Testimony of Sarah Calder, MaineHealth
In Opposition to LD 1601, “An Act Regarding Visitation Policies for Long-term Care Facilities, Hospice Providers and Hospitals”
Monday, May 1, 2023

Senator Baldacci, Representative Meyer, and distinguished members of the Joint Standing Committee on Health and Human Services, I am Sarah Calder, Senior Government Affairs Director at MaineHealth, and I am here to testify in opposition to LD 1601, “An Act Regarding Visitation Policies for Long-term Care Facilities, Hospice Providers and Hospitals.”

MaineHealth is Maine’s largest integrated non-profit health care system. We provide a full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. Every day, MaineHealth’s over 23,000 employees are committed to fulfilling our vision of “working together so our communities are the healthiest in America.”

Our clinicians are dedicated to fostering a patient-centered care environment in which patients and their families are fully engaged and empowered to take ownership of their health. Our care team members are focused on providing care to our patients that accelerates recovery. We recognize that family support can be critical to improved health outcomes. Our approach is aligned with providing this access and support whenever is safe and feasible.

We fully appreciate the intent behind this legislation, but, as drafted, it will strip our clinical and administrative teams of the latitude and flexibility to make decisions – based on the current situation – in which we balance patient benefit and risk to the patient, visitor, care team, and community. It also has the potential to place us in a most difficult position in which we are stuck between adhering to U.S. CDC guidelines, licensing regulations, and State law.

The legislation before you today does not provide any exceptions to the visitor policies of hospitals, long-term care facilities, or hospice providers. It fails to take in account instances where we need to consider both patient safety and our care team member safety – what if there is an outbreak in a nursing home, like scabies, what if the visitor is clearly sick, or what if we are faced with an even more contagious and deadly pandemic than the one we are still recovering from? Our clinicians need the flexibility to protect the safety of our patients and our care team members, and visitor policies should be based on science and evidence-based guidelines from medical professional societies, as well as federal and state regulations.

While the pandemic may be in our rearview, we can’t forget that in the early days of the pandemic personal protective equipment (PPE) was scarce, if not impossible to secure. Hospitals were – and are still – required to meet U.S. CDC guidelines related to patient and care team member safety. We needed to prioritize the safety of our care team in order to continue meeting the urgent needs of our community, and we simply didn’t have enough PPE for our care team members and the volume of visitors that would be allowed under LD 1601.

This legislation also has the potential to put our very fragile health care system at risk. As I have shared with you before, we are facing a long-anticipated workforce shortage and LD 1601 could
worsen the situation by putting our care team members at risk of illness, resulting in an even greater shortage of health care workers. At the height of the pandemic, in January 2022, we had over 1,100 care team members out of work with COVID symptoms or due to COVID exposure. During a time of record-high patient volume and acuity, the strain this put on the health care system and our care team members cannot be understated. And during this time, we needed the flexibility to adjust our visitation policies and procedures so that we could keep our care team member safe and so that they could focus on their highest priority – providing high-quality care to our most vulnerable.

Before I close, it’s important to mention that in the limited number of unique circumstances in which the presence of family would not have facilitated care and would have hindered workflow (space constraints due to care team members wearing Power Air Purifying Respirators), or could have endangered the safety of the patient, visitor, care team, and community, we facilitated other means of communication for the patient and family, including Zoom.

I know this is a difficult conversation, and please know that we not take it lightly, but I urge you to vote Ought Not to Pass on LD 1601 so that our clinicians can continue to have the flexibility they need to safely meet the needs of our communities, all while keeping our care team and patients safe. Thank you for your time and consideration and I would be happy to answer any questions.