

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

AGING AND OLDER ADULT SERVICES COMMITTEE
PUBLIC HEARING

STATE CAPITOL
HARRISBURG, PENNSYLVANIA

RYAN OFFICE BUILDING
ROOM 205

TUESDAY, MARCH 2, 2021
9:30 A.M.

INFORMATIONAL HEARING ON
COVID-19 VACCINE DISTRIBUTION

BEFORE:

HONORABLE GARY W. DAY, MAJORITY CHAIRMAN
HONORABLE STEVE SAMUELSON (VIRTUAL), MINORITY CHAIRMAN
HONORABLE ERIC DAVANZO
HONORABLE ANN FLOOD (VIRTUAL)
HONORABLE MARK M. GILLEN
HONORABLE TIM HENNESSEY (VIRTUAL)
HONORABLE MIKE JONES
HONORABLE CARRIE LEWIS DELROSSO (VIRTUAL)
HONORABLE BRETT R. MILLER (VIRTUAL)
HONORABLE DAVID H. ROWE (VIRTUAL)
HONORABLE FRANCIS X. RYAN (VIRTUAL)
HONORABLE MEGHAN SCHROEDER
HONORABLE WENDI THOMAS
HONORABLE CRAIG WILLIAMS (VIRTUAL)
HONORABLE JESSICA BENHAM
HONORABLE AMEN BROWN (VIRTUAL)
HONORABLE ISABELLA FITZGERALD (VIRTUAL)
HONORABLE BRIDGET KOSIEROWSKI (VIRTUAL)
HONORABLE NAPOLEON NELSON
HONORABLE DANIELLE FRIEL OTTEN (VIRTUAL)
HONORABLE DARISHA PARKER
HONORABLE MELISSA SHUSTERMAN (VIRTUAL)
HONORABLE DAN WILLIAMS

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SUBMITTED WRITTEN TESTIMONY

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(See submitted written testimony and handouts online.)

P R O C E E D I N G S

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3 REPRESENTATIVE THOMAS: Good morning, everyone.
4 And hopefully, Chairman Day will be here soon. So I'm
5 going to go ahead so we can get started. We're going to
6 call the meeting to order, and if we could stand for the
7 pledge and those of you remote as you're able. Thank you.

8 (The Pledge of Allegiance was recited)

9 REPRESENTATIVE THOMAS: I'd like to welcome
10 everyone to this informational hearing of the House Aging
11 and Older Adult Services Committee. I'd like to remind
12 everyone that this meeting is being recorded. Members and
13 guests should please silence all cell phones and electronic
14 devices. I'd like the members in the room to -- that are
15 present to introduce themselves.

16 REPRESENTATIVE WILLIAMS: Dan Williams,
17 representing the 74th district.

18 REPRESENTATIVE DAVANZO: Eric Davanzo, 58th
19 district, Westmoreland County.

20 REPRESENTATIVE BENHAM: Jessica Benham, 36th
21 district, Allegheny County.

22 REPRESENTATIVE THOMAS: Great. I'd also like --
23 Chairman Samuelson, to see if he'd like to say a few words.
24 He is with us virtually.

25 MINORITY CHAIRMAN SAMUELSON: Thank you. I look

1 forward to this hearing. Important information to be
2 shared about the vaccine. Thank you to all the members who
3 are there in person and the rest of us who are joining you
4 virtually.

5 REPRESENTATIVE THOMAS: Great. Thank you,
6 Chairman.

7 Chairman Day called this hearing today to discuss
8 the importance of the COVID-19 vaccine plan. Data reported
9 by the Department of Health showed this morning that more
10 than 90 percent of COVID-related deaths occurred in our
11 60-plus age group.

12 Just a few days ago, Governor Wolf announced a
13 milestone of vaccines in long-term care facilities since
14 the vaccine's efforts began in late December. However, the
15 1A category has been expanded in the middle of the vaccine
16 plan to include all individuals 65 plus along with
17 individuals in long-term care.

18 While we absolutely must prioritize the vaccine
19 of our older adults in congregate care settings, we must
20 also focus our efforts on all older adults, regardless of
21 where they live. Access to the vaccine is very important
22 for them to get immunized.

23 We've invited a panel of experts here today to
24 discuss the expansion of the vaccine roll-out, efforts that
25 are being made to meet that need, and identify any gaps

1 that may be occurring.

2 In the interest of time, I would ask each
3 presenter within the panel to limit your opening remarks to
4 under 10 minutes to allow ample discussion time afterwards
5 with the members.

6 This morning, we are joined by Secretary Torres
7 from the Department of Aging; Bill Johnston-Walsh, the
8 Pennsylvania State Director for AARP; Adam Marles,
9 President and CEO of LeadingAge PA; and Teri Henning,
10 President and CEO of PA Home Care Association.

11 Thank you all for being here. Would you please
12 stand, I know you're virtual, and raise your right hand to
13 be sworn in?

14 (Parties sworn)

15 REPRESENTATIVE THOMAS: Thank you. Thank you
16 all.

17 Secretary Torres, would you like to begin,
18 please?

19 SECRETARY TORRES: Yes. Thank you. Good
20 morning.

21 Chairman Day, Chairman Samuelson, and members of
22 the House Aging and Older Adult Services Committee, thank
23 you for the opportunity to present on the Pennsylvania
24 Department of Aging's efforts in support of older adults
25 during the COVID-19 pandemic and during this current phase

1 of vaccine administration. I appreciate the opportunity to
2 update you and provide insight on the work that the
3 Department and the Area Agencies on Aging are undertaking
4 to assist older adults in receiving their COVID-19
5 vaccines.

6 The Department of Aging serves as the state unit
7 on aging charged with serving, protecting, and advocating
8 on behalf of all Pennsylvanians -- all older
9 Pennsylvanians. They oversee an array of benefits and
10 services and programs that are administered through a
11 network of 52 local Area Agencies on Aging who serve the
12 Commonwealth's 67 counties.

13 These services and programs are intended to help
14 older Pennsylvanians to remain independent and to live and
15 thrive in their own communities safely. The services
16 include support such as home deliver and congregate meals,
17 caregiver support, health and wellness services, care
18 management, personal assistance, senior community centers,
19 Medicare enrollment counseling, transportation, job
20 training, elder abuse prevention and protection, legal
21 assistance, adult daily living centers, and prescription
22 assistance.

23 Pennsylvania's older adults have faced many
24 challenges throughout this pandemic, and we recognize the
25 current frustration and anxiety of older adults, their

1 family members, and caregivers are experiencing as they try
2 to navigate, especially unemployment or a wait to receive a
3 vaccine. Since the first case of COVID-19 was announced,
4 the Department and the AAAs have worked closely together to
5 stay informed on the issues and to strategize on responses
6 to help meet the needs of older adults. The Department,
7 AAAs, and community partners are responding to the latest
8 challenge by providing older adults with vaccine
9 information, rendering assistance to schedule an
10 appointment, arranging transportation to the vaccine site
11 when needed.

12 The Department has been and continues to be
13 engaged in essential interagency vaccine discussions and
14 planning. The AAAs are working with community partners and
15 with their county and local governments on vaccine
16 distribution planning efforts for their respective service
17 areas. AAAs and community partners are local trusted
18 supports and service integral components reaching out and
19 helping older adults to make this a successful vaccine
20 roll-out.

21 I'm pleased to provide an overview of the vaccine
22 initiatives the Department and the AAAs have implemented as
23 we continue to work through the recovery phase of this
24 pandemic. The Department has created two options for older
25 adults to receive assistance in locating vaccines.

1 First, our PACE/PACENET program, the country's
2 only state-administered prescription benefit for seniors,
3 has created a dedicated COVID-19 special scheduling unit to
4 assist its more than 275,000 enrollees in locating
5 appointments for vaccinations. PACE staff has been working
6 directly with cardholders to find appointments, to arrange
7 transportation to vaccination sites, and will eventually
8 work with the PACE pharmacy network to vaccinate at a
9 cardholder's residence if necessary.

10 Our clinical team is also working to identify
11 PACE members who are at high risk based on their medical
12 history and will work with them to obtain the vaccine
13 appointments. By the middle of March, PACE will begin
14 providing similar assistance to individuals with
15 disabilities and Pennsylvanians age 60 and older not
16 enrolled in PACE.

17 The second option we are deploying is the
18 Pennsylvania Link to Aging and Disability Resources to
19 support older adults and adults with disabilities who do
20 not have access to a computer, the internet, or would
21 prefer telephonic assistance. This service, which
22 typically connects older adults and adults with
23 disabilities to needed long-term services and supports, is
24 available to assist individuals in researching appointments
25 for a vaccine and providing transportation if needed.

1 Individuals can call the PA Link Call Center at 1-800-753-
2 8827.

3 Recognizing that many older adults do not have
4 access to the internet, the Department will continue to
5 help address this need where we can. In addition, a recent
6 order of the Acting Secretary of the Department of Health
7 requires vaccine providers to offer a telephonic option
8 with a live representative or agent for vaccine
9 appointments and information. This provision took effect
10 on February 19th and will also be helpful to many older
11 adults.

12 The Department continues to meet with various
13 stakeholders to explore collaborative opportunities and to
14 strategize on how we can mutually support each other to
15 reach older adults interested in receiving a vaccine.
16 These efforts include discussions with our sister agencies
17 on how to directly connect vaccine providers with the most
18 vulnerable older adults receiving aging services.

19 A local hospital has reached out to the
20 Department to discuss opportunities to coordinate
21 scheduling vaccine appointments for older adults. Adult
22 day centers and senior community centers have shown
23 interest in being vaccine sites when more supply is
24 available. And we are in discussions with AARP on how to
25 utilize their volunteer network. Various staff members and

1 I are regularly meeting with the Governor's office and the
2 Department of Health and continue to participate in
3 interagency work groups to share information, identify
4 issues, and develop solutions in order to ensure the needs
5 of older adults and vulnerable populations are being
6 considered and addressed as the vaccine roll-out continues.

7 The Department's strongest partnership continues
8 to be with the Area Agencies on Aging because of their
9 trusted presence in communities across Pennsylvania.
10 Depending on each agency's capacity and resources, they are
11 providing connections and support in a variety of ways,
12 such as coordinating with their local healthcare providers,
13 county government and emergency management agencies,
14 providing guidance and support to older adults and their
15 families, assisting with scheduling, arranging
16 transportation, offering senior centers to serve as vaccine
17 clinics, and participating in county COVID-19 planning
18 commissions.

19 Some examples of the work AAAs have engaged in to
20 support older adults include the following: Butler County
21 Area Agency on Aging, through a partnership with the local
22 hospital, has been able to help over 1,300 older adults
23 schedule appointments and arrange transportation.

24 Southwestern AAA, which covers Washington,
25 Fayette, and Greene Counties, has been able to assist older

1 adults who are unable to schedule appointments online and
2 has been partnering with PennDOT's shared-ride program to
3 ensure a free ride for every older adult who needs
4 transportation to their vaccine appointment.

5 Lackawanna County Area Agency on Aging has
6 partnered with nonprofits to provide caseworkers to help
7 man a 211 hotline to support scheduling vaccine
8 appointments for older adults. This partnership has helped
9 more than 1,000 seniors since it launched earlier in
10 February. The caseworkers assist older adults by
11 contacting the individual's preferred vaccine providers,
12 and the providers place the individuals on a list for
13 appointments and contact them when the vaccines are
14 available.

15 Montgomery County Area Agency on Aging has
16 partnered with a software company at a low cost to connect
17 with the county's Office of Public Health to assist with
18 preregistering older adults for a vaccine.

19 AAA staff, volunteers, intercommunity center
20 workers, and Health and Human Services employees are being
21 utilized to answer phones and to help preregister seniors.
22 The Department, other state agencies, Area Agencies on
23 Aging, stakeholders, and community partners are all working
24 together to support older Pennsylvanians and ensure those
25 who want to be vaccinated will be able to do so with

1 appropriate support when needed. We will continue to
2 support local planning efforts to position the communities
3 to be prepared to execute vaccine administration plans
4 quickly when vaccine supplies increase.

5 In conclusion, I want to thank the Aging and
6 Older Adult Services Committee for inviting the Department
7 of Aging to this hearing, and I look forward to addressing
8 any questions you may have. Thank you.

9 REPRESENTATIVE THOMAS: Thank you, Secretary
10 Torres.

11 We have been joined by two additional
12 representatives. Representative Schroeder and
13 Representative Nelson have joined us. Thank you.

14 And just so you're not confused -- Representative
15 Gillen has also joined us -- Chairman Day is unfortunately
16 delayed in traffic. So as soon as he gets here, he will
17 resume his seat.

18 Thank you, Secretary Torres. That was very
19 helpful.

20 Everybody, please jot down your questions if you
21 have them because we're going to have all of our testifiers
22 present and we will be taking questions at the end.

23 So I'd like to move on to Mr. Johnston-Walsh, and
24 if you'd like to go ahead this morning. Thank you.

25 MR. JOHNSTON-WALSH: Good morning. My name is

1 Bill Johnston-Walsh. I'm the state director for AARP
2 Pennsylvania. On behalf of our 1.8 million members and all
3 older Pennsylvanians, we appreciate the opportunity to
4 participate in today's public hearing on COVID-19 vaccine
5 distribution for older adults in long-term care facilities
6 in Pennsylvania.

7 Thank you, Chairman Day and Chairman Samuelson,
8 and Members of the House Aging and Older Adult Services
9 Committee, respectively, for holding this hearing.

10 When the first COVID-19 vaccines became available
11 in Pennsylvania on December 14th, 2020, an immediate focus
12 was properly placed on reaching the arms of healthcare
13 workers and residents and staff in -- of nursing
14 facilities.

15 Thirty-six days later, Pennsylvania expanded its
16 COVID-19 vaccine Phase 1A distribution plan to include
17 people age 65 years and older, as well as those 16 to 64
18 years of age with high-risk medical conditions.

19 As we gather today for this hearing to discuss
20 COVID-19 vaccine distribution for older adults, 78 days
21 have passed since the first inoculation. During this time,
22 AARP has heard from thousands of our members and older
23 Pennsylvanians who are quite angry, deeply frustrated, and
24 increasingly desperate towards a vaccine distribution
25 system that is confusing, complicated, and challenging.

1 To illustrate where we are hearing -- what we are
2 hearing, we recently sent an informal survey to our
3 Pennsylvania members. Within 24 hours, 3,400 responses
4 were received. That was 3,400 responses in 24 hours.
5 Eighty-one percent of those respondents reported they have
6 tried to secure a vaccine appointment, and only 27 percent
7 reported success so far.

8 AARP members are telling us in great numbers, and
9 in no uncertain terms, that they are very disappointed with
10 Pennsylvania's effort to distribute COVID-19 vaccines.

11 Most of those eligible for a vaccine reported encountering
12 huge logistical hurdles in simply making an appointment.
13 Many county vaccination center websites have crashed under
14 the weight of tremendous traffic. State and local health
15 department phone lines have been overwhelmed with calls,
16 and some county municipal health bureaus have abandoned
17 using PrepMod, a Maryland-based online clinic management
18 and appointment scheduling system provided by the state for
19 free, after problems were encountered including overbooking
20 and allowing ineligible people to sign up for vaccine
21 appointments.

22 Needless to say, the stories we're hearing from
23 AARP members demonstrate how the vaccine distribution plan
24 is fragmented, hard to navigate, and is leaving behind some
25 of the most vulnerable and at-risk populations. In the

1 words of one Montgomery County member who responded to the
2 survey, it is like the Wild West, totally decentralized and
3 frustrating.

4 Another member from Northampton County said,
5 every time I try to schedule an appointment, I get a reply
6 that no appointments are available at this time. I am 66
7 years old and have COPD and am very worried for my safety.

