



## PACE Weekly: Recap of LeadingAge Updates

January 28, 2022

**Coronavirus Update Calls For Next Week. How have disparity and equity issues been affected by the pandemic? And....return of Dr. Monica Gandhi. All calls at 3:30 PM ET.** We have some exciting expert speakers lined up for our LeadingAge Coronavirus Update calls next week. As LeadingAge members continue to struggle with workforce issues exacerbated by the pandemic, we often overlook some of the key ways that disparities within our communities can have an impact on those who work in long term care and those who are served. On **Monday January 31, we will be joined by Dr. Tetyana Shippee** who will dive into some insights on racial disparities and the long term care workforce during COVID-19. Dr. Shippee will discuss her research and how we can address and eliminate inequities in care. As the current Omicron surge evolves, there still remains confusion as to where we are and where are we headed with the pandemic. As deaths and cases continue to stay high across the country, **on Wednesday, February 2** we will welcome back pandemic expert **Dr. Monica Gandhi** who will discuss the latest issues with COVID-19 and tackle your questions head on next Wednesday. If you haven't registered for LeadingAge Update Calls, [you can do so here.](#)

**PACE and the CMS vaccine requirement.** We still don't know if further specific guidance is coming for PACE providers. However, CMS did respond to our question about the responsibility of the PACE programs related to its extensive contracted provider network with the following:

*PACE organizations must develop and implement policies and procedures to ensure that all staff are fully vaccinated for COVID-19. This vaccination requirement applies to PACE organization staff regardless of clinical responsibility or participant contact, including to individuals who provide care, treatment, or other services on behalf of the PACE organization under contract or other arrangements.*

*These requirements are not limited to those staff who perform their duties within the PACE center, as many health care staff routinely care for PACE participants in the home and in other inpatient and outpatient facilities, such as dentists and optometrists. To ensure maximum participant protection, these requirements apply to all staff who interact with other staff or PACE participants in any location, (including homes, clinics, other sites of care, administrative offices, and off-site meetings).*

*The PACE organization, as the regulated entity, is responsible for developing policies and procedures to ensure that applicable staff (which includes contracted care providers) meet the COVID-19 vaccination requirements in accordance with § 460.74 (d).*

Please let Mollie ([mgurian@leadingage.org](mailto:mgurian@leadingage.org)) know any additional questions that PACE providers have for CMS by **Friday Feb 4** and we will compile them and send to CMS.

**CMS Updates the Dates in Mandate FAQ.** Last week, CMS made changes in the [Frequently Asked Questions](#) document that implements the vaccination mandate for health care workers. The changes

provide the deadlines for both groups of states, those who were in the group covered immediately by the Interim Final Rule and those who were required to comply after the Supreme Court ruling that all states would have to implement the IFR. As a reminder, the states that were formerly enjoined have a phase 1 deadline of February 14 and phase 2 deadline of March 15.

**CDC Definition of “Up to Date”:** With the rise of the omicron variant, CDC began talking about vaccination status in a new way, using the phrases “up to date” and “not up to date”. This has created quite a bit of confusion, particularly as guidance for isolation / quarantine and return-to-work has utilized these phrases. We were able to clarify with CDC this week that an individual is “up to date” if they have received ***all recommended doses of COVID-19 vaccine for which they are eligible***. This means:

- An individual who has completed a primary series and received a booster is ***up to date***.
- An individual who has completed a primary series and is not yet eligible for a booster is ***up to date***.
- An individual who has completed a primary series and is eligible for a booster but has not received the booster is ***not up to date***.

**LeadingAge Co-signs Letter to the White House on Staff Agency Price Gouging.** On January 25, 2022, LeadingAge along with several national long-term care and health care organizations, sent a [coalition letter](#) to the White House COVID-19 Response Team Coordinator, Jeffrey Zients, asking the White House to address anticompetitive price gouging practices with certain nurse-staffing agencies. The letter reiterates how COVID-19 has presented unprecedented and difficult challenges for the entire health and long-term care system and one of the biggest issues faced by all our providers across the country is the dire workforce shortages. Yet, our organizations are hearing countless examples of how nurse-staffing agencies are charging exorbitant prices to desperate health providers that simply need workers. The letter also points out, many long-term care and health care providers are paid through the Medicare and Medicaid programs, thus it is the taxpayers who are shouldering these huge price tags. And, ultimately, this price-gouging is not sustainable for providers under the current reimbursement system structure. Also, groups (such as LeadingAge in October 2021) previously urged the Federal Trade Commission to investigate this conduct as a violation of our antitrust or consumer protection laws, and have yet to receive a response from the agency.

