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IN SUPPORT, WITH AMENDMENT, OF
S.B. 1030, AAC LONG-TERM CARE FACILITIES

Public Health Committee, Public Hearing, March 17, 2021

Good morning, Sen. Abrams, Rep. Steinberg and members of the committee. My name is Jeffrey Freiser, from Meriden, CT. I ask for your support of S.B. 1030, AAC Long-term Care Facilities, with my particular focus on Section 8, to support the role of family councils.

My Mom, Florence, is 103 years old and a resident of assisted living in Stamford. Last year her facility became a COVID hot-zone. Of a total of about 70 residents, there were 10 COVID-19 associated deaths. In May, Mom contracted COVID-19. I was obsessed with worry. Even at her age, I was not ready to lose her. Somehow, despite her age, Mom survived.

At my mother's facility there is a family council, composed of family members and other loved ones of residents. We typically have 10 to 15 active members. I so much value this group, for the mutual support we give to one another, for the information we gather at meetings (now virtual) with the facility management, and for our collective strength to advocate for changes in facility policies and practices when we think that is necessary. Family councils play an invaluable role, and long-term care management must be required by statute to support them. I offer two examples of our family council's experiences.

Before COVID, we would visit the facility, meet family members of other residents, and invite them to join the family council. Because we often lose family council members, when a resident dies or moves to a higher-care facility, we must continually replenish members through word-of-mouth. Since COVID restrictions, we can no longer do this, because we no longer see other family members on-site. Therefore, we asked our facility's management to send a letter to the family members of all residents, inviting them to join the family council. Management refused. I assume that is because,

on occasion, we have had an adversarial posture with facility management, when we advocated for what we thought best for our loved ones.

Another frustration arose when our family council requested vaccination statistics. Since mid-January, Mom's facility has conducted three vaccination clinics for residents and staff. Our Family Council requested statistics on vaccination rates. Management initially refused to disclose this information, but after our continued efforts, finally relented. We recently learned that 95% of residents but only 58% of staff have received two doses to date.

I urge that COVID-19 vaccination data in long-term care facilities be made publicly available, either directly by the facility or by the state. This data should include the number and percentage of those vaccinated, for both first dose and second dose, for both residents and staff, reported separately for each facility. Family members should have a right to know this critical information, to better assess the risks to which our loved ones are exposed. Transparency of vaccination data should be included in SB 1030. In the meantime, perhaps the Governor can accomplish this with his emergency authority, as has been done with COVID-19 infection and death statistics.

A related issue is how to address the low vaccination rate among long-term care staff. While I strongly support workers' rights, I believe it is now necessary to consider a mandate. Note that the national Atria Senior Living company, with seven facilities in Connecticut, requires vaccinations for all employees (see <https://seniorhousingnews.com/2021/01/11/atria-makes-covid-19-vaccines-mandatory-for-workers/>). I know that Mom's facility has educated and encouraged staff, including the offer of an additional paid day off for vaccination compliance. However, because nearly two months have gone by and no additional on-site vaccinations are planned, I worry that staff rates will not significantly improve. The state should consider mandating employee vaccinations in long-term care facilities, with limited exemptions for legitimate health reasons.

My specific recommendations are below. Thank you.

Recommendations concerning S.B. 1030, AAC Long-term Care Facilities:

- The requirement to facilitate family councils should begin “On or before October 1, 2021...” [line 89]
- The facility should “facilitate the establishment and ongoing operations of a family council...” [lines 90-91].
- To better assure adequate support of family councils, types of support should be specified. [In line 93, after the word “friends” insert] “Such facilitation shall include, but not necessarily limited to, invitations to participate in the family council sent to family members of all residents at least twice a year, inclusion of information about the family council among information provided to family members of all new residents, participation by facility management in family council meetings on a schedule of monthly or less frequently as determined by the family council, and provision of on-site space for family council meetings.”
- “Essential caregiver” must be designated by the resident or the resident’s family. [In line 132] Delete “a long-term care facility” and insert “the resident or the family of the resident.”
- An essential caregiver may not necessarily provide support on a daily basis. [In line 133] Delete “daily.”