



Written Testimony of

The Pennsylvania Health Care Association

**Delivered by
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**For A
Public Hearing on
An Update on Long-Term Care and COVID-19**

Delivered Virtually

**Before the
Senate Aging and Youth Committee**

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Chairwoman Ward, Chairwoman Collett, and members of the Senate Aging and Youth Committee,

Good morning, and thank you for the opportunity to be with you again for today's hearing.

I'm Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association.

As a reminder, we're a statewide advocacy organization representing both non-profit and for-profit long-term care providers, including nursing homes, personal care homes and assisted living communities.

Today is about circling back. It's about returning to the issues we discussed here in early May, and providing an update on what's changed and which obstacles remain for Pennsylvania's nearly 2,000 long-term care facilities.

But I think today is also about looking forward. It's about taking the lessons we've learned during the first phase of COVID-19 and applying them to ensure we're ready for what's next.

To put it simply: what happened in March, and April, and May, and June, can't happen again. Pennsylvania's long-term care sector simply won't survive. Providers will close their doors. Staff members – nurses, frontline caregivers – will leave for other opportunities. In the third-oldest state in the entire country, we simply will not be able to care for our seniors.

We must learn from the past four months.

Long-term care providers can't be scrambling to find masks, gowns and gloves in the midst of a pandemic – especially when they're told shipments are on the way. They can't continue to ask for testing supplies, or be told testing isn't a requirement. And they have to have a seat at the table when it comes to the safeguards and support that will be implemented in their facilities.

Because when we look at states like Florida, California, South Carolina and others, we're seeing spikes in confirmed cases. Essentially, we're seeing a resurgence of COVID-19. And there's no reason that can't happen here – and there's no reason why it can't happen again in our long-term care facilities.

I want to be clear: these summer months are not a time to become complacent. We must use this time to work together – to collaborate - and to prepare for what's ahead.

A little more than a month ago, I told the members of this committee about challenges related to PPE, funding, testing, liability protections and data issues. Above all, I asked, on behalf of providers, for collaboration.

And we're not there yet. Because issues have remained, and new issues have emerged.

Testing, first and foremost, remains an issue for long-term care providers.

And it's because of conflicting guidance.

When we last spoke on May 7th, I begged for testing supplies. Even though we were being told universal testing was unnecessary.

By late May, a universal, recurring testing plan – something we've advocated for – had been suggested, but wasn't required.

Finally, in early June, a month to the day after you held our last hearing, providers were given a mandate: to test.

Other states have gotten this right: Michigan, Massachusetts, Delaware, Maryland, West Virginia, Georgia, even New York. They're testing on a recurring basis, and what's more, they're paying for the initial, baseline test.

There are 123,000 residents in long-term care. And 143,000 employees. To test everyone would cost about \$33 million dollars.

Now, if you're wondering who is going to pay to test everyone, or what happens if dozens of asymptomatic staff members test positive, or where providers are supposed to procure all these tests, or how tests can be ordered by the facility's physicians without a 'medically necessary' approval, you're not alone. Providers have been asking those very same questions for weeks.

Where's the collaboration?

How about 'reopening' long-term care?

In early June, the Department of Health released guidance, stating that a visitation 'lockdown' would remain in place for at least 28 days after a facility's county enters the 'green' phase of reopening.

Let me repeat that: nearly a month after your county goes green, providers can then begin to lift visitation restrictions.

I told you during my testimony in May that my grandfather currently resides in a personal care home. He's 88. My family and I haven't seen him in person since February. We celebrated his birthday on Facetime, we said 'happy Easter' over email, and we learned of his positive **COVID-19 diagnosis** over the phone.

No one is suggesting going back to the way things were. But if you look at other states across the country – 15 by my count – including Ohio, West Virginia and New Jersey, you'll see that they have given providers the flexibility to offer outdoor visitation on a facility-by-facility basis.

We continue to employ a 'one size fits all' approach in one of the most geographically and demographically diverse states in the entire country.

We know family members want to spend time with our residents – their loved ones.

But long-term care is the second most regulated industry in the country. Before we can take steps to reunite families, providers need to understand what will be expected of them. Otherwise, they face sanctions, fines and penalties – simply for trying to reunite families.

Again, where's the collaboration?

If we've learned anything over the last several months, it's that long-term care providers deserve priority in Pennsylvania. They deserve to be heard, not ignored, when it comes to standing at the front lines of a pandemic.

The data still paints a telling picture: 70% of all COVID-related deaths. Nearly 700 facilities reporting at least one positive case.

Yet, the administrators, housekeepers, nurses, and frontline staffers I speak to...feel as though they're being told it's their fault.

The virus is the enemy, not long-term care. Now is the time to come together.

Because we can do better. We have the opportunity now to do better. And our healthcare heroes – and our senior citizens – deserve better.

Thank you.