



Written Testimony submitted to the  
Pennsylvania Senate Aging & Youth Committee  
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Submitted By:

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Good morning Chairwomen Ward and Collett, members of the Senate Aging and Youth Committee, legislation sponsors, and invited guests. My name is Dr. David Nace and I serve as the chief medical affairs officer for UPMC Senior Communities.

We serve over 3,500 seniors daily in skilled nursing, memory care, assisted living, personal care, independent living, and CCRC communities. We have 36 facilities in 21 locations across 11 counties including Venango, Mercer, Lawrence, Butler, Allegheny, Washington, Westmoreland, Clinton, Potter, Tioga, and Lycoming.

Thank you for the invitation to today's hearing to discuss "best practices" in reopening guidance while limiting COVID-19 exposure. It is important to note that our ability to safely and effectively reopen is enhanced through the passage of the [Senior Protection Act to Safeguard At-Risk Seniors](#) as part of House Bill 2510, which appropriated \$350 million for a Regional Response Health Collaborative Program (RRHCP) and \$295 million for emergency funding for long-term care communities.

I would like to extend my sincere appreciation to the members of this committee for supporting this legislation, which will allow us to better identify – and respond to – the level of mitigation needed to prevent the transmission of COVID-19 in our senior living facilities, especially as preventive restrictions are eased.

Almost every Pennsylvania county will be in the green phase by tomorrow (June 26). While this is a positive step, continued surveillance, preparedness, and response to COVID-19 will continue to be needed in the Commonwealth's Post-Acute Long-Term Care (PALTC) facilities as COVID-19 is expected to continue.

At the beginning of June, the Pennsylvania Department of Health and Human Services issued guidance for [nursing homes, personal care homes, and other long-term and congregate care facilities](#) as counties enter the green phase of the Governor's [Process to Reopen Pennsylvania](#). To further prevent outbreaks within these vulnerable populations, ongoing restrictions in long-term and congregate care facilities will remain in place for at least 28 days after the respective facility's county enters the green phase.

On our road to tomorrow, the first question is when will nursing homes be able to open safely. Right now, long-term care facilities are working under the assumption that everyone has COVID-19. Given the asymptomatic spread of COVID-19, nursing homes will not be able to reopen safely until they have access to accurate and rapid COVID-19 surveillance testing, adequate Personal Protective Equipment (PPE) and have strong infection control protocols in place. HB 2510 clearly helps address these needs. Additionally, the Department of Health has distributed over 1,800 shipments of PPE to all long-term care facilities in Pennsylvania. We are moving in the right direction.

Universal testing – occurring across the Commonwealth – provides us with important information on the prevalence of COVID-19 among our residents and staff.

However, we cannot “test our way out” of this crisis. To move forward, we must take a bundled approach that incorporates meticulous execution of basic infection control processes. To that effect, the regional response health collaboratives seek to employ *long-term objectives* that utilize the processes and existing infrastructure to improve the quality of care, related to infection prevention for COVID-19 as well as other priority health care conditions and seasonal viruses common to the long-term care setting, more broadly. (Western PA RRHCP Appendix 1) Another outbreak is inevitable. Though we can reduce the probability, we cannot eliminate it.

Nursing homes have been severely impacted by COVID-19, with outbreaks causing high rates of infection, morbidity, and mortality. The vulnerable nature of the nursing home population combined with the inherent risks of congregate living in a health care setting, requires aggressive efforts to limit COVID-19 exposure and to prevent the spread of COVID-19 within nursing homes.<sup>1 2</sup>

The regional collaboratives – anchored by regional health systems or an academic medical center across six regions – will help us to navigate “*our road to tomorrow*” as it relates to nursing homes being able to open safely. The COVID-19 pandemic has demonstrated that hospital systems need to take a regional approach, and should continue to embrace, support, and be accountable for post-acute care delivery by encouraging telemedicine and other delivery innovations, and also by giving nursing homes access to medical expertise, such as geriatric medicine, post-acute and long-term care medicine, and infection control.<sup>3</sup>

