



Rhode Island Health Care Association

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Written Testimony HB7927 – Opposition to Amendment Requiring Nursing Facility Wi-Fi Access for Resident Monitoring Devices

My name is John Gage, President of the Rhode Island Health Care Association (RIHCA). Our membership represents approximately 80% of the nursing facility profession in Rhode Island, and this testimony is submitted on their behalf.

While RIHCA supports measures that promote resident safety and transparency, we oppose the proposed amendment requiring facilities to provide access to their public Wi-Fi for residents' electronic monitoring devices. This amendment raises significant operational, privacy, and legal concerns.

1. Statutory Framework and Prior Agreement

The current statute explicitly requires that residents or their representatives provide a separate network connection at their own expense if they wish to use electronic monitoring devices. This language was negotiated and agreed upon by all stakeholders, including advocacy groups and industry representatives, in order to secure passage of the original law. Attempting to change this requirement now, through an amendment mandating facility Wi-Fi access, is disingenuous and undermines the collaborative compromise that made the law possible.

2. Bandwidth and Network Capacity

Facility Wi-Fi networks are primarily designed to support critical clinical operations, including electronic medical records, telehealth services, medication administration systems, and staff communications. Requiring facilities to support private monitoring devices could strain network bandwidth, potentially impacting essential care functions.

3. HIPAA and Privacy Concerns

Facilities must comply with strict federal and state privacy regulations, including HIPAA. Allowing resident-owned monitoring devices to connect to facility networks introduces significant risk of unauthorized access to sensitive health information. Even if devices are isolated on a separate network, the potential for security breaches remains, creating liability for the facility.

4. Operational and Security Risks

Facilities cannot control or maintain resident-owned devices. Network access could introduce malware or other vulnerabilities, creating cybersecurity threats that facilities are ultimately responsible for preventing.

5. Alternative Solutions Exist

Residents can use their own internet service to connect monitoring devices without imposing

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risks on the facility or other residents. This approach preserves safety, privacy, and operational integrity.

For these reasons, RIHCA urges the committee to reject this amendment. Requiring facilities to provide network access for private monitoring devices imposes operational, cybersecurity, and legal burdens while disregarding the carefully negotiated compromise that allowed the original law to pass.

Thank you for your consideration.

Sincerely,



John E. Gage, MBA, NHA
President & CEO
Rhode Island Health Care Association