**Members of Congress Also Call on the White House to Address Nurse Staffing Agencies Price Gouging,** Also, on January 25, 2022, Reps. Peter Welch (D-VT) and Rep. Morgan Griffith (R-VA) led 195 bipartisan members of Congress in a letter to White House COVID-19 Response Team Coordinator, calling on the White House to enlist one or more federal agencies to investigate exorbitant price increases by nurse-staffing agencies during the COVID-19 pandemic. The letter addresses the specific strain on hospitals who rely on nurse-staffing agencies are experiencing. Rep. Welch, Rep. Griffith and many Members of Congress have received reports in their districts of nurse-staffing agencies charging rates that are double or triple their pre-pandemic rates, while taking 40% or more of the amount charged to local hospitals for themselves. The full letter is available [here](#). We are meeting with members of Congress to be clear that it’s not just hospitals; long-term care providers are having the same problem.

**LeadingAge letter to President Biden seeking immediate COVID relief for aging services providers.** LeadingAge sent a [letter to President Biden](#) asking for immediate relief for aging services providers who have been on the frontlines of the nation’s battle against the pandemic for more than two years. LeadingAge continues to press for key provisions contained in the House-passed Build Back

Better legislation, but this letter to the President is intended to support his request for additional, immediate help. We asked for: funding for emergency payments of \$2,000 to every frontline worker across the continuum who has worked at least six months; funding for a \$5 an hour raise for every frontline worker across the continuum; \$8-10 billion in additional Provider Relief Funds; a testing system dedicated to aging services; a supply of therapeutics dedicated to aging services; extension of pandemic waivers after the Public Health Emergency ends to support a smooth transition out of the emergency; and support for affordable senior housing. The letter was featured in the Washington Post today.

**OSHA Withdraws Vaccination and Testing Emergency Temporary Standard.** In light of the recent U.S. Supreme Court decision enjoining the enforcement of the OSHA Vaccination and Testing Emergency Temporary Standard (ETS), OSHA has officially [withdrawn](#) the ETS. This ETS applied to all employers with 100 or more employees and required businesses to implement a vaccine mandate or weekly testing option for all employees. However, OSHA noted, “although OSHA is withdrawing the vaccination and testing ETS as an enforceable emergency temporary standard, the agency is not withdrawing the ETS as a [proposed rule](#). The agency is prioritizing its resources to focus on finalizing a permanent COVID-19 Healthcare Standard.” This will effectively end all the ongoing litigation challenging the Vaccination and Testing ETS. OSHA standards take much longer to enact than CMS proposed rules (typically 6+ years), but we will continue to monitor any developments.

**FROM HHS:**

- 1. FDA Limits Use of Certain Monoclonal Antibodies to Treat COVID-19 Due to the Omicron Variant:** In light of the most recent information and data available, today, the FDA [revised the authorizations for two monoclonal antibody treatments](#) – bamlanivimab and etesevimab (administered together) and REGEN-COV (casirivimab and imdevimab) – to limit their use to only when the patient is likely to have been infected with or exposed to a variant that is susceptible to these treatments. Because data show these treatments are highly unlikely to be active against the omicron variant, which is circulating at a very high frequency throughout the United States, these treatments are not authorized for use in any U.S. states, territories, and jurisdictions at this time. In the future, if patients in certain geographic regions are likely to be infected or exposed to a variant that is susceptible to these treatments, then use of these treatments may be authorized in these regions.
- 2. FDA Takes Actions to Expand Use of Treatment for Outpatients with Mild-to-Moderate COVID-19:** On Friday, the U.S. Food and Drug Administration [took two actions to expand the use of the antiviral drug Veklury \(remdesivir\)](#) to certain non-hospitalized adults and pediatric patients for the treatment of mild-to-moderate COVID-19 disease. This provides another treatment option to reduce the risk of hospitalization in high-risk patients. Previously, the use of Veklury was limited to patients requiring hospitalization.
- 3. Antibody Testing Guidelines:** CDC [updated its interim guidelines for COVID-19 antibody testing](#) in clinical and public health settings. Specifically, the guidelines include added language for people that are up to date with their vaccines and quarantine and isolation recommendations.
- 4. OTC Home Testing and CLIA Applicability:** CMS [updated their Frequently Asked Questions \(FAQs\) page](#) on over the counter (OTC) home testing and clinical laboratory improvement amendments (CLIA) applicability.

**Register Now! 2022 Leadership Summit.** The LeadingAge Leadership Summit is back. This event is among the most valuable networking events in aging services—bringing together providers, business firms, and policy experts over three days of keynotes, education sessions, VIP discussions, and meetings on Capitol Hill. [Register today for the 2022 LeadingAge Leadership Summit](#) on March 28-30 in Washington, DC.

**Your Stories Matter: We've Updated the Story Collector.** The [LeadingAge Story Collector](#) makes it easy to tell your stories of innovation and impact. This week, the Story Collector has been updated with new questions about resident and client engagement. How do you build a rich and inclusive culture with the people you serve? How has your messaging to residents, clients, families, and staff changed? What lessons about engagement, transparency, and communication have you learned, and how are you putting them to work? Visit the [Story Collector](#), powered by LeadingAge Gold Partner Greystone, to share!

**LeadingAge.org Relaunch Snap Survey.** LeadingAge is excited to be launching a new website later this year. To learn how LeadingAge.org can best serve our members, we need to hear from you! [Please take a minute to complete this 4-question survey.](#)