More than any other institution in America, nursing homes have come to symbolize the deadly destruction of the coronavirus crisis. More than 51,000 residents and employees of nursing homes and long-term care facilities have died, representing more than 40 percent of the total death toll in the United States.<sup>4</sup> Of the statewide total, about 70 percent of deaths — 4,467 of 6,518 — have been at long-term care facilities.<sup>5</sup>

Earlier this week, the Centers for Disease Control and Prevention (CDC) published an analysis confirming that older adults and those with underlying health conditions are at greatest risk for COVID-19 hospitalization and death. The analysis highlights the continued need for community mitigation strategies, especially for vulnerable populations, to slow COVID-19 transmission.<sup>6</sup> The median age of death from COVID-19 in Pennsylvania is 84, while the average U.S. life expectancy is 78.5 years. More Pennsylvania residents over the age of 100 had died from COVID-19 than the entire number of residents less than age 40.<sup>5</sup>

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<sup>1</sup> <https://www.cms.gov/files/document/qso-20-30-nh.pdf-0>

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp/assessment-tool-nursing-homes.pdf>

<sup>3</sup> [https://jamanetwork.com/journals/jama/fullarticle/2766599?utm\\_source=twitter&utm\\_campaign=content-shareicons&utm\\_content=article\\_engagement&utm\\_medium=social&utm\\_term=052220#.XsfzrPm1YFI.twitter](https://jamanetwork.com/journals/jama/fullarticle/2766599?utm_source=twitter&utm_campaign=content-shareicons&utm_content=article_engagement&utm_medium=social&utm_term=052220#.XsfzrPm1YFI.twitter)

<sup>4</sup> <https://www.wsj.com/articles/coronavirus-deaths-in-u-s-nursing-long-term-care-facilities-top-50-000-11592306919>

<sup>5</sup> <https://www.health.pa.gov/topics/disease/coronavirus/Pages/LTCF-Data.aspx>

<sup>6</sup> [https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s\\_cid=mm6924e2\\_w](https://www.cdc.gov/mmwr/volumes/69/wr/mm6924e2.htm?s_cid=mm6924e2_w)

Western PA has been able to mitigate the impact of COVID-19 from the standpoint of acute and outpatient care, which has allowed counties in our region to move to green status. While this is a positive step, continued surveillance, preparedness, and response to COVID-19 will continue to be needed in the Commonwealth's PALTC facilities as COVID-19 is expected to continue to circulate over the next several years.

As of today, UPMC Senior Communities have had **two COVID+ resident cases across our 36 facilities**. Early interventions, innovative precautions, enhanced screenings, **frequent and consistent communication**, fast testing and thorough training on use of PPE are contributors to UPMC's success in keeping COVID-19 out of its long-term care and skilled nursing facilities. One of the more unique measures is using a temperature cutoff of 99 degrees Fahrenheit in our screenings of UPMC Senior Communities residents, rather than the more standard 100 or 100.4 degrees. This is because older adults have lower body temperatures and often don't mount the same fever response as younger individuals. Elderly people with fevers are cared for with infection control precautions until clinicians are sure they do not have COVID-19.

We are committed to efforts that strategically protect the most vulnerable citizens and should allow for a safe reopening of society and the economy. We are testing the waters in our approaches at UPMC Senior Communities and attempting to strike a delicate balance while supporting the Wolf Administration's three-pillar approach to protecting the vulnerable residents living in long-term living settings:

- Ensuring resident safety through testing, education, and resources;
- Preventing and mitigating outbreaks; and
- Working in partnership with state agencies, local health departments, and long-term care facility operators.

