



Maryland
Hospital Association

March 14, 2022

To: The Honorable Shane E. Pendergrass, Chair, House Health & Government Operations Committee

Re: Letter of Information- House Bill 1379 - Hospitals, Related Institutions, and Hospice Facilities - COVID-19 and Other Catastrophic Health Emergencies - Visitation

Dear Chair Pendergrass:

On behalf of the Maryland Hospital Association's (MHA) 60 member hospitals and health systems, we appreciate the opportunity to comment on House Bill 1379.

Maryland hospitals understand the value family and friends bring for everyone accessing health care. State law and federal standards outline the visitation rights patient have and provide flexibilities for hospitals to restrict or limit visitation when clinically necessary.^{1,2} Guidance generally favors patient discretion and choice when allowing visitors.

The COVID-19 pandemic forced hospitals to take drastic steps to ensure safety of caregivers, patients, and visitors. The Centers for Disease Control and Prevention (CDC) initially issued guidance to only permit visitors "*essential for the patient's physical or emotional well-being and care.*" The CDC also instructed hospitals to assess visitors for COVID-19 symptoms and to manage infection control. Maryland hospitals strictly adhere to federal and state directives—balancing safety with ensuring patients can access essential supports.

Restrictions on visitation evolved during the pandemic. In November 2021, the Maryland Secretary of Health limited visitation to four categories: compassionate care, parents/guardians with minor children, obstetric patients, and support persons for individuals with disabilities.³ This mandate was issued when many hospitals were at or near bed capacity. These actions were taken to preserve the health care system's ability to care for Marylanders.

In February 2021, the Secretary issued an amended order to remove the state visitor restrictions and require hospitals to align policies with CDC recommendations.⁴ Since this order was issued, hospitals evaluated their policies and eased restrictions when safe to do so. Several adopted a color-coded system, so it's easier for the community to track these changes. When evaluating

¹ Centers for Medicare & Medicaid. 42 CFR § 482.13- "[Condition of participation: Patient's rights](#)

² [Health General §19-342.](#)"

³ Maryland Department of Health. (November 17, 2020). "[Amended Directive And Order Regarding Various Healthcare Matters](#)" Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, Public Safety § 14-3A-03, COMAR 10.06.01.06A, and the Governor's Executive Orders No. MDH 2020-11-17-01

⁴ Maryland Department of Health. (February 11, 2020). "[Amended Directive And Order Regarding Various Healthcare Matters](#)" Pursuant to Md. Code Ann., Health-Gen. §§ 2-104, 18-102, 18-103, 18-205, 18-902, 18-904, Public Safety § 14-3A-03, COMAR 10.06.01.06A, and the Governor's Executive Orders No. MDH 2021-02-11-01

visitation restrictions, Maryland hospitals utilize advisory groups, task forces, and other means of convening their infection disease specialists, epidemiologists, and other experts to review state and federal guidance and local data, such as state and county COVID infection rates, supply of personal protective equipment, and inpatient volume. Visitation restrictions are evaluated regularly. Hospitals also leverage technology to facilitate virtual visits or ensure family members can listen during physician rounds. Some hospitals even provide iPads to patients with Zoom pre-loaded and help patients use programs like FaceTime and Google Meet. One hospital program allows family members to send photos via email to share with patients.

HB 1379 would prohibit a hospital from restricting visitors in accordance with COVID-19 or other diseases during a catastrophic health emergency. The bill also allows the Department of Health to develop guidelines regarding the use of personal protective equipment by visitors. As COVID rates decrease and more Marylanders are vaccinated, hospital visitation restrictions are changing accordingly. A prescriptive state mandate would not allow hospitals the flexibility needed to evaluate and make data-informed decisions about visitation policies to promote the safety and well-being of their communities, patients, staff, and visitors.

For more information, please contact:
Jane Krienke, Legislative Analyst, Government Affairs
Jkrienke@mhaonline.org