8 Finally, a member from Butler County shared, my
9 mom is 84, has lung disease and multiple other problems,
10 and I can't get her in. I'm done with it. We will wait
11 until the spring or summer. It's too stressful being on
12 the computer day and night trying to get in somewhere.

13 We have heard stories like these from almost
14 every county in the Commonwealth. The voice of AARP
15 members are coming through loud and clear. The delays
16 Pennsylvanians in Phase 1A are experiencing scheduling
17 COVID-19 vaccines remain simply unacceptable. We cannot
18 stress enough how difficult this process has been for so
19 many Pennsylvanians as they've tried to navigate websites,
20 confusing sign-up systems, understaffed phone lines, and
21 confusing categories of prioritization.

22 Although demand for vaccine still outweighs
23 supply, we are counting on state officials to follow
24 through on their recent pledge to do a better job ensuring
25 that vaccines reach the arms of all eligible

1 Pennsylvanians.

2 With Pennsylvanians 50 years of age and older
3 accounting for 98 percent of all deaths from COVID-19, it's
4 imperative that they, and all Pennsylvanians, receive clear
5 information of what they can anticipate and when and where
6 they may have the opportunity to receive the vaccine.

7 To help in this effort, in December 2020, AARP
8 first published state-by-state guides to vaccine practices
9 and rules for every state. Since this website went live on
10 December 16th, our Pennsylvania-specific guides have been
11 updated nearly two dozen times to keep pace with the
12 state's ever-evolving distribution plan, ensuring that
13 Pennsylvanians have the most up-to-date information on the
14 who, what, when, where, and why of COVID-19 vaccine
15 information. This guide can be accessed at
16 aarp.org/pavaccines.

17 Moreover, we recently hosted a statewide
18 telephone town hall with Department of Health Secretary
19 Alison Beam, which reached over 14,000 Pennsylvanians, and
20 beginning tomorrow, we are hosting a series of six locally
21 based telephone town halls. Specific to each local event,
22 participating special guests will be trusted local
23 officials from Allentown and Bethlehem, health bureaus of
24 local officials from Bucks, Chester, Delaware, Montgomery,
25 and Philadelphia.

1 AARP is committed to continuing to explore and
2 implement practical and creative ways to inform and assist
3 our members and all older Pennsylvanians to find a vaccine
4 provider and make an appointment. We are also in regular
5 communication with the Wolf Administration about our
6 members' concerns, including ways the state can improve its
7 current vaccine distribution infrastructure and expanding
8 options for individuals to receive a vaccine.

9 The state's recent acknowledgement that it needs
10 to do better to help Pennsylvanians 65 plus access the
11 COVID-19 vaccine has been accompanied by improvements, and
12 I want to thank Secretary Torres for talking about the PACE
13 program and others that are going to be expanding to all
14 65-plus individuals. We are very pleased that some of
15 these recommendations were considered and implemented as
16 the state has moved to foster community-based solutions in
17 its distribution efforts, including leveraging the skills
18 of the Commonwealth's Aging Network to help those who do
19 not have access to the internet or do not have experience
20 or support to use an online appointment system.

21 Across the Commonwealth, many local Area Agencies
22 on Aging and the state's PA Link and Aging and Disability
23 Resources are providing guidance and support, along with
24 assistance with scheduling a vaccine appointment and
25 transportation to vaccine clinic sites, as stated by

1 Secretary Torres. Moreover, the state's low-cost
2 prescription assistance program, PACE, is also being used
3 as a resource to help PACE cardholders access the vaccine.

4 It is time to stop pointing fingers of blame and
5 work together to remove the barriers that exist so that all
6 individuals and families can access the vaccine regardless
7 of age, income, race, ethnicity, or zip code. At AARP, we
8 believe that improving communication, collaboration, and
9 coordination is key to improving confidence that the
10 vaccine distribution process is transparent, equitable,
11 fair, and accessible.

12 Thank you for your leadership in arranging this
13 hearing on Pennsylvania's COVID-19 vaccination plan. AARP
14 Pennsylvania stands ready to help you get COVID-19 vaccine
15 information to all older Pennsylvanians across the
16 Commonwealth as quickly as possible.

17 Thank you.

18 REPRESENTATIVE THOMAS: Thank you very much for
19 your testimony. It was very, very helpful.

20 Okay. Moving on to our next testifier, Adam
21 Marles. You ready?

22 MR. MARLES: I am.

23 REPRESENTATIVE THOMAS: Please begin.

24 MR. MARLES: Good morning, Chairmen Day and
25 Samuelson and Members of the House Aging and Older Adult

1 Services Committees. Thank you for your commitment and
2 attention to the health and safety of older adults and all
3 Pennsylvanians during the pandemic.

4 As you heard, I'm Adam Marles, President and CEO
5 of LeadingAge PA, which represents aging services providers
6 across Pennsylvania. There are plenty of frustrations,
7 we've heard some of them already this morning, about
8 Pennsylvania's vaccine execution. And although the roll-
9 out here for nursing homes, personal care homes, and
10 assisted living residences wasn't as swift as other states,
11 we have seen progress for those living in these settings in
12 recent weeks. And for that, we're truly thankful.

13 However, the need to expedite vaccination to all
14 older adults in congregate settings has been evident for
15 months, long before the roll-out began. Pennsylvania still
16 has no clear plan to address this issue, nor a plan for the
17 vaccination of new residents and staff of our nursing homes
18 and other care settings who enter after this initial phase
19 is completed.

20 Recommendations from the CDC and the Advisory
21 Committee on Immunization Practices, ACIP, gave us hope
22 that even though the initial vaccine supply would be
23 limited, our most vulnerable citizens would be prioritized,
24 hope that the clear recommendations about the importance of
25 older adults in congregate settings having access to

1 vaccines wouldn't be taken lightly.

2 But what we've seen in Pennsylvania is an
3 incomplete plan that only shares partial alignment with the
4 ACIP framework and lacks the detailed actions necessary to
5 expedite vaccinations to those settings. This is
6 particularly true of those not under licensure by the
7 Department of Health or the Department of Human Services.

8 What we've seen is tens of thousands of older
9 adults in their eighties, nineties, and older, living in
10 continuing care retirement communities and senior
11 affordable housing, struggle to navigate vaccination
12 availability maps online or sit on hold on the phone in an
13 effort to secure an appointment for vaccination. The truth
14 is, many of them lack the experience with computers or
15 don't even own one. For those unable to navigate the
16 online process, phone line availability has improved,
17 though in some instances a senior husband and wife must
18 travel to two different locations to receive vaccines,
19 often driving hours to get there.

20 Let me be clear. Many of those living in
21 affordable housing and independent living may not need the
22 clinical assistance of a typical care setting, but they do
23 have mobility issues, health challenges, or cognitive
24 limitations that make leaving their homes to stand in line
25 at a clinic a challenging if not impossible option.

1 Moreover, many of these people have no car, further
2 complicating these challenges.

3 Thankfully, some of these communities have been
4 able to find ways to have residents vaccinated. In some
5 cases, pharmacies or health systems have been willing to
6 vaccinate some affordable housing and independent living
7 communities. In at least a couple of cases, AAAs have
8 helped with vaccination at senior high rises.

9 That said, we have members who have found
10 providers willing to vaccinate affordable housing residents
11 or independent living seniors, but not both, on the same
12 campus. Similarly, residents of one community may have
13 been vaccinated, while another a mile away have not. The
14 anxiety, frustration, and confusion for seniors, their
15 families, and those serving them, is only exacerbated
16 because of the inconsistency paired with the lack of a
17 plan.

18 I'm sure you're hearing from your constituents
19 daily about how this process isn't working for them, just
20 as we hear from our members how residents are struggling to
21 find and schedule appointments. We have to do better.

22 On December 17th, I sent a letter to the Governor
23 and the Secretaries of the Department of Health and the
24 Department of Human Services, expressing concern over the
25 lack of prioritization of older adults in other congregate

1 settings, like affordable housing or community settings on
2 campuses of continuing care retirement communities. I
3 offered strategies and a standing offer for assistance in
4 developing a plan to ensure that the identified
5 shortcomings were overcome.

6 On February 4th, I called for a taskforce to be
7 convened to quickly evaluate and establish a plan to
8 expedite vaccination of our most vulnerable citizens,
9 including collaboration with providers, pharmacies, and
10 governmental leaders. Days later, Governor Wolf named
11 members of the General Assembly to join a taskforce to
12 improve and expedite vaccine delivery. We applaud this
13 step. But still, there's no action or plan that
14 specifically addresses delivery of vaccinations to seniors
15 in congregate settings.

16 We're all fighting toward the same endgame:
17 saving lives and reopening Pennsylvania in a way that
18 safely reconnects us with loved ones, gets our kids back to
19 school, and sees our communities on the road to recovery.
20 When reviewing Pennsylvania's most recently revised vaccine
21 distribution plan, it remains clear that it doesn't include
22 detailed steps to improve access to vaccine for seniors,
23 nor for the implementation of a process to vaccinate new
24 residents and staff of nursing homes and other care
25 settings, or those who declined the first round of

1 vaccinations in those settings.

2 We've known for a year that older adults are
3 exponentially more vulnerable to COVID-19, and those living
4 in congregate settings are more vulnerable still. Yet
5 these same seniors living in affordable housing high rises
6 or continuing care retirement communities are lumped into
7 the fend-for-yourself eligibility pool of Phase 1A.

8 As we rapidly approach a year of isolation, in
9 which congregate housing providers have done everything
10 possible to ensure that those living in these settings
11 don't have to venture out and risk exposure, these same
12 seniors are told to find a clinic when their home setting
13 could support a clinic itself. Our members could vaccinate
14 hundreds of people at a time without them leaving their
15 homes and then continue to use our facilities to vaccinate
16 other eligible people in that area. We all know we must
17 continue to prioritize the protection of our older adults.
18 Our member communities know their residents and can offer
19 infrastructure, and in many instances, staff to administer
20 the vaccine or at least to monitor recipients for the post-
21 administration period.

22 These resources can be coupled with others, like
23 the National Guard to provide pop-up clinics in parking
24 lots of senior communities. Our guardsmen can offer the
25 increase in vaccinators and the mobile capabilities that

1 are needed to take vaccines to our aging residents instead
2 of telling them to go out and find a way to serve
3 themselves.

4 We've shared a plan that incorporates a number of
5 avenues and strategies to expedite vaccinations of seniors
6 in congregate settings with the Department of Health.

7 We've repeatedly offered our support and collaboration to
8 find solutions. And we do so again today.

9 We can assist with the coordination of clinics
10 for seniors in congregate settings, but not until the
11 Department of Health takes action and shows that all
12 vulnerable seniors will be prioritized. We can be part of
13 the solution and help expedite vaccination of our most
14 vulnerable residents, slowing the spread of COVID-19,
15 reducing infection rates, and saving lives.

16 With that in mind, I renew our call for a group
17 to be convened with a specific charge of expediting
18 vaccination of all older adults in congregate settings.
19 Whether that's a subgroup of the Governor's vaccine
20 taskforce or a separate working group empowered to create
21 and execute a plan, the priority of the Commonwealth's
22 vaccine roll-out must be to immediately develop a plan to
23 effectively deliver vaccines to our older adults.

24 The recent passage of Representative O'Neal's
25 House Bill 326 is an opportunity. If the planning and

1 implementation phases are completed quickly, the focus on
2 mass vaccination clinics should be prioritized in
3 communities serving concentrations of Pennsylvania seniors,
4 such as affordable housing or continuing care retirement
5 communities. These facilities are not only accessible but
6 understand the needs of older adults. We're happy to be a
7 resource for coordination and support to the National Guard
8 as they create a road map for the mass vaccination
9 provisions of House Bill 326.

10 We have confidence that everyone is doing their
11 best to navigate through this pandemic and get the right
12 resources to the right people at the right time. Right
13 now, the seniors that have served our communities
14 throughout their lives need us to step up and make them a
15 priority. They deserve a plan. Support us in its
16 development so we can complete Phase 1A before it's further
17 expanded, get vaccines to our most vulnerable citizens, and
18 those who care for them, and get Pennsylvania on the path
19 to recovery from the devastating impacts of the pandemic.

20 Thank you so much for the opportunity to offer
21 comments on the needs of Pennsylvania's seniors and our
22 members' experiences with the vaccination roll-out. And
23 thank you for the work that you do to support and protect
24 seniors and senior service providers across Pennsylvania.
25 I look forward to working with you, and I'm happy to answer

1 any questions.

2 MAJORITY CHAIRMAN DAY: Thank you, Adam.

3 I want to take a brief moment to just thank you
4 for your testimony and also thank our acting chair, Acting
5 Chair Thomas and the other members for working with us
6 today.

7 With that, we'd like to recognize our next
8 presenter, Teri Henning.

9 Teri?

10 MS. HENNING: Good morning.

11 Good morning, Chairman Day, Chairman Samuelson,
12 and Committee members. Thank you for convening this
13 hearing and allowing us to share our thoughts on these very
14 important issues. My name is Teri Henning, and I'm the CEO
15 of the Pennsylvania Home Care Association. I'm hoping to
16 spend my brief time today sharing a little bit about our
17 members and the work they do, talking about the challenges
18 they have faced with respect to the vaccine, and finally,
19 offering some suggestions on how home care agencies may be
20 able to assist with vaccine distribution and
21 administration, particularly as it relates to homebound
22 invidious.

23 PHA is a statewide membership association whose
24 members provide nursing, therapy, personal care, and end-
25 of-life care in hundreds of thousands of people's homes

1 across the Commonwealth. Like our colleagues across the
2 healthcare continuum, over the last year the home-based
3 care industry has faced significant challenges in providing
4 in-home services including increased expenses, significant
5 workforce issues, and difficulties accessing personal
6 protective equipment, COVID-19 testing, and later,
7 vaccines.

8 In addition to the regular care they provide to
9 consumers and patients every day, home-based providers have
10 also cared for COVID-19-positive individuals in their
11 homes, provided services in homes where others were ill,
12 served as a resource for hospitals and other facilities
13 discharging COVID-positive patients, and even helped with
14 staffing certain facilities when they faced shortages due
15 to COVID-19. Through this work, home care providers have
16 helped to keep thousands of Pennsylvanians out of hospitals
17 and other facilities at increased risk to themselves and
18 their families.

19 Nonmedical direct care workers provide very
20 personal services, often for extended hours in a day. They
21 help individuals transfer in and out of bed, toilet,
22 shower, and dress. Nurses and therapists are in multiple
23 homes in one day, coming into contact with a number of
24 patients as well as their families and others in the homes.
25 These workers also provide care in a range of healthcare

1 settings, including nursing homes, assisted living, and
2 inpatient hospice facilities.

3 Like others on the healthcare continuum, the
4 sooner this workforce is vaccinated, the better. And the
5 same is true for the patients and consumers they serve,
6 many of whom have complex needs and are at high risk for
7 COVID-19. In fact, these patients and consumers are
8 increasingly asking whether their caregivers have been
9 vaccinated.

10 Although home-based care providers were not
11 identified as having 1A priority in the first draft of the
12 state's vaccination plan, this was changed in a later
13 version of the plan, which included a broad definition of
14 healthcare personnel and included home health and home
15 care.

16 Despite being designated in 1A, many continued to
17 have challenges accessing vaccine. Some of that has eased.
18 Although it has been more challenging to access vaccine for
19 those not affiliated with hospitals or health systems, it
20 has also been easier in some parts of the states than
21 others. Even as some counties and communities implement
22 successful strategies, like others have noted, it has been
23 frustrating to see these successes as more one-offs than as
24 part of a broader statewide solution.

25 I'd like to spend the few minutes I have left

1 today to share some of the issues faced by home health
2 providers -- home care providers, and also offer potential
3 ideas for how they might be able to better assist with
4 vaccine administration to some of our most vulnerable
5 residents.

