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TESTIMONY TO

The Michigan House of Representatives

Health Policy Committee

Chairperson
Rep. Bronna Kahle

PRESENTED BY

Dave Gehm, President & CEO
Wellspring Lutheran Services

Wednesday, February 24, 2021

Introduction

Good afternoon, Chairperson Kahle and members of the Health Policy Committee. I am Dave Gehm, President and Chief Executive Officer of Wellspring Lutheran Services. Thank you for allowing me the opportunity to provide input and perspective today. I hope to bring a voice to those whose voices have been silenced throughout this pandemic — our elders who reside in Michigan's nursing homes and assisted living facilities, and their loved ones.

Wellspring Lutheran Services

Wellspring is one of the state's most historic human care agencies, serving underprivileged persons in Michigan since 1893 when we were founded by an act of the Lutheran church. Wellspring is unique in that we serve children, families and seniors — serving people of Michigan in more than 50 of our 83 counties. Wellspring serves over 10,000 persons each day, with a staff numbering over 1,000 across the state, including the upper peninsula.

It has been my privilege to serve at Wellspring for 30 years, the past 25 of them as president and CEO.

A Voice for Elders

On March 10, 2020, the world changed for everyone. Restrictions and lockdowns came quickly, and no group of people has been more impacted than our elders — and no voice has been more absent than theirs. For 11 months now, our elders have been isolated, lonely, scared and cut off from their loved ones. The negative

impact of the pandemic and lockdowns on the psycho-social and mental health of persons of any age has been well documented. Although not yet studied, we have every reason to believe the impact on our isolated elders is devastating.

Early on, we knew very little about the virus; but one thing we did know was that COVID attacked those with frailty and medically compromised conditions with deadly results. Clearly, this describes the nursing home population we serve — elderly, severely medically compromised, and living in close quarters. When this began, we had little with which to fight the virus; total visitor restrictions were a reasonable and necessary step. I'm not here to second guess those steps based on what we knew then.

Given the fact that the elderly have been disproportionately impacted by infection rates, serious illness and death, our need to protect them has been obvious. We now know that 80% of COVID deaths have occurred in the 65-and-over population, with 33% of all deaths here in Michigan (16,432/5515) being in nursing homes and care facilities.

As the initial surge of cases began to dissipate in May, the Centers for Medicare and Medicaid Services (CMS) published new guidance on the relaxation of visitation restrictions for care facilities. It allowed for a phased re-opening based on community positivity rates and provided for outdoor visitations where appropriate. This provided great hope that residents could at least begin some visitation.

Under the CMS Guidance, indoor restrictions could begin to be lifted when county positivity rates were "Medium" (5-10%) or "Low" (< 5%). During the summer, Michigan saw positivity rates drop and sustain below 5% from essentially June to October.

However, the State of Michigan did not adopt or otherwise take action to implement the CMS Guidance. Michigan has implemented a system of rating each county using an "A-E" level, based on an algorithm produced by the state, working with the University of Michigan School of Public Health. Providers have been confused by this system, experiencing positivity rates below 5% in some counties while still being labeled an "E" level, thereby preventing visits.

Sadly, here in Michigan, we continued with essentially the same restrictions that were established on March 13, 2020.

As of February 19, 2021, if Michigan had implemented the CMS guidelines for phased reopening for visitation, there would be only 2 counties unable to open in some form. As it stands, we have 38 counties at the "E" level that Michigan has established, preventing residents in those counties from any sort of visit with loved ones.



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For instance, Ionia County is currently at a 10.1% positivity rate; Saginaw County is at 3.3% (Monday, February 22). Both appear on the MI Safe Start Map as being Level D in the state's algorithm. Applying the CMS guidelines, Ionia nursing home visitation would be restricted; Saginaw would be open for controlled visits at the least restrictive level. Lenawee County is at 4.0% positivity rate, yet shows up as a Level E on the MI Safe Start Map with no visitation allowed.

These examples underscore the importance of a more nuanced, locally-determined approach to visitation in Michigan's care facilities.

Conditions have changed significantly over the last six to eight months. We now have:

- Adequate PPE
- Weekly and/or biweekly testing for all staff and residents when needed
- Rapid tests "at the door"
- Therapeutics that lessen the severity of the illness
- Monoclonal antibodies that have shown great effectiveness in the elderly
- Vaccines

We can and must revise the policy under which the vast majority of our elders are isolated and separated from those they love. A safe visitation policy could easily include:

- Vaccinated residents would be eligible for in-person visits.
- Families who are visiting would be rapid tested at the door and cleared for entry.
- Visitation would occur in a room separate from resident living areas and sanitized between visits.
- Visitors and residents would be masked and socially distanced.
- Visits would be by appointment and limited to two family members for one hour.

Under these circumstances, residents would be able to reconnect with loved ones while cases in the community continue to decline.

The restrictions placed upon the citizens of Michigan this past year have been difficult for everyone. Each of us has our story to tell about something lost, an important event cancelled or a memory not made. But for most of us, at some point, we'll look back at this

as a moment in time that we made it through. Sadly, for many of our elders, this isn't a moment in their life, it is the rest of their life — lived in isolation and loneliness.

We welcome your interest in this important matter, and urge legislators, MDHHS, and the Governor's Office to come together and create meaningful, swift reforms.

We can do better; we must. Our elders need us to help them with what is the greatest desire of their heart: *to see their loved ones once again.*

It's time to **Give Seniors a Say.**

Thank you.

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