

November 21, 2022

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

Dear Secretary Becerra,

On behalf of the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) and LeadingAge, we want to thank you for the support you have shown the long-term care community during the ongoing COVID-19 pandemic. As the “triple-demic” takes effect in the United States, we are concerned about the health and well-being of our nation’s most vulnerable living and receiving care in long-term and post-acute care facilities. While our nursing home residents have demonstrated a significantly higher COVID-19 vaccine uptake rate than the general population, there is more we can do to ensure as many residents as possible are up to date on their COVID boosters as well as receive their annual influenza vaccine.

As the two largest associations representing the country’s nursing homes and other long-term care and senior living facilities, we are committed to working with our member providers and other stakeholders to raise awareness and make progress in increasing vaccine uptake among our residents. We believe an all-hands-on-deck approach is necessary to address current vaccine hesitancy challenges. Enclosed you will find a detailed plan outlining proposed strategies for each key stakeholder to make demonstrable progress in this regard. We welcome your feedback on this plan, especially on how we can continue to work with HHS and your other agencies.

Thank you for your dedication and collaboration to help protect our nation’s seniors and individuals with disabilities this winter and beyond. We look forward to hearing from you.

Sincerely,



Mark Parkinson
AHCA/NCAL President and CEO



Katie Smith Sloan
LeadingAge President and CEO

encl: All-Hands-On Deck Campaign to Improve COVID-19 & Influenza Vaccination Rates in our Nation’s Elders

Cc: Dr. Stephen Cha, Counselor to Secretary Becerra

Dr. Ashish Jha, White House COVID-19 Response Coordinator

Dr. Sean Christensen, Policy Advisor, Office on COVID-19 Response, The White House

Chiquita Brooks-LaSure, CMS Administrator

Dr. Rochelle Walensky, CDC Director

All-Hands-On-Deck Campaign to Improve COVID-19 & Influenza Vaccination Rates Among Our Nation's Elders

BACKGROUND

As we enter the winter, CDC is warning of higher than normal community levels of [influenza](#) and [COVID-19](#) that can lead to illness and hospitalizations. We are already seeing [hospitals reaching capacity](#) from influenza and COVID cases. Elderly, particularly those receiving care in long-term care facilities due to their underlying health conditions, are at higher risk of serious illness from COVID-19 and influenza.

Staying up to date on COVID-19 and influenza vaccines is a key strategy to protect these individuals. While the COVID-19 up to date (including bivalent) [vaccination rate in long term care is 43.8%](#), as reported by the CDC, (nearly 4x higher than the [general community rate of 11.3%](#)), we want to do more. Increasing vaccination rates cannot be accomplished by any one group; it requires an all-hands-on deck approach by all healthcare providers (nursing homes, hospitals, physicians, and pharmacies), consumer groups and government agencies (federal, state and local).

CHALLENGES

Key challenges in gaining acceptance from residents or their families to receive the COVID-19 bivalent booster and influenza vaccines are as follows:

Misunderstandings About the Vaccines:

- Refusal of the vaccine, despite staff offering and educating about vaccines, per CMS regulation.
- Believing they do not need more boosters, they have natural immunity because they had COVID, or that the vaccine does not work because they've seen or experienced breakthrough infections.
- Thinking the latest strains are not as "severe."
- COVID fatigue is enormous. The ongoing CMS requirement for nursing homes to notify all residents and families each time there is one new COVID case anywhere in the facility exacerbates this fatigue.

LTC Residents Being Admitted Without Vaccination Delaying Protection:

- 90% of all admissions to SNFs regardless of reason or payor are from an acute care hospital. Hospitals need to vaccinate elderly patients before they are discharged to home health or LTC, as this would offer protection BEFORE the person transitions to another setting.

