



State of Connecticut
Department of Aging and Disability Services
Long-Term Care Ombudsman Program

**Human Services Committee
Public Hearing
Thursday March 25, 2021
Testimony of Mairead Painter, State Long-Term Care Ombudsman**

Good morning Senator Moore, Representative Abercrombie, Senator Berthel, Representative Case and distinguished members of the Human Services Committee. My name is Mairead Painter and I am the State Long-Term Care Ombudsman. Thank you for the opportunity to offer testimony today. The Long-Term Care Ombudsman Program (LTCOP) is mandated by the Older Americans Act and Connecticut General Statutes Sections 17b-400 through 17b-406 to provide services to protect the health, safety, welfare and rights of the residents of long-term care facilities. As the State Ombudsman, it is my responsibility to facilitate public comment and represent the interests of residents in order to recommend changes to the laws, regulations, policies and actions which affect the resident's quality of life and care. On behalf of the 30,000 residents in Connecticut's skilled nursing facilities, residential care homes and managed residential communities, I would like to testify regarding several bills that are before you today.

S.B. No. 1057 AN ACT CONCERNING NURSING HOMES.

Staffing in nursing homes is a topic we have been discussing for over a decade. CT has one of the country's lowest required direct care ratios at 1.9 hours a day. There have been over a hundred studies done that show the clear correlation between appropriate staffing levels and quality care. At a federal level the guidance requires that there is enough staff to meet individualized needs. We have seen over and over again how this does not work. CNA's are stretched as far as they can go, and this causes impact to residents. Lower staffing levels also puts residents at risk for abuse or neglect, as staff become over worked and burnt out or cannot possibly provide appropriate levels of care resulting in unintended neglect that often falls on the shoulders of the CNA's.

I can give you examples of the impact that staffing levels have on residents lives, but instead of hearing it from me I ask that you listen to the virtual testimony submitted by members of the Executive Board of Presidents of Resident Council's. You will hear directly from them what happens when we staff to "acuity of the resident". The pandemic has shown a light on the needs we have been highlighting in this area for years and we appreciate the committees desire to increase the quality of care provided in our nursing homes.

S.B. 1054 AN ACT ESTABLISHING A STATE HOME HEALTH AND HOSPICE OMBUDSMAN.

The Long-Term Care Ombudsman Program (LTCOP) believes this is a well-intended bill and that the services of the ombudsman should be expanded to the community, however I disagree that it should be done under an office at the Department of Public Health (DPH). I do not support the idea of developing a new office within a department that has direct oversight of the services provided to the client. An

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ombudsman who is appointed by the DPH Commissioner, a commissioner who has direct oversight of the licensure and investigation of home health and hospice, does not allow the autonomy necessary for the ombudsman to be effective. This is the reason the LTCOP is administratively housed at the Department of Aging and Disability Services and not in the Departments of Public Health or Social Services which have oversight of the long-term care industry.

I have also attached a report called for by the legislature in 2019 and submitted by the commissioner of the Department of Social Services and me. This report outlines the concept of a Community Ombudsman Program with a focus on home health and hospice. Many of the individuals served in home or hospice settings have been in long-term care settings and already have a relationship with the current LTCOP. I believe that having one long-term care ombudsman's office with two units will better support the individual, productively build on established relationships, and potentially provide better continuity for the individual. Although I disagree with it being a separate program under DPH, I very much agree with the concept and recognize the need for such a program.

H.B. 6634 AN ACT CONCERNING ESSENTIAL SUPPORT PERSONS AND A STATE-WIDE VISITATION POLICY FOR RESIDENTS OF LONG-TERM CARE FACILITIES.

The Long-Term Care Ombudsman Program (LTCOP) supports the designation of an Essential Support Person for long-term care residents. It is essential that residents' social and emotional needs are met, and these needs should be seen as equal in importance to medical needs. This year we have seen the devastating effects of not treating social and emotional well-being as an equal priority. A little over a year ago, in response to the looming pandemic and in an effort to save residents' lives, residents' rights were waived at a federal level. The Centers for Medicare and Medicaid Services (CMS) put these unprecedented restrictions in place without an effective emergency response plan that treated residents in a holistic way. In fact, there was no plan for an event which involved more than a year of necessary infection control measures and residents being confined to their rooms for months at a time in prolonged isolation, causing significant and devastating unintended consequences. Consequences like failure to thrive, weight loss, physical decline and even death. Staff worked around the clock just to meet basic needs and, in most cases, were not able to meet the residents' social and emotional well-being.

The results have been tragic. Today, you can change that. You have the ability to allow a resident or a responsibility party to designate an Essential Support Person who should be provided and educated with all of the necessary precautions to meet the situation at hand and then have meaningful access to the resident. Residents have multi-faceted needs and all of these needs must be met for the resident to be considered "safe". Without this change, you just have a patient in a bed.

I applaud this committee and all of our elected officials for listening to residents and family members and hearing their appeal to never let this happen again. Going forward, we need a balanced approach

that meets all the resident's needs and works to keep them "safe". This approach must include the ability to designate an Essential Support Person.

We thank you for recognizing a resident's right and need to have regular access to an Essential Support Person.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Mairead Painter". The signature is fluid and cursive, with a long horizontal stroke at the end.

Mairead Painter
State Long Term-Care Ombudsman
Department of Aging and Disability Services