



February 6, 2024
Kansas House of Representatives
House Health and Human Services Committee

RE: Neutral Written Testimony on HB 2548

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 are overall supportive of what HB 2548 is trying to achieve, we do respectfully ask for the following concessions:

1. 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 3, section (i), line 9, 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.

We are happy to answer any question the committee may have and thank you in advance for your consideration of these recommended changes to HB2548.



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