COVID-19 Vaccine Administration Requirements Causing Access Issues:

- The bivalent vaccine must be administered by a registered vaccine provider for both the federal and state reporting requirements. Most LTC facilities rely on LTC pharmacies to deliver, administer and report. While LTC pharmacies can deliver influenza vaccine the same day as ordered, they can't deliver the COVID-19 bivalent vaccine in the same

manner, because they must administer the vaccine or subcontract the responsibility to another entity. This requires LTC providers to schedule clinics to administer the COVID-19 bivalent vaccine, which can take weeks given pharmacist shortages or until the facility has enough residents to warrant the pharmacy to visit.

APPROACH

These challenges are significant and will not be overcome by one solution or one group taking action. We propose an all-hands-on-deck strategy to address these challenges and improve vaccine booster rates. This engages stakeholders across the healthcare and community spectrum. The strategies are outlined below by stakeholder group.

LTC Trade Associations (i.e., AHCA/NCAL, LeadingAge)

- Promote influenza and COVID-19 vaccine for LTC residents in newsletters and communications to members, sharing the value of the vaccine for residents in LTC settings.
- Refresh resources on the value of getting the COVID-19 bivalent and influenza vaccine, that can also be used by LTC providers to educate family members.
- Seek feedback on challenges to accessing, administering, or encouraging vaccine uptake and share feedback with appropriate federal agencies
- Reach out to providers with low vaccination rates to:
 - provide them with revised updated communication on value of vaccination to share with residents and families.
 - provide them contact information at QIOs and local public health to help with vaccination clinics if they are unable to get timely clinics scheduled from their LTC pharmacy.

Federal Agencies (CMS, CDC, HHS)

- Update and revise communication and messaging that emphasizes that the bivalent booster helps prevent serious illness, hospitalization, and death (not that it prevents infection or spread):
 - Develop an official 1-pager for elderly and family on getting influenza and COVID-19 bivalent vaccine (to replace traditional VIS statement) and give to all healthcare providers across the continuum who interact with elders or their families.
- Develop and disseminate communication to acute care hospitals about the importance of offering and administering vaccines prior to discharge (from the emergency department or a hospital stay), particularly to nursing homes and home health.
- Enlist QIO's to conduct direct outreach to SNF's with low up to date resident vaccination rates and provide assistance, where needed.
- Mobilize the national guard to promptly administer the vaccine, when LTC pharmacy is not able to do so.
- Waive the immunization administration and reporting requirements for COVID bivalent vaccine in nursing homes and allow the LTC pharmacy to deliver the bivalent and SNF to administer the vaccine as they do with the influenza vaccine.

- Ask physician societies (AMA, AGS, ACP, AFP, AMDA) to encourage their membership to contact their LTC residents or family members to encourage getting the bivalent and influenza vaccine, and to support requests from LTC.
- Discontinue CMS requirement [§483.80(g)(3)(i)-(iii)] for nursing homes to notify all residents and families each time there is a new COVID case anywhere in the facility. This will allow nursing homes to focus communication with the involved resident and their representative, per existing CMS requirement §483.10(g)(14) Notification of Changes.

Public Health Agencies (State and Local)

- Reach out to hospitals to encourage them to vaccinate elderly prior to discharge.
- Develop communication and messaging that emphasizes that the bivalent booster helps prevent serious illness, hospitalization and death (not that it prevents infection or spread).
- Offer to conduct onsite vaccine clinics for LTC providers who can't arrange for clinics with their LTC pharmacies, using strike force funding from CDC to send out teams to help vaccinate residents.

Consumer Advocates and Groups (e.g., AARP)

- Promote influenza and COVID-19 vaccine for LTC residents in newsletters and other communications.
- Develop resources on the value of getting the COVID bivalent and influenza vaccine, that can also be used by LTC providers to educate family members.

Pharmacies

- Share feedback with trade associations and federal agencies on challenges in administering or encourage value of COVID-19 or influenza vaccine
- Prioritize administering COVID-19 vaccine in facilities so residents who consent can receive timely.
- Notify the local public health agency when they can't get out to the nursing homes in a timely manner to hold vaccine clinic so the public health agency can hold clinic.