low staffing levels are associated with high turnover

rates and vice versa. It is likely that adequate staffing levels must be addressed before improvements can be made in other factors such as turnover, management, and competency.”<sup>ix</sup>

Connecticut’s Public Health Code mandates only 1.9 hours of nursing staff care (from nurses and nurse aides) per resident per day,<sup>x</sup> far below the 4.1 hours of care per resident per day that has been identified by the Centers for Medicare and Medicaid Services (CMS) as the minimum necessary to ensure adequate care.<sup>xi</sup> Legislation to improve staffing levels has been raised on a regular basis in Connecticut going back at least to 2014.<sup>xii</sup> Connecticut nursing homes maintain staffing levels that are more or less aligned with national and regional averages, yet at 3.72 hours per resident per day (pre-COVID-19), these average staffing levels still fall below what is recommended.<sup>xiii</sup>

The Mathematica report was not alone in finding that “nursing homes with high staffing ratings had significantly fewer cases and deaths per licensed bed.”<sup>xiv</sup> A recent article in the Journal of the American Geriatric Society looked at COVID-19 infections in Connecticut nursing homes and found that “every 20 minutes (per resident day) increase in registered nurse staffing was associated with a 22% reduction in confirmed cases.”<sup>xv</sup> Another recent article explored the connection between nursing home staffing levels and COVID-19 outbreak severity and discovered that “implementing efforts to stem transmission, such as regular testing and cohorting of both residents and staff, is difficult without sufficient staffing levels...(and) having enough nurse aides to implement virus containment will be crucial if deaths are to be averted.”<sup>xvi</sup>

AARP Connecticut strongly supports Section 13 of S.B. 1030, which would establish a minimum staffing level of at least 4.1 hours of direct care per resident per day, although we believe that Section 13(b)(1) contains an drafting error on line 179:

“On or before January 1, 2022, the Department of Public Health shall (1) establish minimum staffing level requirements for nursing homes of at least four and one-tenth hours of direct care per resident, including three and three-quarter hours of care by a registered nurse...”

We believe this should have been drafted as “...including **three-quarters hours of care by a registered nurse...**”

### **Permitting Cameras in Rooms**

Section 14 of S.B. 1030 would allow nonverbal nursing home residents to install electronic monitoring devices in their rooms. People living in the community, including those who receive home and community-based services, have the ability to purchase and install cameras in their homes. We believe that nursing home residents should have access to this same technology in the place that they call home. In addition to providing added security and protection against abuse, cameras would provide opportunities for virtual visitation, keep family members connected to their loved ones, and make it easier for remote caregivers to remain involved in their loved one’s care.

COVID-19 has demonstrated the important role technology can play in improving the lives of nursing home residents. Making sure that nursing home residents stay connected to friends and family is important all the time, but it is especially critical during emergency situations when visitation may be limited and there are heightened concerns about health and well-being. Video technology makes it easier for nursing home residents’ loved ones to monitor their situations

and to stay involved in their care even if they cannot physically visit. This applies to all nursing home residents – not only those who are nonverbal.

In addition to allowing loved ones to passively monitor a resident's condition, video technology can play a role in maintaining important relationships. If all nursing home residents had access to this technology, it would not just help the residents – virtual visitation technology would also benefit their friends and family in the community who may be experiencing loneliness and isolation.

**While we support Section 14, we prefer the language in H.B. 6552, An Act Concerning the Rights of Residents in Long-Term Care Facilities to Use the Technology of Their Choice for Virtual Connections to Family, Friends, and Other Persons.** This bill recently passed out of the Aging Committee on consent and would make commonly used technology available to all residents. H.B. 6552 also contains language that protects residents' privacy.

AARP Connecticut appreciates your leadership in responding to an unprecedented crisis during the past year. We know that the devastating loss of life in nursing homes weighs heavily on many of you, and we offer our condolences to those of you who have lost friends and family members. Thank you for the opportunity to express our strong support for S.B. 1030 and to suggest possible changes.

If you have any questions about AARP Connecticut's support for S.B. 1030 or the suggestions that we have outlined in our testimony, please contact Anna Doroghazi: [adoroghazi@aarp.org](mailto:adoroghazi@aarp.org) or (860) 597-2337.

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#### Works Cited

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<sup>ii</sup> Rosner, Cara and Susan Jaffe. "Coronavirus Stresses Nursing Home Infection-Control Practices." *Connecticut Health I-Team*. March 12, 2020, <http://c-hit.org/2020/03/12/coronavirus-stresses-nursing-home-infection-control-practices/>

<sup>iii</sup> Rowan et al. A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities: Final Report. Princeton, NJ: Mathematica; September 30, 2020. p 40

<sup>iv</sup> Eaton, Joe. "Who's to Blame for the 100,000 COVID Dead in Long-Term Care?" *AARP*. December 3, 2020, <https://www.aarp.org/caregiving/health/info-2020/covid-19-nursing-homes-who-is-to-blame.html?intcmp=AE-HP-BB-LL2>

<sup>v</sup> AARP Public Policy Institute. "AARP Nursing Home COVID-19 Dashboard." *AARP*. March 16, 2021, <https://www.aarp.org/ppi/issues/caregiving/info-2020/nursing-home-covid-dashboard.html>

<sup>vi</sup> National Academies of Sciences, Engineering, and Medicine. 2020. *Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25663external icon>

<sup>vii</sup> Connecticut DPH. "Order." Hartford, CT: Connecticut Department of Public Health, May 9, 2020. Available at: <https://portal.ct.gov/-/media/Coronavirus/20200509-DPH-Order-modifying-therequirements-regarding-visitor-restrictions-at-nursing-homes-reside.pdf?la=en>.

<sup>viii</sup> Rowan et al. A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities: Final Report. Princeton, NJ: Mathematica; September 30, 2020. p 20

<sup>ix</sup> Harrington et al. The Need for Higher Minimum Staffing Standards in U.S. Nursing Homes. *Health Services Insights* 2016:9 13-19 doi:10.4137/HIS.S38994.

<sup>x</sup> Conn. Agency Regs. §19-13-D8t

<sup>xi</sup> Centers for Medicare & Medicaid Services (CMS). Report to Congress: Appropriateness of Minimum Nurse Staffing Ratios in Nursing Homes Phase II Final Report. Baltimore, MD: CMS; 2001.

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<sup>xii</sup> For example, Connecticut General Assembly House Bill 5322 from 2014.

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<sup>xiii</sup> Rowan et al. A Study of the COVID-19 Outbreak and Response in Connecticut Long-Term Care Facilities: Final Report. Princeton, NJ: Mathematica; September 30, 2020. p 63

<sup>xiv</sup> *Ibid* p 19

<sup>xv</sup> Li, Yue et al. COVID-19 Infections and Deaths among Connecticut Nursing Home Residents: Facility Correlates. *Journal of the American Geriatrics Society* 2020: 68 1899-1906 doi:10.1111/jgs.16689

<sup>xvi</sup> Gorges, Rebecca J. and R. Tamara Konetzka. Staffing Levels and COVID-19 Cases and Outbreaks in U.S. Nursing Homes. *Journal of the American Geriatrics Society* 2020:68 2462-2466 doi:10.1111/jgs.16787