6 First, technology, some first/second dose issues,
7 and some other challenges. You've heard from others about
8 the challenges with technology and the initial roll-out
9 plan. I won't repeat those points, but there was and
10 remains a great need for a low-tech solution for so many
11 Pennsylvanians who are not tech savvy or do not have the
12 time or resources to work their way through the online map
13 of providers. I know that phone numbers have been
14 established, and we certainly appreciate that additional
15 option for vaccine registration, but the challenges do
16 continue.

17 We've heard from members on the healthcare side,
18 as recently as yesterday, who continue to have issues in
19 accessing the vaccine for their caregivers. Some of their
20 suggestions and concerns include the following: They would
21 appreciate vaccine sites during nontraditional business
22 hours, as it is very difficult for their staff to get them
23 when they work regular days. They have asked for
24 additional clinics for home health care and similar
25 workers, as it remains difficult for some to access

1 vaccines at all. They have asked for consideration of an
2 alternate avenue for home health care and similar workers
3 to schedule vaccine appointments, as their on their feet
4 most of the day, not in front of computers, and it is
5 continuing to be very difficult for them to access
6 appointments.

7 In terms of homebound individuals and the role of
8 home health, I want to share some information from some
9 other states. Like Adam, we urge the creation of a broader
10 stakeholder group to address remaining and sometimes unique
11 issues relating to vaccinating certain individuals. One
12 issue of great concern to our members is getting the
13 vaccine to the homebound.

14 At a minimum, home care agencies can play a role
15 in helping to identify homebound individuals. Who are
16 they? Our workers are in hundreds of thousands of homes on
17 a regular basis. Home health agencies could assist with
18 administering the vaccine. They employ licensed nurses.
19 All could help to monitor those who have received the
20 vaccine for adverse effects.

21 As I mentioned, we are in regular communication
22 with our colleagues, other home care associations in other
23 states, and I thought it might be helpful to share some of
24 what we've heard from them.

25 In Vermont, the home care association has worked

1 with the state to create a plan to vaccinate homebound
2 residents through a partnership with home health agencies
3 and emergency medical services, EMS teams.

4 In New York, home-based care agencies have been
5 approached to serve as vaccination providers for
6 individuals in their homes.

7 In Tennessee, the home care association is
8 working with the state to identify home-based care
9 providers, plus reserve medical corps and first responders,
10 to administer the COVID-19 vaccine to homebound
11 individuals. One model is also considering strike teams to
12 vaccinate within specified service areas.

13 New Hampshire is working with the state to help
14 identify homebound individuals, with vaccinators from
15 regional public health networks actually providing the
16 vaccines going home to home. One agency is doing a pilot
17 program to do home vaccinations.

18 Oklahoma is working with the Health Department to
19 vaccinate staff and patients on service. They also plan to
20 vaccinate underserved populations in their communities.

21 Illinois is working with the Department of Public
22 Health to find the best way for home health to assist with
23 vaccine administration.

24 Ohio is working on a partnership with EMS to
25 administer the vaccines.

1 Massachusetts is participating in a state-
2 convened work group to find solutions, including
3 determining actual homebound counts, who is available to
4 vaccinate, which vaccines make the most sense, and more.

5 In Pennsylvania, we learned about a Montgomery
6 County plan to vaccinate individuals in their homes. We
7 know of members who are in touch with pharmacies about
8 possible plans. Others have offered their facilities or
9 space for vaccination clinics. Some are working with
10 outpatient facilities to ensure that individuals who have
11 been discharged after receiving one shot are able to access
12 the second shot.

13 But again, these are local solutions, often based
14 on pre-existing relationships in specific communities. We
15 believe that bringing together stakeholders who are
16 implementing solutions in their communities will go a long
17 way in achieving more consistent statewide access.

18 Finally, I do want to mention the ongoing issue
19 of vaccine hesitancy and the need to respond to
20 individual's concerns about vaccine safety and efficacy.
21 At the end of January, PHA surveyed our members on their
22 experiences with the COVID-19 vaccination. A hundred and
23 eighteen agencies representing about 22,000 employees
24 responded. At that point, only 53 percent of the staff
25 wanted to get the vaccine, and only 19 percent have

1 received at least one dose. These percentages are
2 similarly concerning when the general public is asked about
3 plans to get or not get the vaccine.

4 National polls do show that vaccine acceptance
5 numbers are improving, and we are hearing that anecdotally
6 from our members as well. Some of it may just take time,
7 but we also believe that there is an increased role for the
8 government and all stakeholders to assist in this process
9 and participate in these critically important
10 conversations.

11 Thank you for your time and attention to these
12 very important issues. I don't want to end without saying
13 that we have been in regular communication with multiple
14 people at the Department of Health over the last year and
15 in recent months and weeks, including conversations with
16 the vaccine taskforce and very recent conversations with
17 Secretary Beam. We appreciate their willingness to engage
18 with us and hope that we can be part of a broader solution
19 moving forward. Our members want to help. It's as simple
20 as that.

21 We appreciate your time and interest in these
22 issues, and I'm obviously available for any questions.
23 Thank you.

24 MAJORITY CHAIRMAN DAY: Thank you so much for
25 that testimony. You bring great expertise and information

1 towards where we could be helping people in the homes. I
2 think we will be getting -- we should be getting to that as
3 a way to get to more vaccines out to our seniors. So I
4 certainly appreciate that.

5 Before we move on to questions, I'd just like to
6 remind everyone, the members that are participating
7 virtually, to contact Shannon Walker or Chuck Miller to be
8 recognized to ask a question. Shannon will also be
9 monitoring the chat, the hand raise function on the virtual
10 platform, so just bear with us. We'll try to -- we always
11 try to take people in order of when they request to be
12 recognized and orderly go through all members' questions
13 while we have the testifiers before us.

14 So use those two. The best is to contact Chuck
15 or Shannon through email, or if you have -- they were kind
16 enough to give you their text, which I wouldn't recommend
17 to give your phone number to any of us, but a little bit of
18 humor there.

19 But thank you all very much for your testimony.
20 And you know, when we set out, a lot of times I feel like
21 we're moving a cruise ship from the legislature where
22 there's large directions, and we have to plan ahead of
23 time. And we had planned to try to talk about the
24 vaccination. And we started talking about it very early.
25 But we started planning when were we going to talk about it

1 in the new year. And as early as January, we started to
2 make plans for this hearing. And as we got into the
3 appropriations hearings it became clear that it would be
4 best to have here in the first week of March.

5 We are in a position where what I recognize is
6 that our committee has always been a fairly
7 noncontroversial committee. And I'd like it to remain that
8 way. But we're in some pretty important times, dealing
9 with some pretty important factors. I see things that make
10 me nervous about our response our testifiers today are
11 sharing with them.

12 Secretary Torres, I want to share with you that,
13 you know, because of this deadly infectious disease -- I
14 want to recognize what COVID-19 is, and it's been thrust
15 upon us, and not one of us took our jobs anticipating that
16 this would be what our agenda becomes. So I just want to
17 tip my cap to you, what you've done as the Secretary. I
18 appreciate that. But there's so many questions that I have
19 as well. So sometimes these oversight hearings kind of
20 focus on the negative, and I just want to make sure that
21 you're aware that I recognize the positives.

22 The problems are that I lose sleep at night, and
23 I hope you do too. You are our member. You are our person
24 in the administration who has the exact same responsibility
25 that this legislative committee has. You are our best

1 hope.

2 As I said to you in the appropriations hearing, I
3 want you to be standing on the desks of your colleagues in
4 the administration advocating for seniors. And I know you
5 do. But I want to know some of the things that you're
6 planning. Some of the things that you've done in the past.

7 You know, the administration is very good at
8 showing that they are working, but they're not showing the
9 context. And with that, I mean mostly the press releases
10 about vaccinations from the Department of Health, not your
11 department, Secretary. But if you could be an advocate
12 also for a plan.

13 You know, I think of it as a plan of -- if I want
14 to get it done and I want to protect seniors, I count total
15 universe. Those numbers from your website are 2.4 million
16 seniors in Pennsylvania. There's another document --
17 that's 65 and older. There's another document that goes
18 over three million if you start at 60 and go north. And
19 that's an outstanding document. But those documents and
20 those numbers are our whole universe, and I'm trying to
21 understand, what is the plan?

22 It seems to me, that where the administration is
23 not involved in the vaccination, through the drug stores,
24 of long-term care residents and employees -- it seems like
25 that's going pretty well. But I'm curious -- those

1 numbers -- that number is -- I mean, we could argue what
2 that number is, about 100,000 in comparison to three
3 million. Even if we say -- even if the doctors say we only
4 need 75 percent of the people targeted, that's a huge
5 number.

6 And I'm curious today, do you have -- whole
7 universe of seniors -- do you have a plan to protect them?
8 Are you advocating with the Secretary of Health, or -- what
9 some of the testimony has seemed like in the past is, hey,
10 that's their job. They'll let me know when we're going to
11 save the seniors. You know, I -- that's the shortest way I
12 can say it. I don't mean that to be disrespectful, but I
13 just mean it as the alternative to what I'm looking for,
14 not necessarily what you're doing.

15 So with that, Secretary, you know, what is the
16 administration's specific logistical plan to get seniors
17 vaccinated as quickly as possible? Right now, statewide
18 we're at a rate of about 500 or 600,000 a month. In order
19 to be done through the entire Commonwealth, I think we need
20 to be four, five, maybe even six times that rate. Can you
21 share with me what your plan is, and what you're advocating
22 within the administration to -- with the vaccination plan
23 to protect seniors?

24 SECRETARY TORRES: Yes, Mr. Chairman. And thank
25 you for your question. And I certainly understand your

1 concern, and I'm sure, the concern of the rest of the
2 committee members as it relates to vaccinating seniors and
3 addressing some of the concerns that were expressed by some
4 of my fellow panelists.

5 In my testimony, I cited some of the work that's
6 being done with the Area Agencies on Aging, and believe me,
7 I worry just as much as you've expressed about our seniors
8 and getting them vaccinated. So part of what we've been
9 doing at the Department is working at the local level
10 because Area Agencies on Aging, all 52 of them, know their
11 communities best.

12 Just last week, I surveyed them with specific
13 questions on, you know, who are they best connected with in
14 their local community, where can they use help, either from
15 the Department of Aging or Department of Health. As issues
16 are arising throughout Pennsylvania, I'm being notified and
17 I take that information and I go back to the Department of
18 Health, for example, and make them aware of certain issues
19 that may have evolved based on decisions that are being
20 made, and we work to resolve them.

21 One example is, one AAA director called me and we
22 were able to connect her with a regional vice-president of
23 Weis Pharmacy. And as a result of that connection, they
24 got a small allocation of vaccines that they were able to
25 divide up between the two counties that they serve.

1 Butler County I've highlighted over the past few
2 weeks. And the reason I've highlighted Butler is because
3 although there is a limited supply of vaccine across
4 Pennsylvania, they have a partnership going with a local
5 hospital that has said, you will have 300 doses of vaccine
6 every week, and on a daily basis, if there's cancellation
7 we will call you to get your consumers on the priority list
8 to get vaccinated.

9 Other AAAs are following that model, and we at
10 the Department are working to support them, to help be
11 neutral conveners, if you will, of getting them. In the
12 survey that I did last week, most of them said they could
13 use help partnering with chain pharmacies.

14 And the panel will be happy to know that the
15 joint taskforce that includes members of the legislature,
16 last week supported the creation of four subcommittees.
17 One of those subcommittees has to do -- will be a
18 subcommittee on aging, which I've been asked to lead. And
19 I will be inviting not only the three panelists that are
20 here, but other stakeholders that have been participating
21 on ongoing long-term care stakeholder meetings.

22 So it is my intention, Mr. Chairman, to really
23 identify the issues. We know what many of them are, but I
24 think discussions about how do we do a better job with
25 homebound seniors, how do we address seniors that may not

1 be able to go to mass vaccine clinic because of
2 transportation costs, transportation expenses, and the
3 like. So that Aging Subcommittee that I am authorizing,
4 and that will be this week -- the intent there is to really
5 accept the help of every one of my fellow panelists and
6 others that I intend to invite to really get us some of
7 these solutions. Because I think the work that we'll put
8 into that will be well worth it in the end, as the supply
9 of vaccine continues to increase.

10 I will also add, just to give you an idea of the
11 level of collaboration, we have, throughout Pennsylvania, a
12 couple of organizations that are called health information
13 organizations. And they have medical information on
14 individuals on their member hospitals and member
15 organizations. Last week, I had a conversation because we
16 wanted to do a comparison of, for example, our consumers --
17 or consumers that are in our PACE program, so that if we
18 can identify those older adults that are already
19 vaccinated, we don't have to expend resources to outreach
20 to them. We can concentrate on the ones that haven't been.

21 So we are doing quite a bit and intend to do a
22 lot more to get better organized to get these
23 collaborations going so that again, as the vaccine supply
24 increases, we can officially and effectively get the job
25 done as it relates to older adults.

1 MAJORITY CHAIRMAN DAY: Thank you, Secretary.
2 Secretary, as a followup, I don't know if I'm not
3 articulate in explaining what I'm trying to explain, but
4 what you just described is, you know -- there's a part of
5 me that wants to say thank you and tip my cap. But the
6 career part of me, the business person, the father, who
7 when I really want to make sure my kid doesn't run out in
8 the street, I count, I have two kids, and I hold both their
9 hands. You continually report, I'm really trying to not
10 let them get out in the street.

11 And I believe that you're in a situation where I
12 really, you know, with my -- all my colleagues here, both
13 sides of the aisle, I want everyone to know -- normally,
14 with 254 elected officials working together outside of a
15 state of emergency, all of the opinions are taken into
16 account. And we don't have that now.

17 The only reason not to have a plan, that there's
18 204 -- I mean, 2.4 million people -- seniors, and we
19 believe the medical professionals are telling us, vaccinate
20 75 percent in the nursing homes and you'll be in a great
21 place -- the reason why we're supposed to do that -- the
22 only reason not to say that, is because you don't want to
23 be accountable.

24 And this is mostly to your team, Secretary, not
25 to you. I think it's the position that you're in, but I'm

1 trying to articulate it to you and explain it to you so you
2 go back and talk to the administration about this, why
3 we're under one elected official making these decisions.
4 And listen, there's tons of appointed officials who are
5 outstanding people in the Commonwealth. But not one has
6 caused the administration to say, here's the total universe
7 that we have to protect, and here's what we're doing.

8 We have 100,000 people addressed by a federal
9 program, and we have 2.3 million more people and we're just
10 flapping our arms, trying to show us how hard we're trying
11 to get to them, but no facts about we got to them. Whether
12 it's the city of Philadelphia having to have worries
13 about -- you know, they have a dedicated supply of
14 vaccines. But they have their worries. I've listened to
15 my colleagues. People coming from outside of the county
16 into the city.

17 Secretary, I need it -- that's why I'm talking
18 about it, I need there to be a plan. There are at least
19 thousands of Pennsylvanians that when they hear what you
20 just said and what you've been saying -- what the
21 administration has been saying, boy, we have a million
22 vaccines out there. That means 500,000 people. And when
23 Johnson and Johnson's vaccine comes in and it's a single
24 dose, that's just going to confuse the numbers even more.
25 The Achilles heel of the public sector is that we put our

1 plan out there and we lead with our chins and we take it.
2 That's why we took these positions. I want to see the
3 administration do that. You know, with great power,
4 right -- was it Spiderman, James? -- comes great
5 responsibility. And that responsibility of the -- I say
6 it's the Achilles heel. When I competed with a -- I was in
7 the private sector, I competed with a borough who was in
8 business against my company. I said, sorry, it's the
9 Achilles heel of the public sector that your books are
10 open. It's the Achilles heel because it's painful
11 sometimes to put our plan out there. I need the plan out
12 there. We need the plan out there.

