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**IN SUPPORT, WITH AMENDMENT, OF HB 6634, AAC ESSENTIAL  
SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY  
FOR RESIDENTS OF LONG-TERM CARE FACILITIES**

Human Services Committee, Public Hearing, March 25, 2021

Good morning, Sen. Moore, Rep. Abercrombie and members of the committee. My name is Jeffrey Freiser, from Meriden, CT. I ask for your support of H.B. 6634, AAC Essential Support Persons and a State-wide Visitation Policy for Residents of Long-term Care Facilities.

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 72 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.

But this past year has taken a profound toll on her. Pre-pandemic, Mom was vital and active. She loved going to a restaurant with family, playing bingo or word games with fellow residents, sitting outside on a sunny day reading a book. Then, through the long periods of isolation mandated by infection control precautions, Mom declined dramatically – in her physical health, her cognitive skills, and her emotional well-being. Perhaps some of her failing may be her age catching up with her. But if you put a healthy, young prisoner in solitary confinement, just weeks will do damage. And this is what we have done to our frail elderly for a year.

I ask that H.B. 6634 be amended with two additional provisions to empower residents and their families.

First, Connecticut must assure the transparency of vital information, particularly during a public health crisis. Early in the pandemic, families struggled to get information on COVID-19

infection rates and COVID-19 related deaths in the facilities of our loved ones. The Connecticut Department of Public Health subsequently released and weekly updated these statistics, first for nursing homes, and later for assisted living.

Today, family members desperately seek disclosure by facility management of vaccination rates for both residents and staff. Since mid-January, my Mom's facility has conducted three vaccination clinics for residents and staff. Management initially refused to disclose vaccination rates, 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, and updated on a weekly basis. 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 infection, mortality and vaccination data should be required by H.B. 6634. In the meantime, perhaps the Governor can accomplish this for vaccination statistics with his emergency authority, as already has been done with COVID-19 infection and death statistics.

Second, the role of family councils must be strengthened. At my mother's facility there is a family council, composed of family members and other loved ones of residents. 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.

Usually, the relationship between the facility management and the family council is cooperative, but at times it becomes more difficult. For example, family members have had to fight for disclosure of information, increases in services, and greater access to our loved ones during the pandemic lockdown.

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 in-person recruitment, 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 we sometimes have had an adversarial posture with facility management.

Because family councils play an invaluable role, long-term care management must be required by statute to support them. Section 8 of S.B. 1030, AAC Long-term Care Facilities, provides an example of language that would accomplish this goal. Pasted below is that section and my recommendations for its improvement.

Thank you.

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Section 8 of S.B. 1030, AAC Long-term Care Facilities:

Sec. 8. (NEW) (*Effective October 1, 2021*) On or before January 1, 2022, the administrative head of each long-term care facility shall facilitate the establishment of a family council to encourage and support open communication between the facility and each resident's family members and friends. As used in this section, "family council" means an independent, self-determining group of the family members and friends of a long-term care facility's residents that is geared to meeting the needs and interests of the residents and their family members and friends.

Recommendation of new section for H.B. 6634, AAC Essential Support Persons and a State-wide Visitation Policy for Residents of Long-term Care Facilities (based upon Section 8 of S.B. 1030):

(NEW) On or before [January 1, 2022] October 1, 2021, the administrative head of each long-term care facility shall facilitate the establishment and ongoing operations of a family council to encourage and support open communication between the facility and each resident's family members and friends. Such facilitation shall include, but not be 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. As used in this section, "family council" means an independent, self-determining group of the family members and friends of a long-term care facility's residents that is geared to meeting the needs and interests of the residents and their family members and friends.