



**March 25, 2021**

**Written testimony of Matthew V. Barrett, President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL)**

Good afternoon Senator Moore, Representative Abercrombie and to the distinguished members of the Human Services Committee. My name is Matt Barrett. I am President and CEO of the Connecticut Association of Health Care Facilities / Connecticut Center For Assisted Living (CAHCF/CCAL). CAHCF/CCAL is a one-hundred-and-fifty-member trade association of skilled nursing facilities and assisted living communities. Thank you for this opportunity to submit testimony on **H.B. No. 6634 (RAISED) AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES.**

This legislation implements one of the key areas of focus and findings of the Nursing Home and Assisted Living Oversight Working Group's subcommittee on Socialization, Visitation and Caregiver Engagement Subcommittee. In the event of a future public health emergency that includes restrictions on visitation in long term care settings, if adopted, this legislation will set forth an in-advance process where a nursing home resident can designate an essential support person who may visit the resident despite general visitation restrictions imposed on other visitors. The bill provides that the designated essential support person will adhere to rules promulgated by the Commissioner of Public Health, in conformity with federal rules, designed to protect the health, safety and well-being of long-term care facility residents. A designated essential support person will be included in a person-centered care plan that is developed by a resident or resident representative in consultation with health professionals that focuses on the resident's physical, emotional, psychological and socialization needs of the nursing home resident or assisted living community resident.

We support the bill with an important modification: The provision Section 2(b), 5), which directs the long-term care facility to work with the resident or a resident representative, a family member of the resident or the State Ombudsman to identify an essential support person if the resident has not done so was not specifically recommended by the subcommittee. This provision would seem to run counter to the notion that the resident would identify the essential support person, most often a family member or other person with a longstanding and strong connection to the resident, and this be done initially without involvement of the long term care facility. The facility would appropriately become engaged in the person-centered care planning process that follows.

We believe that without the need for any additional statutory authority, the state ombudsman would more suitably be the one to assist in identifying an essential support person if needed in their capacity as a resident advocate. However, even the state's ombudsman intervention must be carefully considered as potentially counter to the concept of an essential support person as contemplated in the subcommittee discussions. The concept discussed was one where the essential support person is someone who is in the care plan because of their history of providing essential support to a resident. What is implied in even having the ombudsman intervene to facilitate a designation, let alone the facility doing so, is that each resident needs or desires to have an essential support person. We don't believe this is the intention of the essential support person concept.

Thank you and I would be happy to answer any questions you may have.

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