13 I'm talking to 112 Republicans. I'm talking to
14 the remainder Democrats, right? I don't want to -- I won't
15 say the number. I won't say the number. But 202 in the
16 house. But these folks, all of us -- I'm asking for them.
17 They might not ask for this. This might not be the way
18 they're wired to think about a project or a program. Maybe
19 they think about it more like you do. But the strength is
20 diversity. The strength is do it your way?

21 What you report just now is, we had 18 hits in
22 the baseball game. Boy, that sounds damn good. But I
23 still don't know if we won the game. I don't know what
24 happened with my pitcher. I have no idea. Should he have
25 stayed on the mound? I don't know. Did the batter --

1 which batter -- did one batter have three hits? I don't
2 know. And let me say, for where we were in April, almost a
3 year ago, my hat's off. Because boy, the data's flowing
4 now. But we don't have total project.

5 Mr. Secretary, I need you to stand on the desks
6 of these people. I don't have the authority to do it. We
7 are under a state of emergency. The only thing we can
8 do -- and I might even have a hearing and call my
9 appropriations chair and say, why are we continuing to fund
10 the administration? He won't come here. Why aren't we
11 funding nurse staff minimums in our nursing homes? And
12 even if we do all that stuff, that plan, we have 100,000
13 people taken care of, of our senior population, and no
14 plan. No plan for whole universe. We have a plan for
15 we're trying really hard.

16 Mr. Secretary, I really appreciate you coming to
17 these hearings and I'm sorry if they're uncomfortable.
18 I -- it's not the intent. The intent is to elicit your
19 support within the administration to put a plan out there
20 that the people of Pennsylvania -- the seniors, the people
21 who got us here -- they deserve it.

22 When I think of not only my parents and your
23 parents and grandparents, and the teachers, and all of the
24 people who came before us in these jobs. They're seniors
25 now. They're expecting us to hold their hand to make sure

1 they don't go in the street. To count each one of them and
2 then say -- and listen, one of the testifiers said, we
3 might get to a point where we have more vaccine than
4 people. Okay. We'll deal with that when we get to it.
5 Then we measure who was offered. Was 75 percent of the
6 people offered? Then we change it to offered.

7 Mr. Secretary, I look at -- and next week we'll
8 talk about this more, the way to protect, you know,
9 seniors. I was -- I'm hoping that you have a total
10 universe of that 3.2 million, and you make sure everybody
11 who wants one gets one.

12 There's a woman who's 82 years old. I know her.
13 She's not in my district. She's in the middle of the
14 state. Eighty-two, and her son that has cancer, taking
15 cancer treatments in North Carolina, is trying to get on
16 websites, asking me, you're the Chairman of Aging. Can't
17 she get on a list somewhere? Can't she be taken fairly?
18 In order?

19 Mr. Secretary, I really believe that you are an
20 ally of what I'm talking about. I really believe that
21 you're an advocate and you take the same responsibility.
22 You said it -- I feel the same way you do. You said -- I
23 mean, you said it differently, but that's what you said.

24 Mr. Secretary, I need that. I need you to -- you
25 know, as we see -- you know, I look at Johns Hopkins

1 website, vaccine developers are looking for ways to boost
2 the effectiveness of the vaccine, and they're looking for
3 ways to boost it so it provides longer immune protection.
4 What happens if we don't increase the rate and we get all
5 the way to next December 1st, and we have seniors that
6 aren't vaccinated and the presidents of the hospitals get
7 in the front of the line again, and say we need another
8 one? Because I'm not a medical professional, but I don't
9 know. But I know from my, you know -- I never really say,
10 I'm 54 years old. I'm an old guy. And I know what we're
11 in for. I don't know the medical situation of will we have
12 to get revaccinated and start all over? I want that goal
13 to be out there.

14 And believe me, I defend you with some of the
15 questions that you had in Appropriations hearing -- I
16 defend you on some of those. I know what that means to
17 you. I was there with you when people were making
18 decisions -- that the administration were making, and I
19 know a lot of them were the best that you could make at the
20 time, but not good when we looked back on them. So I can
21 defend you, but I can't defend you if you don't jump on
22 their desks for us.

23 So with that, I really appreciate your
24 indulgence. To sum up, I would really appreciate if you
25 would have -- who's the whole universe of seniors, and we

1 would have a list to make sure everybody who raises their
2 hand and says they want to be protected with a vaccine gets
3 it. Then we can discuss later if we don't have enough
4 people, whether we force people or not. That's a
5 discussion that all 254 should be involved in.

6 With that, I'd like to ask Secretary -- I'm
7 sorry, Chairman Samuelson if he has any questions?

8 MINORITY CHAIRMAN SAMUELSON: Thank you,
9 Representative Day. Yes. A couple of questions.

10 I also want to thank all of the testifiers for
11 what you said and the challenges you highlighted, and also
12 each one of you said, the hope that we'll be working
13 together to address these challenges.

14 Many of us had a discussion last Friday with
15 Governor Wolf talking about the vaccine, talking about
16 getting vaccines out across Pennsylvania. He mentioned
17 that as of Friday -- of course, there's four and a half
18 million people in category 1A, four and a half million. So
19 for that number of people, you would need nine million
20 vaccines since it's a two-shot vaccine. He said as of
21 Friday, we have received three million vaccines in
22 Pennsylvania. So you know, we obviously have a challenge
23 to continue to get more vaccine from the federal government
24 so that we can get through category 1A and then, of course,
25 move on to category 1B and 1C.

1 He also mentioned that the number of vaccines
2 from the federal government has increased. President Biden
3 has increased the number by 80 percent in the last six
4 weeks, which is tremendous progress, going up by 80
5 percent, but obviously we need a lot more vaccine coming to
6 Pennsylvania. So all of us are advocating for that from
7 the federal government.

8 My question -- I appreciate what Secretary Torres
9 said about some of the ways that you're trying to reach out
10 through the AAAs, the Area Agencies of Aging. You also
11 said you're utilizing the existing PACE and PACENET
12 network. You've assigned some of the employees at PACE and
13 PACENET on their phone banks to actually help people sign
14 up for the vaccine. I want to ask how is that going, how
15 many people are taking advantage of it? You know, where do
16 people call? Do they call directly to the PACE and PACENET
17 hotline? If you could give us a little progress report on
18 those efforts.

19 SECRETARY TORRES: Yes, Mr. Chairman. Those
20 efforts are going well. However, there is quite a bit of
21 traffic, and we've had to adapt to help meet the demand
22 that's coming in because once the phone number is given
23 out, a lot of people are calling looking for support. And
24 again, whether they're a PACE enrollee or not, we're doing
25 our best. But the number that could be used is

1 1-800-225-7223.

2 About two weeks ago when I did the press
3 conference with the Governor and announced that we were
4 going to set up this special unit -- again, people are just
5 looking for any option where they think they could get
6 help. And we're happy to help them. We're building our
7 capacity to be as supportive as we can. And where we can't
8 find an appointment right away, we will get back to them.

9 That's part of, Mr. Chairman, our efforts to try
10 to reduce the frustration of older adults, you know,
11 calling multiple times and getting frustrated. So what
12 we're doing is trying to at least get them on a waiting
13 list and once we know that something has opened up, we will
14 be outreaching to them again.

15 It's my preference to be proactive. There is
16 some practical realities in terms of the volume that we
17 could handle at any given time, but we're working hard to
18 try to, you know, position ourselves to improve in that
19 area as well.

20 MINORITY CHAIRMAN SAMUELSON: Well, thank you. I
21 appreciate your efforts. Let's continue to work together
22 on this. I know there's several members who have
23 questions. I just have one more for Adam Marles.

24 You had some excellent testimony about the
25 challenges we're facing. You also said we have to make

1 sure we have a plan that after we vaccinate everybody who's
2 in the long-term care facilities currently, we have to
3 think about those who are going to be admitted, new
4 residents of the long-term care facilities, and also new
5 employees. Make sure we have a plan for those folks.

6 I just wanted to ask you about a progress report.
7 I know long-term care facilities and healthcare workers
8 were the first ones in category 1A at the end of December.
9 I just wanted to ask for a progress report on how we're
10 doing. What percentage across the state would you
11 estimate, of residents and of the employees, have already
12 been vaccinated?

13 MR. MARLES: Sure. Thank you, Mr. Chairman, for
14 the question. I think, generally speaking, we're seeing
15 somewhere in the range of 85 to 90 percent of the residents
16 taking the opportunity to have the vaccine, which obviously
17 is wonderful. We'd love to see it at 100, but with all
18 things considered, we're happy with that.

19 From a staff perspective, it's more in the 50
20 percent range. We are seeing some of our members report 80
21 or 85 percent uptake in the staff ranks, but others for a
22 variety of reasons have said as low as 25 or 30 percent.
23 So I think there's more education needed. There's more
24 effort needed to make sure that happens.

25 We definitely saw as the second and third vaccine

1 clinics were occurring that more people were taking them
2 because they saw that there weren't terrible side effects
3 and people were feeling okay, and some of the fears were
4 allayed. But there's definitely still -- and Teri talked
5 about this a little bit earlier, the vaccine hesitancy
6 that's going to continue.

7 And so as I said, we need a plan for new
8 residents and new staff. We also need a plan to make sure
9 that staff who come around after the vaccine clinics are
10 over have priority and access to get it on the back end.
11 And again, right now, they're in the same pool as everybody
12 else fighting, as Bill said, in kind of the Wild West, for
13 access. So we've got a number of situations where I think
14 the lack of clarity is a major driver of the anxiety and
15 frustration.

16 I think we all understand that there's limited
17 vaccine supply. But if we can say to people, here's the
18 plan that will help you get from A to B, people will feel
19 much, much better. But there's no transparency if there is
20 a plan or if there isn't a plan. That's what we're
21 volunteering to help develop. And that's what we're all
22 looking for.

23 MINORITY CHAIRMAN SAMUELSON: Are you saying that
24 80 percent of the residents are vaccinated already, or 80
25 percent are willing to get vaccinated?

1 MR. MARLES: North of 80 percent in nursing homes
2 have been vaccinated.

3 MINORITY CHAIRMAN SAMUELSON: Okay.

4 MR. MARLES: So the complete --

5 MINORITY CHAIRMAN SAMUELSON: And 50 percent for
6 the staff?

7 MR. MARLES: Yes.

8 MINORITY CHAIRMAN SAMUELSON: Okay.

9 Thank you, Mr. Chair.

10 MAJORITY CHAIRMAN DAY: Thank you.

11 Adam, just a quick follow-up to put context to
12 that 80 percent, 80 percent of how many? How many people
13 and residents? Is it 120 or --

14 MR. MARLES: It's something like that. I don't
15 have that number. I don't want to misspeak. But I can
16 certainly get that to you.

17 MAJORITY CHAIRMAN DAY: But I mean, ballpark,
18 it's not a million, it's not 10,000 --

19 MR. MARLES: Correct.

20 MAJORITY CHAIRMAN DAY: It's about 100,000 or 120
21 or something like that for residents, which would be mostly
22 a senior number. So I just wanted to make sure that we
23 know we're talking about 80 percent of about 100,000
24 people.

25 Next, I'd like to recognize Representative Frank

1 Ryan for the next question.

2 REPRESENTATIVE RYAN: Mr. Chairman, thank you.

3 And this is a question for Secretary Torres. And
4 again, I really do appreciate your time today. I think the
5 Chairman asked me to go next because of my advanced age.
6 It might be one of those issues because I'm also, as I've
7 mentioned before, a customer of the Department of Aging.

8 There've been, you know, we have a lot of senior
9 centers in my community in the 101st District in Lebanon
10 County, and it's been a devastating impact across the board
11 on people through factors and forces well outside of
12 everybody's control. But there's an intersection that
13 takes place between the Department of Health and the
14 Department of Human Services and the Department of Aging
15 that can create an operational theme that can create some
16 additional problems that would be manifest in the vaccine
17 deployment.

18 So on February 16th, you testified in
19 Appropriation hearing that you were not included in
20 conversations that led to the expansion of the 1A vaccine
21 distribution roll-out to include all seniors 65. But in
22 today's testimony, if I understood it correctly, you
23 indicated that the Department continues to be engaged in
24 interagency vaccine discussions and planning. So I guess
25 the question I'm asking is, so that we don't have something

1 drop through the cracks, what agencies are currently
2 involved in the vaccine distribution roll-out, and do you
3 see any flaws or weaknesses in that planning evolution that
4 could create additional confusion if we're not careful, so
5 perhaps we could prevent that confusion from taking place?

6 SECRETARY TORRES: Yeah. Thank you for your
7 question, Representative. Let me just say that there's
8 been a lot of interagency collaboration. Our Deputy
9 Secretary, our long-term care ombudsman, staff from policy,
10 legislative affairs, and intergovernmental affairs have
11 been meeting twice a week, actually. So there's -- I would
12 characterize them as smaller -- well, not smaller, the
13 steering groups. Groups that get together, really discuss
14 at a detail level what's happening in terms of guidance.

15 Any time we are hearing something from our Area
16 Agencies on Aging or other stakeholders that involve older
17 adults, we're bringing that to the table. We discuss, we
18 have biweekly meetings with the Department of Human
19 Services Office of Long-Term Living. So there is a lot of
20 collaboration, or has been.

21 You know, in terms of the decision to lower the
22 age range to 65, that was a decision that was made after
23 the CDC modified their guidance, which has happened quite a
24 bit since we entered the vaccine phase. I know there's a
25 lot of frustrations relating to specific plans. The

1 Department of Health has their vaccination plan on their
2 website. But things like mass vaccine clinics, mobile
3 vaccine clinics, all of that is in the plan that people can
4 read some of what's in the works in terms of planning. But
5 the legislative taskforce, the one that I referenced
6 earlier, and this Aging Subcommittee, I believe, will be a
7 very good resource to get individuals like Mr. Marles, Mr.
8 Johnston-Walsh, and Ms. Henning at the table to speak --
9 you know, to discuss on a weekly basis.

10 My intent is to have these meetings weekly for an
11 hour where we're really hitting the issues and trying to
12 come up with good, practical solutions to improve this
13 administration process over -- for the next several weeks
14 and months, again, so that as supply catches up with
15 demand, we'll be in pretty good shape throughout
16 Pennsylvania.

17 REPRESENTATIVE RYAN: And I appreciate that.

18 And Mr. Chairman, one very quick follow-up
19 question.

20 Just as a commentary, though, when group 1A
21 became expanded to be approximately 70 percent of the
22 population, that in and of itself creates its own major
23 problem with the process. And thank God that Operation
24 Warp Speed got started as long ago as it did, or we
25 wouldn't be in a position to be able to increase the

1 vaccine distribution by 80 percent.

2 But one of the concerns that I'm running into,
3 and I'm hearing about it from our constituents pretty much
4 every day, and I would encourage you to be prepared to deal
5 with this issue, is people's expectation once they do get
6 the vaccine about what does their life then look like after
7 that's occurred? Because I'm having people already say to
8 me, mask off, done, I'm ready to go and everything's okay.
9 And it's unusual that people would have to go to their
10 legislator's office to get an answer on a medical issue.
11 And I'm concerned about that. And I think that that will
12 be the tip of the spear that we have to deal with.

13 So I would just encourage you, as you look at
14 these questions, to see if there's perhaps a better
15 prioritization of 1A so that you can get that to the people
16 in most critical need. As an example, I'm almost 70. I'm
17 in outstanding health. I should not be in that kind of a
18 category. And I've not gotten it yet because we've, as
19 legislators, put ourselves last. But I would just
20 encourage us to make sure that we're clear about what the
21 next phase of this will be.

