



March 16, 2021

Testimony in Support of HB 2126

Good Afternoon, Chairwoman Warren and members of the Senate Judiciary committee.

Thank you for this opportunity to share my story and experiences related to HB 2126. I am Charlotte Rathke, Administrator at Locust Grove Village in La Crosse, KS. I have been the administrator for 17 years but there is more to my story. I committed my life to the service of elders when I was in high school. I am a music therapist by education with a degree from the Univ of KS and I knew I wanted to work with elders; I studied; I focused my learning and for 37 years I have worked to provide and ensure Kansas elders receive loving and compassionate care in a nursing home. For 26 years of that time now, I have been an administrator in rural western Kansas homes. My work is a calling, God gave me the gifts; it is a ministry, a devotion to the vulnerable, the sick, and often forgotten members of our society.

And now COVID-19. The NOVEL Coronavirus --- I stress the word NOVEL because I think it is very important for this discussion. The definition of NOVEL is "new and not resembling something formerly known or used". No one had experienced this deadly virus before -- no government was prepared for it -- no business had ever dealt with it -- no health care entity knew how to act when it started (and we're still learning as we go). Which is why I ask you to support HB 2126. Nursing home providers should not be singled out as the provider that has "cause" for what occurred with COVID-19 and the elders.

COVID-19 is a virus; it spreads quickly; it is present where you can't see. It hits where groups of persons gather together. We call them clusters. It occurs in colleges, in meat packing plants, at daycare centers, in church choirs, in KS correctional facilities, in hospitals and in nursing homes. And it can be deadly. It can impact vulnerable, ill, and compromised elders even more often.

Let me share a little of our story at LGV. We locked down on March 13, 2020 and began implementing all the guidance outlined through CMS and recommendations from CDC. We are a 4-Star facility in the CMS Nursing Home Compare system. We have not had an infection control

deficiency in over 5 years. We kept COVID at bay for 6+ months, even reopening and allowing family visitation for a period in June through Aug. But on Sept. 6 I got a call --- a contractor (but by CMS definition a staff member) had tested positive for COVID. So testing for all residents and staff began. First another staff and then another and by Sept. 24 we had 2 residents of our nursing home who were asymptomatic but tested positive. Then days later another 2 residents. By October 16 we had no more residents or staff with positive results. Our county positivity rates were in the green zone. We reopened again to visitation. However, on Nov 6 our outbreak began again with a vengeance. Over 3 weeks we had 27 of 33 residents test positive in the nursing home; 5 of 14 residents in our Assisted living and 27 of our 43 staff all become positive with COVID-19. We had entire departments out with the illness. Our nursing staff was stretched thin.

But here is why HB 2126 is important --- there was no predicting who became ill. There was no infection control practice that wasn't followed the same as before or since. There was no rational conclusions to how COVID impacted our staff and residents. We had residents who NEVER left their room even before COVID as that was their pattern of living who got COVID, While at the same time a resident impacted by dementia, wanders and settles into the public areas and not understanding the use of masks and has never gotten COVID. Staff who worked tirelessly in the direct line of COVID infection never became ill. We had 4 infection control COVID surveys from KDADS since June and never a deficiency found. We are doing all that the regulations and IC practices say we should do. SO...

Was LGV at fault?? Is our facility to blame for this illness and its impacts? Impacts that include the death of 4 residents.

And now we have been COVID free since November 27th. Our Rush County positivity rates have increased and increased --- to a high of 29.9%. But there has been no more illness at LGV. What are we doing differently? Nothing.

This is NOVEL -- it is new; it is not anything we have ever formerly known. And nursing homes should not be singled out in this legal immunity discussion.

There are a number of detrimental effects that result when nursing homes are held to a standard or projected as the "reason" elders become sick and die. It creates FEAR --- fear for our residents; their family members; persons in the public who need long term care support; we had employees quit due to the COVID outbreak; we had persons not pursue employment with us because they didn't want to get COVID. This also creates a very real morale issue among the persons who work and serve in Kansas nursing homes. It is HARD work --- there is a lack of appreciation by many. People have worked long hours and risked their own health, their families, their very lives to

combat this deadly virus. They should be thanked and rewarded for what they have done --- each and every day. Instead we continue with staffing shortages. Recruitment and team development is very difficult. It continues to foster the negative public perception and image of nursing homes in Kansas.

Aging happens, illness happens, death happens, and it happens in Kansas nursing homes. It happens from heart disease and cancer. It occurs from diabetes and COPD. It happens from Alzheimers disease and Parkinson's. And it happens from COVID-19. And it is no one's fault.

HB 2126 is a case of fairness. I ask you to support this bill because it is the right thing to do. All health care providers deserve impartial and just treatment for the work they are doing. They deserve behavior that is without favoritism or discrimination. Nursing home providers are vital to the care of Kansans and this respect should be granted by the support of HB 2126

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