The Centers for Medicare and Medicaid Services ordered nursing homes to shut out nearly all visitors on March 13, with exceptions including end-of-life. But when the agency issued recommendations on May 18 for how to allow visitors to return, it left final decisions to state and local officials. **(Appendix 2)** illustrates the approach of four states.<sup>7</sup>

Visitation restrictions, coupled with creative ways for families to stay connected with UPMC Senior Communities residents, such as video chats and drive-by parades in honor of Mother's Day, were among the first interventions we instituted to protect long-term care residents. These and other precautions implemented in a transparent fashion, with several virtual town-halls where staff, residents, and families could ask questions and give feedback, were essential to the success of these measures.

Like our industry colleagues, we are conferring with DOH to further develop a well-informed, manageable plan that ensures a measured approach for the safe return to activities, visitation, and other events for residents of nursing home facilities. We look forward to the release of DOH guidance that amends the restrictions currently in place.<sup>8</sup>

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<sup>7</sup> <https://www.wsj.com/articles/coronavirus-deaths-in-u-s-nursing-long-term-care-facilities-top-50-000-11592306919>

<sup>8</sup> <https://www.dhs.pa.gov/providers/Providers/Pages/Coronavirus-Provider-Resources.aspx>

We recognize that allowing more visitors heightens potential exposure while bans on family visits also carry health risks for residents, including the potential for cognitive decline and feelings of isolation. We acknowledge that many family members have grown frustrated with months of limited contact through electronic devices and closed windows, with exceptions mainly in end-of-life situations.

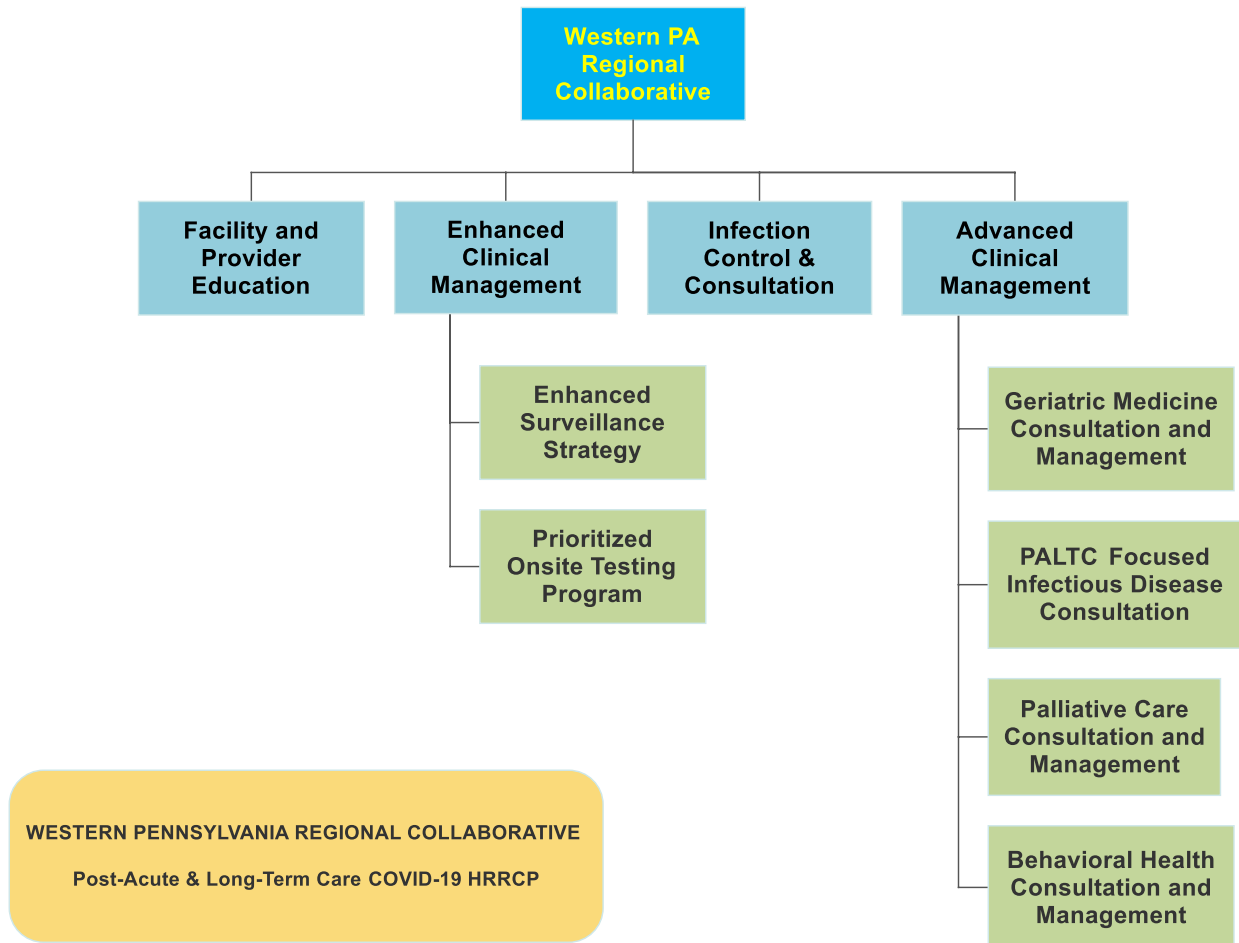
**There are no easy solutions here.** Our priority is to continue to protect the health and lives of our residents while allowing them to safely resume valuable interactions with their loved ones. **We believe at present this can be accomplished through:**

