

June 28, 2022



The Honorable Xavier Becerra
Secretary of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Becerra:

I am writing to outline serious operational challenges nursing homes are experiencing related to certain recommendations from the Centers for Disease Control & Prevention (CDC) and subsequent enforcement by the Centers for Medicare & Medicaid Services (CMS).

As we have progressed through the COVID-19 pandemic, learned more about the virus, and improved our ability to prevent infection and mitigate spread, we have appreciated CDC's and CMS's ability to adapt and adjust recommendations and requirements. For example, as COVID-19 vaccination and the protection afforded by it became more widespread, recommendations were adjusted to focus more narrowly on those who are not up to date with COVID-19 vaccination.

We must continue to adapt. As CDC data show, relative rates of severe illness and hospitalization among older adults and death among nursing home residents remain at levels low enough to encourage more flexibility in nursing home operations. Rates of single booster doses are higher among nursing home residents and nursing home staff than those shown in the general community for adults aged 65 years and older and aged 18 – 64 years, respectively. We urge HHS to re-evaluate recommendations and requirements to allow nursing homes to better serve their residents. Specifically, we advocate for HHS to make the following revisions:

- Eliminate quarantine of new admissions and readmissions to nursing homes, recommending quarantine only for those who have been identified as having had a true close contact exposure,
- Allow healthcare personnel to continue working following high-risk exposure, regardless of staffing capacity, provided the staff do not develop symptoms or test positive for COVID-19, and
- Eliminate routine screening testing of asymptomatic staff.

Residents being newly admitted or readmitted to the nursing home are subjected to asymptomatic screening testing and restricted to their rooms under quarantine recommendations for 7 – 10 days if they are not up to date with COVID-19 vaccination. Testing and quarantine are recommended by CDC and enforced by CMS regardless of whether the individual has experienced a close contact exposure to COVID-19.

Our members report that this is confusing and frustrating for nursing home residents and their families, as these recommendations do not exist in other settings. Residents admitting from the

hospital were neither tested nor quarantined in the hospital but are now subjected to both based simply on the discrepancy between recommendations for nursing homes and those for other healthcare settings.

Restricting residents to their rooms further impacts resident satisfaction and assimilation into nursing home placement. Additionally, this quarantine creates barriers to care for residents who are admitted for skilled rehabilitation therapy as restriction to their rooms leaves them unable to address therapy goals such as walking long distances, climbing stairs, or practicing car transfers.

Nursing homes must restrict from work for up to 10 days any staff who are not up to date with COVID-19 vaccination and have been identified as having a high-risk exposure. With the updated definition of “up to date”, this means restricting from work any staff who are aged 50 years and older and have not received a second booster. This impacts a larger pool of the workforce than previous age-related booster recommendations at a time when we simply cannot afford to lose the staff.

Restricting these asymptomatic, COVID-free staff from work is a disservice to everyone. Nursing homes must scramble to cover shifts when staffing is already hard to come by and the staff who remain are further stretched to pick up where restricted staff were forced to leave off. Residents are denied their normal caregivers. Without adequate staff, nursing homes are forced to close units and deny admissions.

Additionally, nursing homes are required to include in routine screening testing all asymptomatic staff who are not up to date with COVID-19 vaccination. Resources for this testing are limited because it is not covered by insurance and our members report that staff feel unfairly targeted as the only provider setting subject to routine asymptomatic screening testing. Seasoned staff are leaving long-term care and new workers are reluctant to work in a setting with more requirements than other healthcare settings.

As you will note, CDC recommendations, including those for which we advocate change, are generally tied to “up to date” status. Let me be clear: LeadingAge understands the importance of COVID-19 vaccination and we strongly encourage our members to educate staff and residents on the importance of accepting all recommended booster doses. However, the reality is that we are in the middle of a staffing crisis and, some could argue, an access crisis, and the implications of these recommendations, enforced in nursing homes alone despite the fact that older adults are served in multiple other healthcare settings, exacerbate these problems.

Secretary Becerra, we know the Biden administration is deeply committed to improving the quality of care in nursing homes. You must remember that “quality care” encompasses both physical and mental wellness, and nursing homes’ ability to provide quality care depends in part upon their ability to staff the care. Continuing to endorse and enforce these nursing home recommendations and requirements mean that well residents will be isolated, well staff will be restricted from providing care, and nursing homes will continue to be more and more restrictive

living and working environment than other healthcare settings despite being a safer environment than at the outset of the pandemic.

As our nation moves into a new phase of the COVID-19 public health emergency, we must allow nursing homes and the residents they serve to move forward too. Please do not delay making these important changes to improve the well-being of nursing home residents and staff.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan
President & CEO

Cc: Chiquita Brooks-LaSure, Administrator, Centers for Medicare & Medicaid Services
Rochelle Walensky, Director, Centers for Disease Control & Prevention