22 Thank you so much, Mr. Chairman.

23 And thank you, Mr. Secretary.

24 SECRETARY TORRES: Thank you.

25 MAJORITY CHAIRMAN DAY: Thank you, Representative

1 Ryan. I really appreciate that question.

2 Next, we'll go to Representative Nelson.

3 Representative Nelson?

4 REPRESENTATIVE NELSON: Thank you so much,
5 Chairman Day. And thank you for your opening testimony, if
6 you will. I appreciate the desperation that you bring.
7 Certainly there are 90 Democrats, and 91 soon -- and
8 we're -- I think you speak well for all 202 of us in the
9 chamber when we look at how we're addressing this crisis
10 and how we're ensuring that all of our seniors are
11 vaccinated.

12 It's not just desperation, though. It is
13 heartache. I know that there are going to be many in my
14 district, and all of our districts, many of our seniors,
15 who will contract and lose their lives to this virus while
16 they are on a waitlist to receive the vaccine. And knowing
17 that just tears me up. And so I agree and echo the
18 sentiments that we ask that you stand on tables, that you
19 wave swords in the air and make sure that there's an
20 adequate plan for all of our residents, all of our seniors.

21 As a member of color, I will also call out that
22 unfortunately, I believe many of the seniors who reside in
23 our senior living facilities, our care facilities, are
24 perhaps disproportionately not members of color. Many of
25 our community tend to age in place in homes or with family

1 members, with loved ones, oftentimes intergenerationally.
2 So in my community, we have many of our seniors who are
3 already dealing with preexisting conditions, who are aging
4 in place, again oftentimes with loved ones. They may even
5 be caregivers for children who we're trying to now put back
6 in schools. They have not been able to access the vaccine
7 distribution. They have not yet been able to access the
8 care that we're directing directly to other senior
9 facilities, and they may happen to be in one of our many
10 naturally occurring retirement communities, which I also
11 don't believe I heard specifically addressed in either of
12 your testimonies so far.

13 So I have two questions. The first, does
14 Pennsylvania adequately recognize and serve our naturally
15 occurring retirement communities? And then second, what
16 resources are being directed to those senior residents in
17 these communities so that they can schedule and receive
18 their vaccines?

19 SECRETARY TORRES: Is that directed at me,
20 Representative?

21 REPRESENTATIVE NELSON: I would actually -- yes,
22 direct that both at you as well as, I believe, at Ms.
23 Henning.

24 SECRETARY TORRES: Okay. Well, I guess I'll
25 start. I mean, the priority group is in the long term --

1 in the 1A category would be long-term care facilities. So
2 those would be the skilled nursing facilities, the assisted
3 living, personal care home, intermediary care. Some of the
4 members of LeadingAge, and I'll let Mr. Marles speak for
5 himself, don't directly fall in that category. But that's
6 something again, that it's -- given that, you know, those
7 communities have older adults, that's a conversation that I
8 definitely will be welcoming when we get this Aging
9 Subcommittee together over this next week.

10 MS. HENNING: I'll add just a minute to that,
11 that unpaid family caregivers are qualified under health
12 care personnel. That includes both paid and unpaid people
13 who are providing care, including to their family members.
14 So if there's any assistance we can provide in getting that
15 message out better, we would love to do so. And there is,
16 in fact, a form letter -- again, it's a website based
17 resource, but there's a form letter that the Department of
18 Human Services has put together for those family caregivers
19 to use to verify their eligibility under 1A, and if I can
20 provide any additional access to those forms or resources,
21 we're happy to do so.

22 SECRETARY TORRES: Yeah. And I would add that at
23 the Department of Aging, we did something -- we did the
24 same thing, basically. For unpaid caregivers of older
25 adults, we have a standard form on our website to allow

1 them to be vaccinated as a caregiver of someone who's in
2 the 1A category.

3 REPRESENTATIVE NELSON: Thank you. And I think
4 that helps explain how the identified caregivers of those
5 seniors are able to access the vaccine, but what we didn't
6 yet talk about are the actual NORCs themselves, and if
7 there is any advocacy around providing those NORCs with,
8 you know, accessible and adequate vaccine distribution,
9 similar to how we have approached our actual retirement
10 communities.

11 MAJORITY CHAIRMAN DAY: Thank you,
12 Representative. And I'd like to just, you know, raise up
13 your voice again from the Chair. I really appreciate those
14 questions. Those are outstanding questions. To again, get
15 to the same thing. If you find -- I heard in your question
16 the facts that you report back as a member of your
17 community connecting to everybody in your community. If
18 you find there are gaps that are not being addressed -- and
19 I tried to say that. I tried to say there's 2.4 million
20 people and the long-term care is 100,000.

21 So you talked about the 2.3 or the 2.9 that are
22 still out there 60 and over. And I really hope that the
23 administration takes advantage of what we do every day. We
24 know our communities. Call us, talk to us, but also you
25 bring that information to me. I know, you know, I never

1 like to speak on behalf of my colleague and Chairman
2 Samuelson, but we've known each other for 25 years. I'm
3 sure he feels the same way. And the appropriate thing
4 would be to bring it to him, for him to play his role as
5 minority chair and to work together with our whole team to
6 do so. So please know that it's perfectly correct to bring
7 it to the administration, but also to our team as well and
8 I see Chuck over there as well.

9 So with that, we're going to go to another
10 question. We have -- approximately our timeframe was about
11 another 30 minutes. We might go over that a little bit for
12 testifiers. We have about 10 or 11 people that have
13 questions. Just so that members have in their mind what
14 we're trying to accomplish here as well.

15 So with that, I'd like to recognize
16 Representative Wendi Thomas.

17 REPRESENTATIVE THOMAS: Thank you.

18 I'll try to be brief, but I like the term that
19 the previous rep said, naturally occurring areas of
20 seniors, or senior areas. I would submit that the state of
21 Pennsylvania, with the only growing population being those
22 over 85, is a state of naturally growing seniors. And I
23 also want to second the interdepartment coordination that
24 I'm glad's finally happening. I'm sure that you understand
25 that part of our frustration is that we knew vaccines were

1 coming, and these meetings, it feels like, should have
2 happened three months ago. While I'm glad they're
3 happening now, and I don't want to disparage that, the
4 timing is frustrated.

5 And I just want to give you an idea. A
6 constituent called trying to advocate for a senior and just
7 said, on a daily basis I call the local hospital, the
8 county, the local pharmacies, the senior center, AARP, my
9 state rep, my state senator, PACE or PACENET if I belong,
10 all the local news stations, the Department of Health, the
11 Department of Human Services, the Department of Aging, and
12 many others. I go on line. I call all those people. And
13 part of our frustration is communication.

14 Results are critically important, and I think the
15 chairman and others have spoken that. We have 3.2 million
16 seniors. How many are vaccinated? How many will be
17 vaccinated? Those things are important. But part of the
18 frustration for this group is the lack of consistent
19 communication. Even as a state rep, they're calling my
20 office by the hundreds. I'm going on those websites for
21 them, trying to get them -- Hunger Games -- try -- the
22 vaccines. Like, it's unbelievable to me.

23 So as you meet, I mean, I know this was intended
24 to be a question. I was actually thinking it was more for
25 Adam because he talked about some ideas of wanting to move

1 things forward, and Secretary, you said you were going to
2 include these people in your taskforce. But I would submit
3 that -- have you guys heard this? I mean, the lack of
4 clear, direct communication on where to go and what to do
5 to make sure that your -- get your time on the list, it has
6 been incredibly frustrating for all of us, but for our
7 seniors mostly.

8 Adam?

9 SECRETARY TORRES: Representative Thomas, I mean,
10 we've heard the concerns and the challenges, and we're
11 working hard to address those. One of the things that I
12 want to assure you and the rest of the Committee, is that
13 the Aging Subcommittee with the Joint Legislative Taskforce
14 basically approved or agreed to support, is intended to be
15 a feedback loop between this subcommittee and the
16 legislators.

17 So you know, any additional concerns that come
18 after this hearing certainly can be funneled to them, and
19 they can get that information to us because it's a very
20 diverse group of stakeholders, including pharmacy chains
21 because again, one of the requests for assistance from the
22 Area Agencies on Aging has been to connect them with chain
23 pharmacies to try to build those linkages so we can get at
24 reducing the level of frustration and challenges older
25 adults are having.

1 REPRESENTATIVE THOMAS: Thank you, Secretary.

2 I just was checking with Adam, if you had heard
3 some of this communication issues as well?

4 MR. MARLES: Yes. Thank you for the question.
5 There's no question. We have heard this, not just from
6 seniors, but from all of our staff members who are trying
7 to serve those who live in our different types of settings,
8 whether that's in a retirement community or affordable
9 housing, or elsewhere. People trying to make these
10 appointments are going -- they're spending in some cases
11 hours a day trying to find appointments and again, I think
12 to your point, clear communication would go a long way.
13 Even if somebody had enough information to know they
14 weren't going to be able to get an appointment for two
15 weeks or four weeks, knowing that they could get it after
16 two or four weeks, after spending a year waiting already,
17 seems like not so bad a wait (indiscernible - telephonic
18 speech) like there's just a great deal of uncertainty.

19 And to the Secretary's credit, we had a good
20 conversation to this effect just a couple of days ago. And
21 I know we're in the same place on this. We know that
22 communication needs to improve. It's just a matter of
23 coming together with some solutions to make that possible.
24 So I'm encouraged by this subgroup that's being formed.
25 I'm excited by that. And hopefully, very expediently that

1 communication that you're talking about is possible and out
2 there publicly.

3 MAJORITY CHAIRMAN DAY: Thank you.

4 Next, we have Representative Benham.

5 REPRESENTATIVE BENHAM: Thank you, Chairman. I
6 so appreciate your leadership and echo the comments of many
7 of my colleagues about the concern that we have for the
8 older adults in our communities.

9 My office frequently gets calls from older adults
10 who are unable to secure vaccine appointments, and we've
11 actually started keeping a list of our own, so that when
12 our local independent pharmacies reach out and say hey, we
13 have a couple extra doses, do you have anybody in mind,
14 we're able to pass some names along last minute. We
15 shouldn't have to do that.

16 So I have two questions for you. The first
17 question is, what steps, Secretary, are being taken to
18 address capacity issues on the various phone scheduling
19 systems, because the reason why my office gets the calls is
20 because folks are not able to get through on the phone.
21 And second, do you support a centralized waitlist so that
22 seniors can call and get on a list to be contacted by their
23 local providers, even if no appointments are currently
24 available in their areas? My two questions. Thank you.

25 SECRETARY TORRES: Okay. Thank you,

1 Representative, for those questions. In terms of our PACE
2 line, which is the primary line that is being supported to
3 address inquiries and support older adults, we've expanded
4 capacity. We actually -- our call center is a privately
5 contracted organization, and with some of the traffic that
6 we have seen -- some of the increase in traffic that we've
7 seen, we've requested additional capacity support.

8 So they have other call centers so that as
9 traffic is increased, we can try to meet the demand as best
10 we can. So we've increased staff and as far as the call
11 center capabilities, we've put in some back-up contingency
12 when the flow of traffic coming in is pretty significant.

13 In terms of a centralized waitlist, the reality
14 at this stage is that given the limited supply of vaccines,
15 I'm not sure that that's going to address the primary issue
16 of trying to get older adults scheduled for their
17 appointment. We are, you know, we are working every day.
18 Just yesterday I met with the entire AAA network and we
19 discussed what's happening across Pennsylvania and will
20 continue to do that. I'm also very optimistic that the
21 Aging Subcommittee will hone in on some solutions that will
22 address the overall issue of getting older adults, you
23 know, their appointments and any additional support like
24 transportation that they may need.

25 REPRESENTATIVE BENHAM: Thank you. Can I ask a

1 follow-up?

2 MAJORITY CHAIRMAN DAY: Sure.

3 REPRESENTATIVE BENHAM: So a follow-up question,
4 then. If you are opposed to a centralized waitlist, your
5 suggestion is that older adults should simply continue to
6 call, and call, and call, and call, in hopes that an
7 appointment will open up?

8 SECRETARY TORRES: I'm not opposed to it. I'm
9 just acknowledging that there's -- with the limited supply,
10 whether the call came in to a centralized call center, we
11 may not have the capability to schedule those appointments.
12 So we would put them on a waitlist similar to what we're
13 doing now.

14 You know, part of what we're trying to do is
15 again, take away the frustration and the anxiety of older
16 adults as these requests come in for appointments. We're
17 taking the information down, looking to get them
18 appointments and then reaching back out to them to avoid
19 them, you know, having to jump around. So I'm not opposed
20 to a centralized call center, if you will. I just think,
21 you know, we have to take some of these other operations
22 and considerations into account.

23 REPRESENTATIVE BENHAM: Thank you. Appreciate
24 it.

25 MAJORITY CHAIRMAN DAY: Thank you,

1 Representative. Those are absolutely outstanding
2 questions, and I just want to tell you, as Republican
3 Chairman who has been here a little over 12 years, what --
4 your question -- and Secretary Torres, I understand your
5 answer but I don't agree with it.

6 Her question goes toward, how do we serve the
7 customer? This is the primary difference between being a
8 private sector person and governmental person. And
9 actually, I've spent quite a bit of time in the public
10 sector, so I will say I've seen this in the private sector
11 as well. And when you see this in the private sector,
12 customers leave. That's what happens. Unless they're --
13 unless you have something that no one else provides.

14 And Secretary, your answer is, we don't need a
15 centralized list because there's no utility in actually
16 getting them the vaccine. Her question -- she asked the
17 question that I want to know as well. We're trying to
18 relieve that that 82-year-old person in Sunbury can rest
19 easy. Democrats and Republicans and Independents in
20 Pennsylvania are good people. They trust Democrat
21 governors and they trust Republican governors when it comes
22 to something life or death like this. That means what they
23 don't want to do is be worried that the burden is on them.
24 We should -- that's what I mean. They got us here. We
25 should be -- I need to make this point. Because I really

1 want you to change your thoughts on this. And I want you
2 to go change their thoughts on this. Representative
3 Bizzarro, I think, has a bill on this.

4 Lauren, if I'm not on that bill, make me a
5 cosponsor on that bill, please. I had intended to be on
6 that, so make me a cosponsor on that. And I call on the
7 speaker to send it to this Committee, and we will pass it
8 out of this Committee -- or I will work hard, I can't speak
9 for everyone, but I will work hard to pass that out of this
10 Committee. Because what it gives the public, the person,
11 the 82-year-old lady, the 87-year-old lady -- we buried an
12 85-year-old man. We buried a 61-year-old man that I know
13 personally. If we could have given them -- what we're
14 telling them is, it's your burden. If anything, can the
15 government take any burden? Any? And the answer is, we
16 don't want the responsibility of the list? Why?

17 Let's take the responsibility of taking the list.
18 Do you know what the responsibility is? Stop adding people
19 to A-1 and finish with that group on the list. And that's
20 just the people who want it. There's tons of nonadopters
21 out there.

22 I'm sorry. I apologize. I want to lift your
23 voice up. That is an outstanding question. I very rarely
24 do this, and I really want to get to the other members,
25 so --

1 And Secretary, I appreciate your indulgence in me
2 being able to voice that opinion.

3 With that, I'd like to go to Representative
4 Davanzo.

5 REPRESENTATIVE DAVANZO: Thank you, Chairman Day.
6 I also want to mirror the comments of everyone here today.
7 Really helpful information here.

8 My question is for Secretary Torres. Are you
9 aware that some healthcare insurance providers are paying
10 more for healthcare providers who are giving the shots?
11 For instance, if I'm 65 years old and I go get my shot,
12 whoever administered the shot, let's say they can get \$100.
13 But if I'm a commercial group, they can get up to \$200 for
14 administering that shot. Are you aware of anything like
15 this?

16 SECRETARY TORRES: I'm aware that some healthcare
17 providers will bill their insurance for a fee to administer
18 the vaccine, but the specific example that you're citing, I
19 haven't -- no concerns have been raised along those lines
20 to me.

