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January 12, 2022

State Rep. Joe Sanfelippo's Testimony on AB 215

Chair Gundrum and committee members, thank you for holding a public hearing on 2021 Assembly Bill 215, relating to visitation of long-term care facility residents or hospital patients, and for inviting me to speak to you today.

The ongoing COVID-19 pandemic has impacted every facet of our lives since it exploded in the United States in March of 2020. In the early days of the outbreak, lockdowns and other expansive restrictions were offered as blunt stopgap measures to “flatten the curve” and to buy time to learn more about this novel disease so that we could develop and implement more narrowly tailored and effective long-term strategies. With the benefit of time and perspective, we now know that these broad restrictions caused more significant and lasting disruptions to certain groups than those deciding on the restrictions had perhaps fully appreciated in the moment.

Arguably, nowhere were the impacts of these severe restrictions felt more than in hospitals, nursing homes, and other similar care facilities. The total bans on visitation at these facilities have yielded truly tragic consequences: sick and elderly patients have been left to die alone in hospital beds, denied the basic human dignities of comfort and companionship from their loved ones. Families have had their grief compounded with feelings of guilt from being forced to abandon their loved ones in their final moments and with being denied the closure of seeing them one last time to say goodbye. Dementia patients have lost the critical routines they need to preserve a fragile grip on their remaining memories and connections. Clergy members have been prevented from providing spiritual support and consolation for sick parishioners.

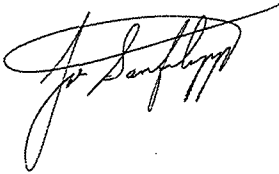
Hearing heartbreaking personal stories from friends, neighbors, and constituents is why I introduced AB 215 with Sen. Kooyenga. These experiences were tragic and inhumane, and ones that we must not tolerate in the future. AB 215 would establish a baseline of essential visitation for hospitals and nursing homes by allowing at least one family member and one member of the clergy to visit patients at these facilities. To be clear, this would not represent a free-for-all: we took care to ensure that facilities would still be able to require observance of other important public health measures, such as masking and testing, to reduce health risks as much as possible while still respecting the need for human connection that these visits can offer. It is a mistake to reduce this to a binary choice between safety and compassion: we can and must strive to respect both goals.

One question that I have heard about this bill is why do we still need it? While many of the worst of these restrictions have been lifted at these facilities, we should remember that they lasted for over a year and remained in place long after vaccinations had been widely available and distributed; for instance, as recently

as last month, the Winnebago Mental Health Institute still prohibited visitors for its adult patients—nearly two years after the pandemic began. So even while the rest of society has reopened, facility administrators remain tempted by over-caution, inertia, and expedience in choosing to resist restoring critical access.

That is why I believe it is so important for us to learn from the lessons that are still fresh in our collective minds and be better-prepared for whatever the future may bring. As we have seen, the delta and omicron variants have continued to inject uncertainty into our efforts to put the pandemic behind us, and this entire experience should have taught us to appreciate the risk of further variants or other diseases that may emerge in the future that may tempt similar lockdowns. We need to put safeguards in place now to ensure that the tremendous burdens these visitation bans placed on nursing home residents and their families will no be tolerated again in the future.

Thank you for your time today, and I urge you to pass this important bill to ensure that critical support and comfort is available to sick individuals at the time of their greatest need.

A handwritten signature in black ink, appearing to read "Joe Sanfilippo". The signature is written in a cursive style with a large, sweeping initial "J".



To: Representative Rick Gundrum, Chair
Members of the Assembly Committee on Aging & Long-Term Care

From: Michael Pochowski, President & CEO

Date: Wednesday, January 12, 2022

Re: **Assembly Bill 215: Request Amendment to add Guidance from CDC**

On behalf of the Wisconsin Assisted Living Association (WALA) we are asking for a simple amendment to Assembly Bill 215, legislation relating to visitation of a long-term care facility resident or hospital patient by an essential visitor or member of the clergy.

