



**Joint Virtual Hearing
Senate Aging & Youth and Health & Human Services Committees**

**Testimony on Vaccine Rollout and Challenges for
Long-Term Care Providers during the Coronavirus**

**Adam Marles
President and Chief Executive Officer
LeadingAge PA**

February 4, 2021

Good Morning Chairwomen Ward, Brooks, and Collett, Chairman Haywood, and members of the Senate Aging and Youth and Health and Human Services Committees. Thank you for your commitment and attention to the health and safety of older adults and all Pennsylvanians during the COVID-19 pandemic.

I am Adam Marles, the President and CEO of LeadingAge PA. I am grateful to be joining you today to discuss the critical issue of vaccinating our seniors living in congregate settings. LeadingAge PA represents more than 360 nonprofit providers of senior housing, health care, and community services across the Commonwealth. These providers serve more than 75,000 older Pennsylvanians and employ over 50,000 dedicated caregivers, all of whom are affected by the crisis caused by the coronavirus pandemic, and have seen hope wax and wane with the unknowns of Pennsylvania's vaccine deployment.

As in other aspects of Pennsylvania's response to the pandemic, we were extremely hopeful that the vaccine rollout would be executed in a way that would prioritize our most vulnerable citizens. We understand that landscapes continue to shift, but we can all agree that the prevention of infection for those most likely to pay with their lives should be assured as soon as possible. On December 17, I sent a letter to the Governor and the Secretaries of the Department of Health and Department of Human Services supporting nursing facility inclusion of the earliest phase of vaccination, but expressing concern over the lack of prioritization of older adults in other congregate settings. I offered assistance in developing a plan to ensure that shortcoming was overcome. I received no answer.

As Pennsylvania's plan began to take shape, there were both promising features and ambiguity for interpretation. Unfortunately, execution of the plan has proven to be a dog-eat-dog fight. It has in many cases pitted those explicitly identified, like front line healthcare workers in hospitals, against those who aren't, like workers on continuing care retirement campuses that often serve seniors in a number of different settings including the nursing facility, personal care home or assisted living residences, as well as independent retirement living and senior affordable housing settings.

The recommendations from the Centers for Disease Control and Prevention Advisory Committee on Immunization Practices (ACIP) gave hope to long-term care providers as their residents and staff were included in priority group 1A for vaccine distribution. ACIP is revered for their comprehensive assessment of ethical and risk-based factors in determining vaccination priority. The Pennsylvania vaccination plan shared loose alignment, but lacked detail about strategies for allocation for long-term care providers that were not licensed nursing facilities. Early on in the plan, personal care homes and assisted living residences and other at-risk seniors living in congregate communities were at a loss as to how to obtain vaccination clinics.

This lack of specificity left vaccination practice inconsistent across the commonwealth, with some vaccine providers willing to administer immunizations to whole continuing care

retirement community campuses in their initial vaccination clinic: from skilled nursing facility staff and residents to grounds staff and independent living residents. Meanwhile, communities just down the street received stark refusal to vaccinate anyone other than those in nursing facilities. These variations included differing understanding between pharmacy partners selected to administer the vaccine rollout, and even within the same pharmacy provider from clinic to clinic. These inconsistencies persist. This is to say, the ability of your loved one living in a Pennsylvania personal care home or senior independent living setting to receive a COVID-19 vaccine when a pharmacy provider sets up a clinic on the campus on which they reside depends on nothing more than a lottery of which vaccination team will serve their site.

Specifically, conflicting messaging about whether personal care homes and assisted living residences were included or not in the state's priority phasing in the vaccination plan happened for more than three weeks. In some instances, providers were told they would not be scheduled for their first vaccine clinic for more than eight weeks. Put yourself in the shoes of a front line healthcare worker in a personal care home. Your residents have been isolated, mostly without visitors, for ten months. You and your colleagues have fought feverishly to practice infection control protocols, and made countless personal sacrifices like missing a cousin's wedding to avoid the exposure of large gatherings. You saw the light at the end of the tunnel when Pennsylvania announced that healthcare workers and residents of long-term care would be prioritized in the first phase of vaccine administration. Now, think about the second week of January, calling a friend on your way home from a shift caring for your residents and hearing that she has been vaccinated because she volunteers at a hospital while you have weeks or months to wait. How do you feel?

