



February 7, 2024

Senate Committee on Public Health and Welfare

RE: Opponent Written Testimony on SB352

On behalf of the Mountain Region of CommonSpirit Health, we own and operate 20 hospitals in Colorado, Kansas and Utah as well as multiple health clinics, physician practices, urgency centers and Flight for Life. We employ over 21,000 employees and we are very committed to rural health care, which is evident through our longstanding presence in western Kansas.

Patient care is at the forefront of what we do and an element of delivering compassionate, patient centric care is ensuring that patients have their physical, spiritual and emotional needs met while they are receiving treatment from us. As such, we feel very strongly that visitation by family and loved ones is vital to the healing process for our patients. We have policies in place to preserve the sanctity of these visits.

While we always strive to prioritize visitation there are instances where we do need to use clinical discretion in allowing these visits. There are times when the safety of our patients or our employees can be compromised by a visitor. In these rare situations, we do deploy other means to ensure connectivity to those important to our patients. These can include iPads for virtual visitation, requiring personal protective equipment (PPE) or limiting the number of visitors in a room at any given time.

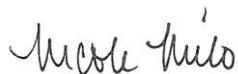
While we strongly believe visitation is important for our patients, we are very concerned about the method in which this bill seeks to require visitation in a health facility. While we do appreciate the language in the bill that does afford us the ability to remove, restrict or require PPE of our visitors, there are significant issues with the language in this bill including:

1. We would ask that we preserve the ability to utilize clinical discretion to be able to restrict, modify or remove a visitor if the situation warrants it. For example, aggressive visitors, domestic violence or abuse situations, infectious disease isolation, mental health holds and substance abuse are just a few of

scenarios that would require a provider to restrict access to a patient. **Thus, we would ask that any prescriptive requirement to the number of visitors allowed in a room for any specific situation be thoughtfully considered and that clinical discretion to be permitted in all instances.**

2. On page 2, section (f), line 29, we do have concerns around “alleged” complaints. **We feel “cited violations” is more appropriate** language as an alleged violation has not been vetted and validated as a legitimate violation and it does not afford us the opportunity to address the complaint. As with all complaints against health facilities, there is a discovery process that ensues, and we would respectfully ask for the same process to be granted for alleged violations in this capacity as well.
3. We do not feel that a private right of action is necessary as there are already processes in place through KDHE that will hold health facilities accountable for patient complaints that are cited violations.
4. In the patient right section of the bill, it is imperative to realize that there are instances when privacy, especially with telephone calls are not warranted and/or they are revoked due to the state of the patient and safety concerns for both the patient and the staff. An example of this is M1 holds (mental health holds) as well as patients with behavioral health issues and/or instances of different forms of abuse including drug and alcohol use. **Clinical discretion must also be allowed as we need to ensure we have an environment that is keeps our patients and staff safe.**
5. We have strong concerns around why a patient or visitor would need to review our most recent survey. These are very technical and housed within KDHE. Given there is a robust [complaint process](#) in place through KDHE, we are unclear in how this information would be valuable to the general public.

We would very much appreciate the opportunity to continue to work on this bill and we are always happy to answer any question the committee may have.



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