Please know that WALA supports the position that residents be able to designate an essential visitor to visit and provide support for a resident. Further, we appreciate that an exception is provided in AB-215 when the federal Centers for Medicare and Medicaid Services (CMS), a division of the U.S. Department of Health and Human Services (DHHS) issues more restrictive guidance, likely to occur in times of crisis.

However, CMS does not have regulatory authority over assisted living facilities. In fact, unlike other provider types identified in AB-215, assisted living facilities are not Medicaid or Medicare certified. Medicaid coverage of assisted living varies by state. Further, Medicare does not cover the cost of assisted living facilities or any other long-term residential care.

Federal guidance for assisted living facilities on infection control of communicable diseases (such as influenza, COVID-19, Viral Hepatitis, Tuberculosis, etc.), including visitations, traditionally comes from DHHS-CDC (not DHHS-CMS).

Therefore, WALA is asking that an additional division of DHHS be identified specifically for assisted living facilities - the federal Centers for Disease Control and Prevention (CDC) - as this agency division has and is more likely to provide such guidance for assisted living facilities.

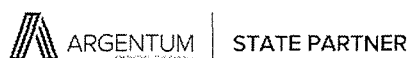
Please note that WALA has been in contact with the lead authors of the bill to explain this request.

Thank you for your consideration in this matter. If you have any questions, please feel free to contact me or our lobbyist, Forbes McIntosh.

The Wisconsin Assisted Living Association is a statewide association for Wisconsin's assisted living industry. WALA represents over 1,500 Wisconsin's assisted living facilities and their residents. WALA promotes standards of quality care and provides valuable member services to organizations providing assisted living services. WALA leads the profession with advocacy, educational programs, professional products and tools, and other member quality resources.

WALA - Wisconsin Assisted Living Association

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WISCONSIN CATHOLIC CONFERENCE

TO: Assembly Committee on Aging and Long-Term Care

FROM: Kim Vercauteren, Executive Director

DATE: January 12, 2022

RE: AB 215, Visitation of a Long-term Care Facility Resident or Hospital Patient

On behalf of the Wisconsin Catholic Conference (WCC), the public policy voice of the bishops of Wisconsin, I express our support for Assembly Bill 215. Assembly Bill 215 allows a nursing home or assisted living facility resident or hospital patient to designate an “essential visitor” during compassionate care situations. The bill also requires that assisted living facilities, nursing homes, and hospitals allow at least one member of the clergy to visit with a resident or patient.

Catholics regard caregiving as part of a healing ministry modeled on the work of Christ himself:

Jesus’ healing mission went further than caring only for physical affliction. He touched people at the deepest level of their existence; he sought their physical, mental, and spiritual healing (Jn 6:35, 11:25-27). He “came so that they might have life and have it more abundantly” (Jn 10:10).¹

The professionals who provide daily assistance and medical care for the elderly, individuals with disabilities, and those seeking treatment for illness or chronic conditions perform demanding work, often with risk to their own health. However, in focusing on basic physical needs and the preservation of physical health, as a society we sometimes overlook the mental, emotional, and spiritual aspects of our humanity. Instead, we should recognize God’s image in our neighbor and support the whole person - mind, body, and spirit.

Regular, meaningful visitation has been shown to promote improved health in care facilities, resulting in faster recovery from illness or treatment, reduced anxiety and stress, and increased monitoring of an individual’s condition. A loved one’s listening presence can help those dealing with powerlessness, pain, and alienation; provide aid in decision-making; and show patients that they are more than the sum of their physical ailments.

Clergy have an essential role in this care, providing prayer, advice, comfort, and communion. Many faith traditions require that only clergy administer certain rites. Within the Catholic tradition, for example, those facing death will request visitation by a priest for confession, the

¹ United States Conference of Catholic Bishops (USCCB), *Ethical and Religious Directives for Catholic Healthcare Services (Sixth Edition)*, 2018, p. 6, https://www.usccb.org/resources/ethical-religious-directives-catholic-health-service-sixth-edition-2016-06_0.pdf

anointing of the sick, and Holy Communion. By providing long-term care residents and hospital patients with regular access to clergy visitation, AB 215 makes certain that vulnerable individuals continue to receive spiritual care when it is most necessary.