- Continued universal masking of staff, which leads to substantial reduction in transmission
  - Continued masking of residents during community-based appointments and when going for hospital surgical procedures
- Screening all health care personnel and visitors;
- Designating one visitor per resident
- Maintaining a six-foot social distance in activities and dining areas
  - One person per table except couples or roommates
  - Avoiding visitors in resident group activities
- Utilization of waivers for delivery of ancillary services
  - [Advance Practice Practitioners](#)
  - [Telemedicine](#)

We are grateful for the opportunity to share this testimony, and we stand ready to work with you on any and all long-term care issues before this committee and the legislature.

Thank you.

Appendix 1



## Appendix 2

### Difficult Balance



Some states are moving to allow people to visit long-term-care residents again, even as coronavirus-linked deaths tied to the facilities nationally have continued to mount. Here are a few states' policies, along with snapshots of the virus's impact.

#### MASSACHUSETTS

**Effective June 3:** Long-term-care facilities could host outdoor visits.

**Restrictions include:** Visitors limited to two at a time, are screened for symptoms, stay at least 6 feet from resident, and wear masks.

#### **Covid-19 in long-term-care facilities:**



Cases  22,795  
Deaths  4,817

#### INDIANA

**Effective June 4:** Long-term-care facilities could allow outdoor visits if they and their communities met certain criteria.

**Restrictions include:** Visitors are screened and must wear face coverings. Visitation spaces must allow for at least 6 feet of social distancing.

#### **Covid-19 in long-term-care facilities:**



Cases  4,942  
Deaths  1,082

#### OHIO

**Effective June 8:** Assisted living facilities and facilities for people with developmental disabilities could allow outdoor visits.

**Restrictions include:** Visitors are screened and must wear masks. Contact-free visits are encouraged. If contact occurs, resident should wash hands and if possible change clothes.

#### **Covid-19 in long-term-care facilities:**

Cases  9,533  
Deaths  1,745

#### OKLAHOMA

**Effective June 15:** Long-term-care facilities begin phased reopening, meeting certain requirements to advance to the next phase.

**Restrictions include:** Limited regular visits allowed in phase three, outdoor preferred. Facilities screen visitors and have policies on issues including use of personal protective equipment.

#### **Covid-19 in long-term-care facilities:**

Cases  1,571  
Deaths  194

Note: States do not have uniform methods for counting long-term-care facility deaths.  
Source: State health departments

