

## 131st MAINE LEGISLATURE

## **FIRST SPECIAL SESSION-2023**

**Legislative Document** 

No. 1601

S.P. 632

In Senate, April 11, 2023

An Act Regarding Visitation Policies for Long-term Care Facilities, Hospice Providers and Hospitals

Reference to the Committee on Health and Human Services suggested and ordered printed.

DAREK M. GRANT Secretary of the Senate

Presented by Senator STEWART of Aroostook. Cosponsored by Representative FAULKINGHAM of Winter Harbor and Representative: LIBBY of Auburn.

2	Sec. 1. 22 MRSA §1711-D, sub-§1-A is enacted to read:
3 4 5	1-A. Additional visitation requirements. In addition to the requirements in subsection 1, a hospital must adopt a policy that allows for in-person visitation by January 1, 2024, as follows.
6 7	A. Unless the patient objects, in-person visitation must be allowed in the following circumstances:
8	(1) An end-of-life situation;
9	(2) Childbirth, including labor and delivery; and
10	(3) When the patient is a minor.
11 12 13	B. The policy must allow for the patient to designate a person who is a family member, friend, guardian or other individual as a designated visitor who must be allowed to visit the patient for at least 2 hours daily in addition to any other visitors.
14 15 16 17 18 19 20 21	C. The policy must, at a minimum, include infection control and education policies for visitors; screening, personal protective equipment and other infection control protocols for visitors; permissible length of visits and numbers of visitors; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies may not be more stringent than those established for the hospital's staff and may not require visitors or designated visitors to submit proof of any vaccination or immunization. The policy must allow consensual physical contact between a patient and visitors.
22 23 24	D. The policy may require visitors to agree in writing to follow the hospital's policy. A hospital may suspend in-person visitation of any visitor if the visitor violates the policy.
25 26 27	E. The hospital must provide the visitation policy to the department when applying for initial licensure, licensure renewal or change of ownership. The policy must be made available to the department for review at any time, upon request.
28	F. The hospital must post its visitation policy on its publicly accessible website.
29 30	G. The department shall establish a process for any member of the public to report complaints against the hospital.
31 32	<b>Sec. 2. 22 MRSA §1711-D, sub-§2, ¶A,</b> as enacted by PL 2001, c. 378, §1, is repealed.
33	Sec. 3. 22 MRSA §7922, sub-§1-A is enacted to read:
34 35 36 37 38 39	1-A. Designated visitor. "Designated visitor" means a person chosen by a resident of a long-term care facility or a hospice who is a family member, friend, guardian or other individual who is allowed to visit the long-term care facility or hospice as long as the resident does not object. The designated visitor may personally provide assistance to the resident with the activities of daily living as defined in section 7302, subsection 1-A, or may provide emotional support and company to the resident.
40	Sec. 4. 22 MRSA §7922, sub-§1-B is enacted to read:

Be it enacted by the People of the State of Maine as follows:

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- **1-B. Hospice.** "Hospice" means a hospice provider licensed under chapter 1681.
- Sec. 5. 22 MRSA §7922, sub-§2, as enacted by PL 1981, c. 445, is amended to read:
  - **2. Resident.** "Resident" means any person who lives in and receives services or care in a long-term care facility or a hospice.
    - Sec. 6. 22 MRSA §7926 is enacted to read:

## §7926. Visitation policies

No later than January 1, 2024, each long-term care facility and hospice provider must establish a visitation policy for visitors and designated visitors as follows.

- <u>1. Circumstances for in-person visit requirements.</u> The policy must allow in-person visitation in all of the following circumstances unless the resident objects:
- A. End-of-life situations:
- B. A resident who was living with family before being admitted to the long-term care facility or hospice and is struggling with the change in environment and lack of inperson family support;
- C. A resident is making one or more major medical decisions;
- D. A resident is experiencing emotional distress or grieving the loss of a friend or family member who recently died;
- E. A resident needs cueing or encouragement to eat or drink that was previously provided by a family member or caregiver;
  - F. A resident who used to talk and interact with others is seldom speaking; and
- G. The resident is under 18 years of age.
  - **2. Designated visitors.** In addition to a policy for in-person visitation, the policy must allow for in-person visits to a resident by the resident's designated visitor for at least 2 hours daily. This section does not require a designated visitor to provide necessary care to the resident, and providers may not require a designated visitor to provide such care.
  - 3. Infection control and education. The policy must, at a minimum, include infection control and education policies for visitors; screening, personal protective equipment and other infection control protocols for visitors; permissible length of visits and numbers of visitors; and designation of a person responsible for ensuring that staff adhere to the policies and procedures. Safety-related policies may not be more stringent than those established for the long-term care facility or hospice's staff and may not require visitors or designated visitors to submit proof of any vaccination or immunization. The policy must allow consensual physical contact between a resident and visitors.
  - **4. Violations.** The policy may require visitors to agree in writing to follow the long-term care facility's or hospice's policy. A long-term care facility or hospice may suspend in-person visitation of any visitor if the visitor violates the long-term care facility's or hospice's policy.
  - 5. Policy provided to the department. The long-term care facility or hospice provider must provide the long-term care facility's or hospice provider's visitation policy to the department when applying for initial licensure, licensure renewal or change of

ownership. The long-term care facility or hospice provider must make the visitation policy available to the department for review at any time, upon request.

- 6. Website access. The visitation policy must be accessible on the home page of the long-term care facility or hospice provider if such a page exists. The department must also explain the visitation requirements of this section on its publicly accessible website.
- 7. Complaints. The department shall establish a process for any member of the public to report complaints against a long-term care facility or hospice.

SUMMARY

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This bill requires long-term care facilities, hospice providers and hospitals to adopt a visitation policy that is provided to the Department of Health and Human Services. The policy must be adopted by January 1, 2024. The policy must permit in-person visitation in certain circumstances. The policy must include infection control and education policies for visitors and may not require visitors to provide proof of vaccinations. It also requires the policy to allow for a resident of a facility to designate a family member, friend, guardian or other person as a designated visitor that may visit in person for at least 2 hours a day in addition to other visitors. The policy must be posted on the hospital's website and a long-term care facility's or hospice provider's website if such a website exists. The department must post information on visitation requirements on its website and establish a process for the public to report complaints against providers.