21 REPRESENTATIVE DAVANZO: I would appreciate it if
22 this is something that you could look into because I was
23 told that it is indeed happening, and as we keep adding
24 groups to this 1A -- you know, let's say we add another
25 commercial group, and if they're going to get paid double

1 the money to administer a 70-year-old resident, you know
2 what they're going to do. You know, they're going to go
3 where the money's at. I'm just afraid this is another
4 incidence where the Wolf Administration is picking winners
5 and losers here. You know, it just isn't fair that -- you
6 know, we want to get to 75 percent, so let's get all the
7 commercial people so that we can make as much money as
8 possible here.

9 Just, you know, please, if you could look into
10 that and get back to me because what else is happening
11 is -- if you take a county like Lehigh, they're the
12 youngest population, and if they would fit into this --
13 now, you take a county where I'm from, Westmoreland County,
14 an older population, Lehigh has almost double what we have
15 in Westmoreland County because we're an older population.

16 So we can sit here and say that we are for
17 getting 65 plus older vaccinated, but the playbook in front
18 of us does not say that. Just, please look into this and
19 if you could get back to me on the transparency of the
20 healthcare issues, the way they're billing, getting paid, I
21 would definitely appreciate that.

22 SECRETARY TORRES: I'd be happy to do that and
23 I'll have staff reach out if we need any more information
24 from you to make sure we have all our facts right.

25 MAJORITY CHAIRMAN DAY: Thank you, Representative

1 Davanzo.

2 I'm going to make another comment here for the
3 members' benefit. What the representative just talked
4 about is the data not lining up -- maybe the science not
5 lining up, and what we saw -- really to make a comment for
6 the record for the future, if this happens again and we
7 issue 1A, 1B, 1C, and 2 and then have three groups in each
8 one, always ordered in the same way, we have 12 tiers, is
9 what we have. And I think when you bunch them together the
10 way it was rolled out -- I'm not going to throw arrows,
11 because I was here at the time, and they did their best,
12 but in the future, I hope that Pennsylvanians aren't as
13 forgiving if we do it again the same way. That's what I --
14 my comment would be for the record.

15 Also, the administration, I think, made grave
16 mistakes -- again, I will support them in what they did,
17 but I won't support them to do it that way again. And what
18 that is, is the order of scarcity for the administering of
19 medications last fall, about September it came out. And
20 then that was used for the order for scarcity of
21 vaccinations. And that's what we're living right now.

22 And that's what I think produces Representative
23 Davanzo's question, is utilizing that format, and it was
24 done by one elected official with a bunch of appointed
25 officials, and it was not mirroring our antidiscrimination

1 law in Pennsylvania. So I'm going to leave it at that, to
2 not get further into that type of discussion, but I do find
3 it important to make it part of the record, share with my
4 friend, the Secretary, so that it's in the back of his mind
5 when he's working within the administration.

6 With that, I'd like to go to Representative
7 Kosierowski, and she's virtual, so we'll just make sure she
8 unmutes.

9 REPRESENTATIVE KOSIEROWSKI: Can you hear me?

10 MAJORITY CHAIRMAN DAY: Yes. Go ahead,
11 Representative.

12 REPRESENTATIVE KOSIEROWSKI: Thanks. Okay,
13 thanks, Chairman.

14 Good morning, everybody.

15 I don't know if many of you know this, but as a
16 member of the taskforce along with Representative Tim
17 O'Neal, he and I are the House members of the Legislative
18 Taskforce with the Governor on the roll-out of the vaccine.
19 You know, I had the pleasure of speaking with Adam
20 yesterday. I am anxious to get Teri and Adam and William
21 and Secretary Torres at our subcommittee. I think the
22 biggest limiting factor, as we all know, is the vaccine.
23 The supply of the vaccine. The demand is high. The
24 infrastructure is there. We are blessed with 1700
25 providers here in Pennsylvania that are ready and willing

1 to give the vaccine to these constituents and these older
2 Pennsylvanians. The problem is, we do not have enough
3 vaccine. It's getting better, and we have to keep our eye
4 on our older Americans as we start to roll out the next
5 phase. We cannot get into -- I truly believe that the
6 message -- and I want to make sure everybody understands,
7 as an advocate for our older Pennsylvanians and being on
8 this Aging Committee and really being a voice for them on
9 the Taskforce, it is imperative that we continue to
10 remember things like, you know -- when William Johnston-
11 Walsh says that he sent out a survey to AARP members and
12 then within 24 hours, 3400 people got back to him --
13 confusing, complicated, challenging. I will bring these
14 messages back to the Taskforce. This is unacceptable. The
15 stories and the phone calls and the complications that
16 people are having getting appointments and there's no
17 communication -- it's -- we have to fix that.

18 And I just want to make sure that everybody knows
19 that we are working really, really hard to make it better,
20 and I'm looking forward to working on these subcommittees
21 with these talented people that are with us today, because
22 they -- we all have -- we are all on the same page. We're
23 all on the same page.

24 The numbers are staggering, when you talk about
25 the number of people in 1A, you know, the age group --

1 those consume four million Pennsylvanians. They each need
2 two vaccines when you're talking about Moderna and Pfizer.
3 That's eight million doses that we need here in
4 Pennsylvania, and we have not gotten there. It is getting
5 better. I want to make sure people understand that. I
6 want you to know that Representative O'Neal and I -- he
7 have a House Bill that I'm hoping we can utilize because we
8 certainly have the infrastructure. We just need the
9 vaccine. We need the vaccine to get it to people. So I
10 just want to -- that's really all I wanted to do, was make
11 a comment and statement to all of you that we are -- we
12 hear you. I am a direct line of communication to the
13 Taskforce on behalf of our Aging Committee, and I'm looking
14 forward to working with our subcommittees because we have
15 to improve this.

16 And thank you. Thank you, everybody, for being
17 here today.

18 MAJORITY CHAIRMAN DAY: Thank you,
19 Representative. Representative, has the taskforce
20 discussed rate of applying the vaccine, and has the
21 taskforce discussed a date that we should have -- a goal?
22 Let's just say, you know, if we have those -- it's just a
23 math problem, right?

24 REPRESENTATIVE KOSIEROWSKI: Right.

25 MAJORITY CHAIRMAN DAY: Everybody used to say,

1 follow the science. I would say, follow the science and
2 the math because it's data that is driving the science,
3 right? So I'm curious, do they know that we're at 500,000
4 a month, and that, you know, I'm a conservative, so I want
5 to have everybody vaccinated by September 1st. But
6 December 1st would probably work as well, but the reason
7 why I'm a conservative is I try to do things three months
8 ahead of time. And that way, if I make a mistake that the
9 public is watching, I actually still don't kill people
10 because of it. So that's why I have an aggressive goal.

11 So to do that, it would be three million a month.
12 It would be six times what we're doing now. Does -- has
13 the Taskforce even sniffed rate of vaccinations so that the
14 math problem is, if we have, then we can say -- just like
15 I'm asking Secretary Torres, Governor Wolf must go stand on
16 the President's desk or somebody federally and say, we need
17 three million a month to be protected. And if not, report
18 back, and then, you know, the people can then activate and
19 say, we need to participate in this. So that's my long
20 two-part question.

21 REPRESENTATIVE KOSIEROWSKI: Yes. And I -- you
22 know, you're right. It's about the math. At this point,
23 it is about the math. And the biggest debilitating factor
24 is the -- we -- the mathematics is -- we need more vaccine.
25 We are yelling and screaming and shouting and begging and

1 asking. I mean, the production of the vaccine can be
2 speeded up. But there's safety factors that we can't
3 ignore. So you can push and push and push these producers
4 to make more vaccine, make more vaccine, get it to
5 Pennsylvania. But we have to remember that there's lots of
6 safety factors that go into production of vaccine. So yes,
7 I -- the -- mathematically, the equation of getting our
8 number higher and getting more and more vaccine to all of
9 these providers, is something that we continue to just make
10 sure we bring to the Taskforce, and make sure they
11 understand we must receive more.

12 Yeah. I mean, there's -- the science is there.
13 We understand the science. And like you said, people --
14 there are people that will want the vaccine. There are
15 people that are not comfortable getting the vaccine. The
16 communication, the education we have to continue to push.
17 But we need more vaccine.

18 MAJORITY CHAIRMAN DAY: Thank you.

19 With that, I'd like to call on Representative
20 DelRosso.

21 REPRESENTATIVE DELROSSO: Thanks, Chairman.

22 And thank you all for giving me the opportunity
23 to ask a question (indiscernible - telephonic speech)
24 actually for you.

25 And actually, to echo what Representative

1 Kosierowski said as well as Chairman Day, as a
2 representative, we've received numerous calls in our
3 office, of course, from seniors and I've actually reached
4 out to a lot of the senior facility managers about the
5 numbers because they're ever changing. And being on the
6 ground, and again, as representatives, it's very important
7 to keep up that communication.

8 So my question is, with all the new census data,
9 along with the federal grant money that's coming in, it
10 would be an excellent way to capture the true data of
11 keeping our seniors safe. So how can your Department
12 proactively work with the counties and our senior
13 facilities to get these real numbers, the up-to-date data
14 for our seniors so they have their vaccines, but not only
15 that, but more for communication purposes? And also, maybe
16 can you elaborate or discuss how your Department will play
17 a huge role in us moving forward?

18 SECRETARY TORRES: I had a little bit of
19 trouble -- you were cutting in and out a little, but in
20 terms of the -- would you mind repeating the question just
21 to make sure?

22 REPRESENTATIVE DELROSSO: Sure. Sure. So the
23 bullet points are, with all the new census data coming in,
24 and the federal grant money that's coming in, an excellent
25 way to capture where we stand in keeping our seniors

1 safe -- how can we work as a Department -- or you work as a
2 Department with the counties and our senior facilities to
3 get some real numbers, keeping our data up-to-date with the
4 (indiscernible - telephonic speech) as well as moving
5 forward so this doesn't happen again?

6 SECRETARY TORRES: Okay. Well, we have received
7 federal CARES money, as you know, and a lot of that -- the
8 use of that money is very flexible, and we've been told by
9 the administration for community (indiscernible -
10 telephonic speech) so in terms of funding that those funds
11 can be used for vaccine-related expenses. And we've been
12 tracking that in our case management system.

13 We've also added within the Department of Aging a
14 field to help us track older adults who we're serving when
15 they get vaccinated. So we've taken steps to capture that.
16 I mentioned earlier on another question that we're working
17 with health information organizations. These are
18 organizations, for example, in the Southeast that have a
19 lot of hospitals as their members, so it's an opportunity
20 for us to cross check the data that we have on older adults
21 with what they have and at least start to get a read on how
22 many of our seniors are being vaccinated so that we can
23 focus our outreach efforts on those that haven't and you
24 know, make effective use of the time that we put into doing
25 that.

1 REPRESENTATIVE DELROSSO: Secretary, one of the
2 things that I'm seeing, though, is that -- it's just the
3 follow-up. So right now, people are getting vaccinated.
4 It's working, but like you said, there's a gap of how many
5 people we're missing. How are we figuring that out with
6 the health information management, since you're using the
7 UPMC (indiscernible - telephonic speech) western
8 Pennsylvania. I'm in the northeast corner of Allegheny
9 County and Westmoreland County. So I have a very large
10 senior population and one that actually needs more access
11 to healthcare, and I've spoken to Senator Jay Costa about
12 this as well. He's been really pushing forward on this as
13 well. So we're trying to do a collaborative effort out
14 here.

15 My question to you, though, is how are we going
16 to work on this going forward and fill that gap in too?

17 SECRETARY TORRES: Well, I believe that could be
18 part of the conversations we'll have with the Aging
19 Subcommittee, but to the extent that I have access to data
20 internally and can compare, you know, cross match the data
21 with other agencies, we'll certainly look into that to make
22 sure that we're keeping, you know, adequate track of who's
23 been vaccinated and who's needs additional follow-up.

24 REPRESENTATIVE DELROSSO: Thank you very much for
25 your time, Secretary.

1 SECRETARY TORRES: You're welcome.

2 MAJORITY CHAIRMAN DAY: Thank you for that
3 question.

4 Next, I'd like to go to Representative
5 Shusterman.

6 REPRESENTATIVE SHUSTERMAN: Thank you very much,
7 Chairman.

8 Thank you to our speakers.

9 My question is sort of an operational question.
10 We were dealing with communicating to our seniors if they
11 lived in homes or individually or in multigenerational
12 homes when we were talking about where to get testing. And
13 now, we're encountering that same issue when it comes to
14 where do you get vaccinated. We, you know, a couple of the
15 other representatives spoke about how confusing it is. I
16 just want to understand how our seniors, through your
17 organization, Secretary, are able to know which number to
18 call when? How is that being pushed out? It is being
19 pushed out with partnership with providers or organizations
20 like AARP? Is it a postcard? Because what I'm
21 encountering in my district, which is Montgomery and
22 Chester County, is quite a lot of my lower-income seniors,
23 or just old-fashioned seniors, they really have no interest
24 in going on line, and they're just interested in being on
25 the phone or doing something through mail. Thank you.

1 SECRETARY TORRES: Okay. Well, we're doing that
2 outreach through a variety of ways. Our PACE program, our
3 intent is to proactively do the outreach. I mentioned that
4 our clinical staff was looking at those older adults that
5 had serious medical conditions and should be outreached to
6 first. We put together FAQs. In fact, we're finalizing
7 one today in English and Spanish, and we're putting that
8 out to the Area Agencies on Aging. But we work with the
9 Area Agencies on Aging. And I know all of them are putting
10 out information and serving older adults in their
11 communities.

12 So they're our primary link, but even, you know,
13 we work with AARP. Bill and I meet monthly and we compare
14 notes and work to collaborate on information. And so we're
15 using a variety of different means to get information out.

16 I recently met with the Governor's Affinity
17 Commission. Friday I met with 33 commissioners that are
18 members of the Latino Commission. And you know, again,
19 they're a great resource, because they represent
20 communities throughout Pennsylvania in terms of getting
21 information. And I made the specific ask of them, please
22 help us get information out to your communities. If
23 there's any myths or misconceptions out there about the
24 vaccine, we want to work with you to help, you know, dispel
25 some of those. And they're more than happy to work with

1 us. Same thing with the African-American Commission and
2 the Asian and Pacific Islanders.

3 So we're looking at a lot of different areas
4 where we can, again, improve our communications. We've
5 talked a lot about that during this hearing, and I'm
6 committed to doing it.

7 REPRESENTATIVE SHUSTERMAN: Can I ask a follow-
8 up? I think my question -- thank you for that answer. But
9 my question is, we already saw this before. We kind of had
10 to hit the ground running so people know where to turn.
11 Because the confusion has already happened with our
12 constituents. They're confused, many of them
13 (indiscernible - telephonic speech) just want to do things
14 through mail or face-to-face and that's limiting at this
15 time. So have your partners pushed out these numbers or a
16 very simple step through postcards, through some other --
17 the newspaper possibly?

18 SECRETARY TORRES: I can tell you, the Area
19 Agencies on Aging have. They're pushing both our PA Link
20 and our PACE program. Part of what they're doing is
21 helping to triage the information so they're getting the
22 information from the older adults, pushing it back to us,
23 and letting us work it behind the scenes so that we can
24 reach out to the older adults, again, all in an attempt to
25 reduce the level of frustration that's out there and

1 ultimately get them that appointment that they want.

2 So yes. They are pushing it out and will
3 continue to do that. And hopefully with the Aging
4 Subcommittee that is being formed, we can get more
5 information out quicker and more broadly.

6 REPRESENTATIVE SHUSTERMAN: Thank you, Secretary.

7 SECRETARY TORRES: You're welcome.

8 MAJORITY CHAIRMAN DAY: I wanted to ask if Bill
9 Johnston-Walsh has anything to add. I know he collaborates
10 in this space as well.