These inconsistencies in access and vaccine administration have left tens of thousands of seniors without a plan for how to receive vaccines. Pennsylvania has touted their vaccine distribution dashboard, and the interactive map to assist the commonwealth's residents to sign up for their vaccine. We were pleased to see it get an update this week. However, what those working on Pennsylvania's vaccine process seem not to realize that many seniors living in congregate communities don't have a computer, or if they do struggle to navigate the PA Department of Health's complicated websites. Online scheduling depends upon the vaccine provider – some have a queueing system that holds a space in line before you're directed to a website where you might be able to sign up, or you may be told there are no appointments after waiting 'in line' for 40 minutes. That wait and navigation may sound reasonable to those of us with office jobs—we spend our days interacting with email and a search engine, and find ourselves modestly comfortable with our online lives but even for some of us this process is not easy. Now think about the senior living in a continuing care retirement community who is likely 85 years old or older. Their comfort, skill levels, and access vary widely. Those without the skills to navigate the web are invariably limited in their ability to access a vaccine appointment. For those unable to navigate the online process, phone line time is limited to business hours, and only operates when vaccine appointments are available—at this point a rarity. In addition, the vaccine system has been overwhelmed by the demand.

It is clear, when reviewing the revised iterations of Pennsylvania's vaccine distribution plan, that there is still no plan to improve access to vaccine for seniors living in congregate settings like continuing care retirement communities or senior affordable housing. We have repeatedly heard about the significantly increased dangers and mortality of COVID-19 in the advancing age cohorts, particularly in congregate settings. Yet, these individuals are lumped into the fend-for-yourself and ever-growing eligibility pool of phase 1. Since March, these housing providers have done everything possible to ensure that those living in these settings don't have to venture out and risk exposure. Now, they and their residents are being told to find a clinic somewhere and stand in line, even though these settings can support vaccine clinics that would vaccinate hundreds of people at a time without them leaving their homes.

As days and weeks have passed since the first doses of vaccine were administered in our commonwealth, it would seem these folks should be getting closer to top of the list. That will only be true when we prioritize them rather than continuing to add eligible individuals with better scheduling access, and young, healthy staff with stay-at-home office jobs who are able to move themselves to the top of the list. The vaccination plan does not adequately protect our most vulnerable. We must do better.

We have shared a plan to expedite vaccination of seniors in congregate settings with the Department of Health that incorporates a number of avenues and strategies. We have repeatedly offered our support and collaboration to find solutions, and we do so again today. We want nothing more than to use our resources and those of our members to expedite this process.

We've all seen the articles criticizing the vaccine rollout in Pennsylvania. Everyone believes another group should be pushed up—maybe not first in line, but maybe second or third. There have been arguments made for vaccinating teachers to facilitate our students return to the classroom, or police officers who could be exposed in the line of duty. While we understand and support these critical groups gaining access before the general public, the fact remains that older Pennsylvanians in congregate settings are at greatest risk of death. As we move forward, we must remember when everyone is a priority, no one is a priority.

Earlier this week, the Federal government announced the initiation of the Retail Pharmacy Program. This rollout will be incremental as vaccine supply remains limited. However, the Federal government has indicated their focus on deployment will deliver vaccine from the vaccine suppliers directly to retail pharmacies in our communities. This new initiative from the Federal government gives Pennsylvania the opportunity to refocus their vaccine allocation to senior congregate care settings. Utilizing long-term care pharmacies and other pharmacies not included in the federal program would go far in allowing clinics to be held at senior congregate settings. However, in order to make this reality, Pennsylvania needs to agree that these seniors need to be prioritized, not just in name but in action. This priority will save lives across Pennsylvania.

We can all look back with clear eyes and say Pennsylvania could have done a few things better during the pandemic, but that is only fruitful if we vow not to repeat those mistakes in the future. Pointing fingers won't bring back the lives lost, or help those traumatized by their experiences. We all could do a little bit more to be a little bit better. With that in mind, I want to focus forward. We believe we can be part of the solution and help expedite vaccination of our most vulnerable residents, hopefully slowing the spread of COVID-19, reducing infection rates, and setting Pennsylvania seniors on a road to enjoy their golden years. With that in mind, it is our recommendation that a task force be immediately formed that includes representatives from the Department of Health, pharmacy providers, organizers of the Retail Pharmacy Program roll-out, and those providing housing and services to older adults. Their charge would be to expediently develop and execute a plan to vaccinate this critical population in the coming weeks, not months.

Thank you for the opportunity to offer comments on Pennsylvania's seniors and our members' experiences with the COVID-19 vaccination rollout. On behalf of our membership, thank you for the work you do to support and protect seniors and senior service providers across Pennsylvania. I look forward to working with you to improve the vaccine rollout for our seniors and their caregivers. I would be happy to answer any questions you have.