Thank you Chairwoman Landwehr and the members of the House Health and Human Services Committee. I appreciate the opportunity to appear before you today in support of HOUSE BILL No. 2548.

First, I would like to tell you a little about myself. I was born and raised in Abilene, Kansas. I attended the local schools and graduated from AHS in 1983. After graduation, I went to nursing school at Marymount College, graduating in 1988. I was first employed at Asbury Hospital in Salina, Kansas working in the ICU for two and a half years. In January, 1991 I began my employment at Memorial Hospital in Abilene.

The first six months I worked on the Medical-Surgical floor, then moved to the emergency department and that is where I have been since. I served as manager of the ED along with the operation room, outpatient department and sterile processing. During that time, I served on the Safety Committee, implementing the use of the, "Hospital Incident Command System" for emergency preparedness in our facility. When the hospital decided to use Advance Practice Providers in the emergency department, I decided to get my APRN degree. I transitioned from ED nurse to ED APRN in May 2009.

My decades of experience in health care did not prepare me for what I (we) experienced since the start of the pandemic. The health care system was turned upside down and put in survival mode. Staff were trying to survive to help others survive.

Since I work in a small hospital, I did not experience the large numbers of Covid patients on ventilators for days, fighting for their lives alone. I do know family members and friends that were scared, anxious, angry and exhausted, waiting to get an update. I did not have to hold an iPad while a patient died as their family members communicated their love via a screen. All I know is that God put me here today to represent all the Covid patients who died, survived despite being alone, family members, friends, doctors and all other health care workers who have been affected by the decisions made during the pandemic.

My frustrations and anxiety dramatically increased when a man from Abilene died from complications of Covid in Independence, MO in February 2022. His family told me the story that only two people were allowed to visit at a time, even when the decision had been made to terminate life saving measures. They waited in the parking lot in their vehicles to be as close as possible.

Of course, we were hearing stories like this every day. Also, at that time, people were attending athletic events, concerts, etc., but dying patients were still being isolated. As I was walking the trails at Milford Lake one February morning, I was anxious inside. I decided I could not just complain about what was happening, I had to try to make a difference. If I was satisfied with only complaining about the problem, then I was part of the problem.

I called April Barker and asked if she would find out from her husband, John, who I could contact in Topeka regarding visitation restriction rules for patients with Covid. I then spoke with Dr. John Epley and Chad Austin. Dr. Epley advised that it was late in the session, and he did not think that anything would be passed in 2022, but he wanted to present a bill in 2023.

I am sympathetic to those that had to make the decisions early in the pandemic and those who had to implement and uphold the rules. We were in uncharted territory and there was not enough PPE to provide workers with what they needed to protect themselves along with the families. But that problem had improved, but the restrictions continued. It was horrible and I pray we never have a situation like that again.

I started to look up statistics on how many cases of Covid there were in Kansas during the first three years. I decided I didn't need statistics, today all we need to think about is the thousands of people who have lived or died during the pandemic without the touch of a family member or friends hand. How many nurses and nurse assistants who, besides taking care of their patient's physical needs, were the last ones with them as they passed away.

I have reviewed the proposed bill. I support the decision to allow each hospital to implement its own policies regarding visitation. Blanket mandates are not a one size fits all. Each facility knows its capabilities and deserves to have the power to best serve its community.

Over the years, I have seen many patients who have close friends that are very important to them. Some of these special people or even more distant relation are more important than "Immediate family" or "Essential caregiver." I ask that, in your discussions, you adopt verbiage that would allow someone like this visitation.

Lastly, I ask that, the committee amend section (2) to say, "prohibit a patient who is terminally ill or receiving end of life care from receiving in person visitation from, "at least" two individuals at a time." If I am dying, I want all my family with me, together.

In closing, I want to thank Dr. Epley for hearing my voice regarding my concerns and experiences. I hope that by listening today, even though I'm only one person, you know there are thousands who would echo the same. Those still working in health care, despite being short-staffed are warriors, warriors for the love of people. To watch a person, die alone is more than we can take. I know that you will make House Bill No. 2548 a reality.

Sincerely,

Deann Feldt, APRN, MSN