11 Bill, do you have anything to add to that?

12 MR. JOHNSTON-WALSH: I do. Thank you, Chairman.

13 I want to thank Secretary Torres. Yes. We talk
14 all the time with regard to how we can get this information
15 out. I agree with the Representative. She was right on
16 when -- you know, we talk to our membership, talk to older
17 Pennsylvanians. They don't feel comfortable. We've found
18 that they go on computers to talk -- you know, do FaceTime
19 with their grandchildren or they're playing games. And
20 they really can't navigate the way maybe some younger folks
21 can on those.

22 So what we're doing is, we're basically having
23 some tele-town halls. We're doing some down in the
24 southeast, so we do have some in Bucks, Montgomery,
25 Chester, Delaware, and in the city of Philadelphia. And

1 we'll be doing that in the next two weeks. They will be
2 with local public health officials. So they will be able
3 to give out the numbers. We also have a number, and I'll
4 be glad to share it with the Committee so that you can send
5 it out to your constituents in those counties. We're also
6 doing it up in the Lehigh and in Northampton Counties as
7 well right now. We're going to expand it to the rest of
8 the state going forward. But I just wanted to get that out
9 to all of you, to say that we are doing that.

10 We did send a postcard out to about 100,000 of
11 our members with some information on it, and we're also
12 getting our volunteers involved. We're really working with
13 a core group of volunteers that will be doing calling out
14 to homebound individuals starting up in the Lehigh Valley,
15 and then moving it across the Commonwealth to really get
16 the information out and direct them to where they can get
17 the numbers and to have them -- if they haven't done so
18 already, and if they want to, get the vaccine.

19 MAJORITY CHAIRMAN DAY: I'd just like to point
20 out that the Secretary has mentioned many times that the
21 answers to a lot of these questions are an Aging
22 Subcommittee of appointed officials. I think that the
23 Aging Committee of the House of Representatives and the
24 Senate, made up of elected officials within reach of you,
25 people in Pennsylvania, are better to be making these

1 decisions, and you're going to have that choice coming up
2 for you in a few weeks.

3 So with that, I want to go to Representative
4 Jones.

5 Representative Jones?

6 REPRESENTATIVE JONES: Thank you, Mr. Chairman.

7 My questions are primarily for Secretary Torres.
8 Appreciate you being here. I want to start with a little
9 constructive criticism and then go forward with some
10 hopefully productive suggestions.

11 This is largely, it seems to me, a supply chain
12 problem at this point, in addition to obviously, a shortage
13 of vaccine. That's sort of the underlying challenge. But
14 how we address that challenge is really a supply chain
15 problem. In this Subcommittee and/or Taskforce and/or
16 interagency discussions, who is your supply chain expert,
17 and I mean an actual expert in supply chain strategy and
18 tactics, and I have a couple of follow-ups for you, please.

19 Is that Boston Consulting Group's role that was
20 just brought in? Who is the supply chain expert in the
21 room?

22 SECRETARY TORRES: I think PEMA would -- most
23 likely, in terms of logistics, I would probably
24 characterize them as the subject matter experts in terms of
25 supply chain. But obviously, in terms of vaccines, which

1 is what we're talking about, the Department of Health, is
2 the point agency, you know, between us and the federal
3 government as far as those allocations coming in and
4 knowing what -- you know, what allocations are going to be
5 received over the next several weeks, I guess.

6 REPRESENTATIVE JONES: Okay. So I would suggest
7 that neither one of those agencies are actually experts in
8 what needs to be done here. They may have relevant
9 expertise. This is a once in a hundred year thing, and
10 it's supply chain strategy. It's not a flood, and it's
11 certainly not the types of things the Department of Health
12 normally deals with. We knew the vaccine was coming --
13 arguably, you could go all the way back to March or April
14 from about the time we knew the disease was here.

15 I like the Taskforce and the Subcommittee and the
16 inner workings. This should've been done 10 months ago.
17 Everything that's being done now could easily have been
18 done, or at least 90 percent of it, 10 months ago. This is
19 inexcusable. And we still don't have a legitimate expert
20 in the room. This is where we go to the private sector,
21 who do these things for a living. Anywhere from the
22 company I used to lead in York, Pennsylvania, to Boston
23 Consulting Group and everything in between.

24 I had a radio host say the other day, a taskforce
25 is what you set up when you don't know what you're doing.

1 We can have all the taskforce and all the meetings. If you
2 don't have the right people in the room, it's not going to
3 do much good. So the problem going forward, as
4 Representative Kosierowski rightfully noted, is a supply
5 problem. And the supply is not going to catch up to the
6 demand any time soon. And that's a shortage of vaccine.
7 So I just want to get a few things on your radar and be
8 sensitive to time, Mr. Secretary. If you want to maybe do
9 a rapid response answers, or I can just go through the
10 list. These are partly questions, but partly suggestions.

11 I was on a call with a major hospital
12 organization a week or two ago, and they were saying that
13 the CDC is only willing to commit that the vaccines are
14 effective for three months. Now, I've been looking online
15 and it seems to be mixed signals there. Are we assuming
16 that the vaccines are effective for three months, or that
17 they're effective indefinitely until we get everybody
18 vaccinated? Because that has a huge impact, as you can
19 imagine, on our strategy. Because at the rate we're going,
20 we will have people getting second, third and fourth
21 vaccines if it's only effective for three months.

22 Similarly, I'll combine these two, I was -- I
23 remain dumbfounded by this. We have a shortage of supply,
24 we need to be as precise and as diligent as we can. Are
25 you aware, at least according to this major hospital

1 network and a colleague or two of mine, that people who
2 tested positive for COVID and have recovered and who have
3 the antibodies, which could be approaching half, certainly
4 30 or 40 percent of our population, are still getting
5 vaccines if they had the disease more than three months
6 ago, and even those that had it less than three months if
7 they insist upon it? Why in the world would we be
8 vaccinating people with antibodies and not leveraging the
9 antibody tests before we go spending vaccines on these
10 folks?

11 Lastly, for the sake of time, I am a little
12 curious, as much as I feel for homebound individuals, I'm
13 not quite sure why we're vaccinating homebound folks versus
14 the people that are caring for them. By definition, if
15 you're homebound, does that mean you're not exposed? We
16 need to be -- I'm just concerned we don't have any real
17 strategic thought here, and that we're not making the most
18 of what we've got. Yes, we need more vaccine. Yes,
19 everybody should get it. But that's not reality. So who
20 is in the room that's bringing these strategic thoughts to
21 bear, and lastly, with J&J now being approved, that's a
22 single-shot vaccine. It seems to me that should be
23 leveraged for people in maybe rural areas, maybe these
24 homebound folks where it's disproportionately expensive or
25 difficult to administer two doses. Is anybody thinking

1 ahead to say how we leverage this J&J vaccine because I
2 would think that would be well suited for a different
3 population.

4 So my big questions there, vaccinating people who
5 we know have recovered from COVID or who suspect have and
6 we could be testing for antibodies, and are we looking
7 ahead to things like the J&J vaccine because that's a big
8 deal as well, single shot versus two?

9 Thank you.

10 SECRETARY TORRES: Okay. I just want to clarify.
11 I mentioned PEMA because I know PEMA is working in terms of
12 logistics with mass vaccine clinics, those kinds of things,
13 so that's why I mentioned them.

14 In terms of planning in advance, yes, we knew the
15 vaccine was coming. I think anyone would be hard pressed
16 to know exactly how that was going to roll out in mid-
17 December. There was a lot of uncertainty in terms of the
18 quantity that was coming in and also there was no advance
19 notice of what you were getting the next week. It was week
20 to week. So it's really hard to plan when there's that
21 level of uncertainty. But now that things are becoming a
22 little bit more stable, I think we're at a place where, you
23 know, we're going to work on improving these plans.

24 I'm going to have to defer on your questions
25 related to the antibody and the efficacy of the vaccine,

1 how long that takes, to the Department of Health as that's
2 really their -- you know their expertise.

3 And I can tell you, I know the Department of
4 Health is already considering the allocations -- use of
5 Johnson and Johnson. And absolutely, caregivers should be
6 vaccinated. We talked about that earlier. It's really
7 important if you have caregivers taking care of homebound
8 seniors and both Department of Human Services and our
9 Department have some form letters on our website for
10 caregivers who fall into that category so that they can
11 take it to be vaccinated.

12 But I hope I addressed most of your questions?

13 REPRESENTATIVE JONES: You did. Thank you. And
14 I kind of -- I spent my career in supply chain so it's -- I
15 have a very, very small wheelhouse, but this is one of
16 them. And I just think some strategic thought to get ahead
17 of these things -- you're correct. You don't know exactly
18 what's coming, but that's why you brainstorm multiple
19 scenarios and have those plans ready to go, and then you're
20 making course corrections as opposed to developing strategy
21 at this late stage of the game. So I hope we learn from
22 that in the future. We do need to look going forward -- if
23 myself, or I could refer you to any number of experts that
24 I think could add a lot of value here, I'd be happy to make
25 that introduction.

1 Thank you, Mr. Chairman.

2 SECRETARY TORRES: I appreciate that.

3 MAJORITY CHAIRMAN DAY: Thank you.

4 MS. HENNING: Could I add one comment about the
5 homebound comment?

6 MAJORITY CHAIRMAN DAY: Is that Teri?

7 MS. HENNING: Yes.

8 MAJORITY CHAIRMAN DAY: Yeah. Please do. Go
9 ahead.

10 MS. HENNING: Thank you.

11 First, I want to reiterate. I couldn't agree
12 more about the caregivers needing the vaccine. We have
13 been obviously pushing that from the beginning, and so I
14 welcome that comment. But I would also add that those
15 caregivers, some of whom don't have -- don't yet have the
16 vaccine, are going into these homes, right, to provide care
17 in the homes of homebound individuals. And homebound
18 individuals themselves are at great risk and are also often
19 in homes with other high-risk folks. So there is a reason
20 for them at least to be considered in the discussion and
21 obviously, we want to be part of that. So thank you.

22 REPRESENTATIVE JONES: Thank you. That makes a
23 lot of sense. I appreciate that. Thank you.

24 MAJORITY CHAIRMAN DAY: And that's a great
25 comment. Because I've felt from the beginning if we attack

1 the most vulnerable population, our seniors in congregate
2 care, our seniors at home, and the workforce, and the
3 family network serving them, we would have this -- you
4 know, if you laid that network out over Pennsylvania, we
5 would have quite a nice block of vaccines throughout all of
6 Pennsylvania. So I've always thought that that's a great
7 idea, not just seniors, residents, and at-home seniors, but
8 the employees and the family networks associated with them.

9 Certainly, understanding the comments of
10 Representative Kosierowski before, noting that it's about
11 supply and also noting that, you know, there may be a
12 problem with people voluntarily uptaking the vaccine. I
13 think the things that my colleagues have talked about
14 earlier, allowing there to be a system to prepare for when
15 we do have the vaccines -- I believe the people that I'm
16 talking to say to me, I believe that they feel like, wow,
17 if they can't even get a list right, did they get the
18 vaccine right? Maybe I shouldn't take it. So I think
19 getting a list together, taking the burden off of people to
20 constantly be trying to log on -- I think all that shows
21 our, you know, the Commonwealth's power or efficacy of
22 implementing something. So you know, if we can't get that
23 right, I think it undermines people's faith in the vaccine
24 itself. Maybe, quote, the government didn't get that
25 right.

1 I'm not trying to suggest that that's the truth.
2 I'm just reporting that that's how people think in my
3 district.

4 So to Representative Jones' comments regarding
5 logistics, we had people in our hearings almost a year ago
6 talking about logistics when we were talking about bringing
7 medications to bear, bringing PPE, and it's the exact same
8 question when it comes to divulging and getting the vaccine
9 out to folks.

10 So Representative Jones, thank you for your
11 comments there.

12 And Secretary, always remember to draw on his
13 expertise as well as you see fit with logistics.

14 With that, next we have Representative Dan
15 Williams.

16 REPRESENTATIVE D. WILLIAMS: Chairman Day, thank
17 you.

18 And Secretary Torres, thank you for being here.
19 Thank you for your testimony, as well as the others. Let
20 me try to shift gears perhaps, in this way, in the
21 recognition that viruses and vaccines appear to be a part
22 of our future. They're not going to go away. My question
23 is in regard to the accumulation of partnerships that
24 include pharmacies as well as senior facilities. Have
25 other not-for-profit organizations like churches, mosques,

1 synagogues, been a part of that partnership and more
2 robustly pursued? I'm asking because it appears that when
3 you look at the faith community there are cohorts of
4 individuals whose commitment is to simply serve. And the
5 opportunity to get a mobile unit that either tests or
6 provides vaccines could best be utilized in those spaces.
7 I'm just curious. Has that been thought through? Has
8 there been any movement in that direction?

9 SECRETARY TORRES: Thank you, Representative
10 Williams. Actually, last week we had Walmart reach out to
11 the Department and they had four counties that they were
12 targeting clinics in, and two of those counties they used
13 churches. So I think churches can be considered, should be
14 considered. I mean, they're places that are obviously
15 trusted and as long as they can, you know, administer one
16 of these vaccine clinics safely, I don't see why we
17 wouldn't continue to do that.

18 REPRESENTATIVE D. WILLIAMS: Well, thank you.

19 SECRETARY TORRES: Go ahead, sorry.

20 REPRESENTATIVE D. WILLIAMS: No. I appreciate
21 that. I think they're a valuable resource that is
22 sometimes underutilized. The last question I want to ask
23 is, that in light of the innovations that are perhaps being
24 discussed in other spaces, have you been privy to any
25 discussion around something like an oral vaccine? The

1 phobia of needles and injections is a real one. Is there
2 any discussion going on anywhere that you're aware of
3 regarding an oral or an edible vaccine?

4 SECRETARY TORRES: I have not been involved in
5 any discussions on that subject, Representative. I would
6 have to defer to the Department of Health on that
7 particular question.

8 REPRESENTATIVE D. WILLIAMS: Thank you.

9 MAJORITY CHAIRMAN DAY: Thank you,
10 Representative. Outstanding questions, and I think you
11 give great insight into yet another way to reach out to
12 people in your district and my district as well through
13 that way, and what an outstanding question about an
14 alternative delivery method to get the vaccine into the
15 hosts. So thank you so much.

16 With that, we're going to go to Representative
17 Craig Williams.

18 REPRESENTATIVE C. WILLIAMS: Thank you, Mr.
19 Chairman. I appreciate this hearing.

20 I also feel like the message that's coming
21 through very clearly from you, Secretary Torres, and from
22 our other guest speakers is that you're empathetic to this
23 concern, that you're working hard on this, and I want you
24 to know that that's coming through loud and clear, at least
25 to me.

1 I do want to reiterate some things that have been
2 said by my colleagues because I do believe that the
3 cumulative nature of this evidence is helpful to you, as an
4 advocate for us, back to the administration. So I get
5 about 30 to 50 calls per day from upset, scared, angry
6 seniors who are unable to find appointments.

7 Representative Thomas is exactly right that it's like the
8 Hunger Games out there. My office is working as diligently
9 as we can to try to help them find appointments by, you
10 know, refreshing constantly on line with the retail
11 providers, with the hospitals, and our success rate is just
12 as limited as those senior patients who need the vaccine.

13 But I want you to know that, you know, we are
14 absolutely swamped with calls. To the extent that you
15 haven't heard that clearly, I just want to make sure that
16 I'm reiterating that point.

17 My question revolves around moving other people
18 into Phase 1A ahead or in competition with our seniors. So
19 for example, I've been a pretty staunch advocate for making
20 sure that our educators are vaccinated in a priority within
21 1B that is not competing with our seniors. So you know,
22 while I absolutely -- and all four school districts in my
23 legislative district are about to reopen four days per week
24 with all of the children in the classrooms under the new
25 social distancing guidance from the CDC.