The need for the consolation of loved ones and spiritual preparation often grows, not diminishes, as physical health fails. It is for this reason that we urge an amendment to AB 215 that would allow essential visitors access to assisted living or nursing home residents nearing the end of life, as is provided for hospital patients under the bill.

We also recognize that visitors can bring potential risks, such as the enhanced transmission of disease and further stress on staff. However, under the provisions of AB 215, a facility may refuse to allow access for visitation if a visitor or clergy member refuses to comply with the facility's public health policies. Doing so, ensures that facilities can maintain a safe and controlled environment that does not result in further challenges for residents, patients, and staff.

Throughout the COVID-19 pandemic, we have seen how essential it is to have the direct support of faith, family, and friends. Efforts to limit the contagion forced individuals to face daily challenges, frightening uncertainty, and even dire health issues in isolation. Assembly Bill 215 ensures that, during challenging times, all those in need of visitation are accommodated. We urge you to support this humane legislation.

Thank you.



WISCONSIN FAMILY ACTION
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TESTIMONY IN SUPPORT OF ASSEMBLY BILL 215
ASSEMBLY COMMITTEE ON AGING AND LONG-TERM CARE
WEDNESDAY, JANUARY 12, 2022
JULAIN K. APPLING, PRESIDENT

Thank you, Chairman Gundrum and committee members, for the opportunity to testify on Assembly Bill 215. Wisconsin Family Action supports this bill.

My testimony is extremely brief today. I am confident that throughout this hearing you will hear about studies that show the very real good that comes from patients and residents being allowed to have family or close friends with them during a serious illness or extended stay. I'm not adding to what I am sure will be more than adequate "scientific proof" of the need for this bill. There's no reason to belabor that information.

This is common sense bill, but it is much more than that at this point. It's the right thing to do and is at least a step in the right direction for assuring that desperately ill people are afforded the care and support of people who love them. We believe the bill strikes an appropriate risk-benefit balance and still allows the health-care facilities to enact and enforce their public health regulations and policies and also provides an exception should the federal Centers for Medicare and Medicaid Services issues more restrictive guidance.

Horror stories abound about families being separated from loved ones who have been in the hospital during COVID, or residents of nursing homes or long-term care facilities being isolated for months. As we know all too well, in some of these situations, people have died alone without the support of loving family members, including spouses. This is egregiously wrong. It's profoundly sad to think how many people this has happened to in our state.

Over the last several months we have received numerous calls from people whose husband or wife or mom or dad or adult child have been in the hospital grievously ill, and they cannot visit them because of the hospital's visitation restrictions during COVID. These folks are justifiably upset, even distraught. They've wanted to know what their legal options are. In essence, they've begged us, some in tears, for help—and we've been powerless to help them in one of the most stressful times of their lives. The same has happened for loved ones in nursing homes or other long-term care facilities.

In general, we believe private businesses should be able to set their own policies. Similarly, in general we believe the fewer regulations any level of government puts on private business, the better. But these visitation policies have been egregiously wrong. While I'm sure the decision-makers in these hospitals and facilities did not intend to dehumanize their patients, that's been one of the consequences of keeping them from loving family members and friends.

We realize hospitals and long-term care facilities are, like all the rest of us, trying to do what is best to deal with a virus that just doesn't seem to let us out of its clutches, but their visitation rules in too many instances have been more harmful than helpful to both patient and family members. It's unfortunate we need to have a state law that forces these health-care providers to allow at least one essential visitor and a member of the clergy access to a patient, but that's where we apparently are right now.

I suspect this bill has sat for nearly a year because everyone was hoping it would become unnecessary or at least not of great urgency because the virus would have released its vise-like grip. However, that didn't happen. So, at this point, we urge this committee to take quick executive action and get the bill to the full Assembly for a vote. Surely this is a bill the governor will see as necessary for the health and well-being of our citizens.

Thank you for your time today and for your careful consideration of our position on this bill.