1 What I'm concerned about now is the likelihood or
2 the discussion of moving teachers into 1A -- teachers and
3 educators -- education staff, to compete with our seniors
4 for those much-needed vaccines? And in a related question
5 to that, what your thoughts are about the efficacy of the
6 Johnson and Johnson vaccine for our seniors? And again,
7 thank you.

8 SECRETARY TORRES: Thank you, Representative. I
9 have not been involved in any discussions related to moving
10 teachers, so I can't comment on that at this time. In
11 terms of the efficacy of Johnson and Johnson, basically,
12 from what I've read, while it may be a little less
13 efficacious, I guess, than the Moderna and the Pfizer in
14 terms of -- again, what I've seen on the news, just like
15 everyone else, is that it has a good track record of
16 preventing hospitalizations and deaths. So that's as much
17 as I can say in terms of the Johnson and Johnson compared
18 to the other two.

19 REPRESENTATIVE C. WILLIAMS: So Mr. Secretary, I
20 implore you today to go start digging into a conversation
21 about whether or not there's any intent by the
22 administration to expand those that are going to be
23 included in Phase 1A, as we know the expansion to 65 and
24 older and then younger people with preexisting conditions
25 has put the health of our more advanced seniors at risk

1 because we grew that phase so much. So I just again
2 implore you to go become a part of that conversation. And
3 thank you.

4 SECRETARY TORRES: All right. Thank you.

5 MAJORITY CHAIRMAN DAY: With that, I want to ask
6 Adam Marles if he has anything to add to that?

7 I know that touches close to some of the things
8 you were talking about. Sorry to put you on the spot,
9 Adam. And if the answer is no, that's fine.

10 MR. MARLES: No. That's quite all right. I
11 think with respect to the Johnson and Johnson efficacy, I
12 agree with what the Secretary said, that although it
13 appears to be slight less effective than Moderna and
14 Pfizer, all indications are that it is a very effective
15 vaccine, and people should not hesitate to take advantage
16 of it.

17 I will say that based on the expertise that I
18 have read, the utilization of Pfizer and Moderna is
19 probably best suited to those who are in nursing homes and
20 assisted living and personal care homes because they are
21 more vulnerable. And so if we can make sure that they have
22 the more effective vaccine, obviously that's preferable.
23 That said, depending on how vaccine availability continues,
24 something is absolutely better than nothing. So we have to
25 make sure of that.

1 And with respect to expansion of 1A, clearly the
2 expansion of 1A has already caused some of the delays that
3 we're dealing with some of our other older adults, so
4 further expansion of 1A is something that I think would
5 definitely be detrimental to those who are struggling right
6 now.

7 MAJORITY CHAIRMAN DAY: Thank you.

8 And I do want to commend -- we have two more
9 members and we're going to try to get this done in about
10 nine minutes, and I just want to commend the Secretary for
11 really taking Mike Jones' lead when he said would you try
12 to give us some rapid fire responses.

13 And you're doing an outstanding job, and I really
14 appreciate it because we can convey a lot of information
15 back and forth.

16 And I wanted to tell him that I appreciate that.

17 With that, Representative Otten.

18 REPRESENTATIVE OTTEN: Thank you, Chairman. And
19 thank you to everyone who testified.

20 I will be quick because Representative Williams
21 actually kind of said what I have on my mind. Both
22 Representative Williams, actually. I wanted to ask about
23 the expansion of 1A. There were two articles that were
24 shared with me yesterday where a member of the Governor's
25 Taskforce went on the record saying that teachers were

1 going to be added to 1A. I also heard that the Johnson and
2 Johnson vaccine was going to be allocated to folks in 1A.
3 And so I am concerned that this is going to exacerbate our
4 existing challenge, and I feel, as a member of the Aging
5 Committee, that we need to be prepared to -- I hate saying
6 this word because it truly puts us in a situation of Hunger
7 Games, but play defense for our seniors. We need to make
8 sure that these seniors don't get marginalized further as
9 we potentially look at the possibility of 1A being
10 expanded.

11 As much as -- as a parent to school-age children,
12 I would like to see schools go back and teachers and
13 educators and all school staff be educated, that's a huge
14 population of Pennsylvania. And so to add that to the mix
15 of this current dilemma that we are in, to me, feels like
16 an overwhelming undertaking.

17 And so that also -- to kind of reiterate a little
18 bit of what Representative Dan Williams mentioned, and that
19 is really understanding what the touchpoints are for our
20 seniors within our communities, so whether that's a local
21 church or local pharmacies or a local physician, I have
22 really strong concerns, specifically when it comes to these
23 seniors and people who are connected in a more, like,
24 just -- for lack of a better term, like, analog way.
25 They're not digital people. They're not digitally centered

1 in their lives -- that utilizing primarily digital
2 platforms and also utilizing large corporate entities,
3 we're not creating a community-centered approach for those
4 people and we have great opportunity.

5 I have two local pharmacies in my district --
6 independent pharmacies that have been doing home visits to
7 folks and who have been -- who know -- one of the
8 pharmacists said to me, Danielle, I know who the most
9 vulnerable people are. I know who the people are who
10 shouldn't be coming into my pharmacy because just coming
11 out into a public space like mine is putting them at risk
12 of getting the virus. And so she'll get into her car and
13 she'll go out and she'll vaccinate them at home.

14 And so I really, really, really want to implore
15 those folks who have a voice at the table to advocate for
16 these local community partners. Churches, my church is the
17 center of the world for so many of the seniors in my
18 community, and I know that my pastor would be happy to
19 partner with our local pharmacy to get our seniors back to
20 church so that they'll have interaction. So lifting up
21 both of my friends -- my Chester County Williams
22 Representative friends and their voices and sharing their
23 concerns here.

24 SECRETARY TORRES: Thank you, Representative. I
25 just --

1 MAJORITY CHAIRMAN DAY: Great. Thank you,
2 Representative. You wanted the Secretary to address -- or
3 Secretary did you pick up something there?

4 SECRETARY TORRES: I just wanted to follow up and
5 say, you know, I believe that's an extremely important
6 subject, homebound seniors and how we address their needs,
7 and I can assure you that that is on my agenda to work on
8 with the Aging Subcommittee.

9 MAJORITY CHAIRMAN DAY: And I just want to say
10 thank you for your comments. I've been lifting up every
11 member's questions, and certainly, I believe that, you
12 know, your question and data and information that you've
13 provided is really going to be the key to getting out to
14 those other 2.8, 2.9 million seniors.

15 With that, we're running closer on time, here.
16 I'd like to get our last member in with a question, and
17 then I'll swing back to Teri Henning to make some comments
18 about what's been said here if she has any, and also to
19 Chairman Samuelson. We're going to try to do that in about
20 seven or eight minutes.

21 So with that -- but Representative Miller, you
22 have all the -- seven minutes if you'd like it.

23 REPRESENTATIVE MILLER: Thank you, Mr. Chairman.
24 And thanks to all the members for your testimony.
25 I'm going to start with Ms. Henning if I could.

1 You had said earlier about a number of your folks had
2 gotten a vaccine and some that still have not. What
3 percentage of folks have not yet gotten a vaccine who work
4 for your organization?

5 MS. HENNING: Well, I think we probably need to
6 do an updated survey on that, but I would say at least
7 half. And it varies widely, depending upon whether you're
8 connected to a hospital or health system, whether you are
9 in a certain part of the state versus another, but some of
10 that is access, and just as much, if not more, is
11 hesitancy. So I don't want to overstate from an access
12 perspective. But it's certainly both.

13 REPRESENTATIVE MILLER: Okay. Well, I appreciate
14 the work that your folks do. It's an important part of
15 this whole equation. So I wanted to get that question out.

16 Next question is for Mr. Marles. You had
17 referenced that -- if I could summarize the bulk of your
18 comments were about concern about congregate care and the
19 fact that there was no plan of distribution for those
20 folks. And you had said you're ready and willing -- all
21 the folks with LeadingAge are ready and willing to help,
22 but you needed to hear from the Department of Health. Can
23 you describe that point? I want to know what is the
24 blockage there, describe that more, if you could?

25 MR. MARLES: Sure. Thank you for the question,

1 Representative. The Department has made sure now that
2 nursing homes and assisted living and personal care, actual
3 technical care settings, have gotten access to the vaccine.
4 The congregate settings that I'm talking about are the ones
5 that aren't typically considered clinical, independent
6 living and affordable housing, where seniors are still
7 living in congregate settings. They're still vulnerable
8 people. Many of them have homecare to assist them but
9 there isn't authorization between any of the federal
10 partners such as CVS or Walgreens or any of the new ones
11 that have now been added, to provide clinics in those
12 settings. So sometimes what we're seeing is a highly
13 inconsistent approach, where we've got some providers who
14 have been able to convince a local hospital or one of the
15 pharmacy providers to come in and do a clinic. But what we
16 need is the Department of Health to say, these are priority
17 settings. We're going to use some of our allocation for
18 long-term care in those settings in the same way that we
19 have for nursing homes and assisted living or personal
20 care. And so far, they haven't done that.

21 REPRESENTATIVE MILLER: Are conversations
22 ongoing?

23 MR. MARLES: Whenever possible. Yes. So far,
24 though, that action has not been taken.

25 REPRESENTATIVE MILLER: Okay. All right. Thank

1 you.

2 And my last series of questions here, they'll be
3 short.

4 Secretary, thank you for being here. It was
5 referenced earlier about 98 percent of the deaths that
6 occur are in the senior age population due to COVID.
7 Are -- my question has to do -- are you satisfied with the
8 level of priority that has been given to the senior-age
9 folks in this regard?

10 SECRETARY TORRES: Well, the seniors both in home
11 and community-based settings, and in long-term care
12 settings, are prioritized. The limited supply of vaccine,
13 as everyone has mentioned throughout the hearing, is a
14 challenge. And again, similar to what you just heard, we
15 have plenty of ready, willing, and able partners if we
16 could just get more increase of those vaccines in.

17 My hope is with this Aging Subcommittee that we
18 can really get down to, you know, building those
19 connections, looking at what's working throughout
20 Pennsylvania, and making sure that where there's an
21 opportunity to share those best practices, which we've been
22 trying to do over the past few weeks, that we position
23 ourselves to do better than we have been doing.

24 REPRESENTATIVE MILLER: What -- thinking that 98
25 percent of the deaths in Pennsylvania, this would be a high

1 level of priority, and I -- it was referenced by multiple
2 people earlier about jumping up and down on the table to
3 make sure that this is an absolute priority. I would just
4 add my voice to that. And I know you've given several
5 recommendations of things that you want to do, and I would
6 add my voice to that in simply saying I encourage you to do
7 whatever you can for your part because you're at a seat at
8 a table where most of us are not. So -- and 98 percent of
9 the deaths due to COVID. This should be very, very high
10 priority.

11 So with that, thank you very much, and back to
12 you Chairman. Thank you for the time.

13 SECRETARY TORRES: Thank you.

14 MAJORITY CHAIRMAN DAY: Thank you for your
15 outstanding questions. I really appreciate the addition of
16 those questions and the answers from the Secretary.

17 Teri, did you have anything else you wanted to
18 add from either the previous questioning or the latest?

19 MS. HENNING: Chairman Day, I'll just thank you
20 again for the opportunity to be here today. Our members
21 who are meeting and serving hundreds of thousands of people
22 in Pennsylvania where they are in their homes and
23 communities really want to be part of the broader solution.

24 Secretary Torres, we welcome the opportunity to
25 be part of that subcommittee so that we can bring their

1 ideas and expertise to help find these solutions.

2 So thank you very much. We appreciate it.

3 MAJORITY CHAIRMAN DAY: I just want you to know,
4 I really believe you -- and you know, the different
5 agencies around Pennsylvania that are in the home, are
6 going to play a vital role -- or could play a vital role in
7 the quick, rapid deployment once the vaccine supply is up.

8 And if you have any ways within, you know,
9 reasonable protection of personal health information and
10 everything, to keep that list of people, if your members
11 know and your caretakers know -- this person -- you know,
12 if there's a way to collate that information, I'm going to
13 ask you to do that before the administration does so that
14 you're ready and Pennsylvanians are more protected when the
15 administration does finally come around to saying that
16 yeah, we do want to have a list for when the supply does
17 come.

18 I'm really holding out a lot of hope that they do
19 that, and that they figure out the technology to do that,
20 and along with everything that comes. So I really believe
21 you're going to be key to getting to that three million
22 people, the Pennsylvanians who brought us here.

23 With that, I'd like to recognize Chairman
24 Samuelson and then I'll have closing comments.

25 Chairman Samuelson?

1 MINORITY CHAIRMAN SAMUELSON: Thank you,
2 Representative Day. One of our first discussions between
3 the two of us this year was about having a forum in the
4 Aging Committee to talk about vaccines and vaccine
5 distribution.

6 So I appreciate this meeting today. I appreciate
7 sincerely the testimony of all four of you and look forward
8 to further cooperation. And I know we have a follow-up
9 meeting next week.

10 So thank you, Representative Day. I look forward
11 to that.

12 MAJORITY CHAIRMAN DAY: Thank you, Chairman. And
13 you're absolutely correct. I wouldn't know what to do
14 without your input.

15 Wait a minute, I'm waiting for my laugh line from
16 the Chairman.

17 But as I said, we've known each other and been
18 friends for over 25 years, and I really do appreciate your
19 input. You bring quite a bit of knowledge and expertise,
20 having served as the Chairman longer than I have, and I
21 appreciate and welcome your -- you know, your friendship.

22 With that, I just want to end with another plea
23 and pitch to our Secretary of Aging. We need you. We need
24 you to take these messages back to the team. People in
25 Pennsylvania have to understand that right now, under the

1 pandemic, that the Secretary of Health and the Governor
2 have pretty much autonomous power to do things. They're
3 creating committees that I don't disagree with, but I don't
4 want to supplant the people's representatives in self-
5 governance.

6 I want this body, this committee, this expertise
7 of the legislature, to be involved and engaged, and bring
8 back information to the decision-making process in
9 Pennsylvania. When we're deciding whether police officers
10 and teachers and firemen get it or seniors do, that is a
11 hard question. No one elected official should make that
12 decision. It should be the body; the entire group.

13 Under our normal system of government, that one
14 elected official has basically one whole -- 50 percent of
15 the legislative process, and 253 of us are in the other 50
16 percent. Under the current law in Pennsylvania, that one
17 person has 100 percent. We're doing everything we can with
18 this Committee to continue to participate as our
19 constitutional duty that we swear to do dictates that we
20 do.

21 I'm imploring you, Secretary Torres, to please
22 take this information through the system and address some
23 of the things that we talked about. By having -- by taking
24 the burden off of our seniors and putting that -- whether
25 it's a list together or whatever the team decides, but take

1 that burden off of them. Get ready for the logistics,
2 rather than just say, we don't have the vaccines. Everyone
3 knows that, and we all understand that.

4 And I don't mind that you make the point. We
5 have to do it all. It's not good enough to do as best as
6 we can. This is one of those things that we -- the people
7 that brought us here -- our grandparents, our parents, our
8 teachers that are retired now, our police officers -- they
9 took care of us when we couldn't take care of ourselves.
10 It is wrong not to make sure that they're taken care of in
11 a proper and fair manner.

12 My words do not say that -- are not against the
13 administration, just begging the administration to take
14 this information and please incorporate it into the way we
15 are attacking this pandemic and protecting seniors in
16 Pennsylvania.

17 Secretary Torres, and to all of our presenters
18 today, and most importantly, the elected members of this
19 Committee, thank you all very much. I'd like to thank our
20 IT folks for being able to put this on as an in-person, on
21 television, and in the virtual world for remote
22 communication from our members, and also all of our staff,
23 Chuck, Shannon, Lauren, and James that are here today as
24 well.

25 Thank you all very much, and we look forward to

1 having another hearing next week about a similar topic.

2 Thank you.

3 SECRETARY TORRES: Thank you.

4 MS. HENNING: Thank you.

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C E R T I F I C A T E

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