



**Virtual Hearing
House Aging & Older Adult Services Committees**

**Testimony on the COVID-19 Vaccine Rollout and
Challenges for Pennsylvania's Seniors**

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Good Morning Chairmen Day and Samuelson, and members of the House Aging and Older Adult Services Committees. Thank you for your commitment and attention to the health and safety of older adults, and all Pennsylvanians, during the COVID-19 pandemic.

I am Adam Marles, the President and CEO of LeadingAge PA. I appreciate the opportunity to join you today to discuss the critical issue of vaccinating our seniors across Pennsylvania. LeadingAge PA represents more than 370 aging services providers serving more than 75,000 older Pennsylvanians in a variety of settings.

There are plenty of frustrations about Pennsylvania's vaccine execution, and although the rollout here for nursing homes, personal care homes, and assisted living residences wasn't as swift as other states, we have seen progress for those living in these settings in recent weeks. For that, we are thankful. However, the need to expedite vaccination to all older adults in congregate settings has been evident for months, long before the rollout began. Pennsylvania still has no clear plan to address this issue, nor a plan for the vaccination of new residents and staff of our nursing homes and other care settings who enter after the initial phase is completed.

Recommendations from the Centers for Disease Control and Prevention and the Advisory Committee on Immunization Practices (ACIP) gave us hope that even though the initial vaccine supplies would be limited, our most vulnerable citizens would be prioritized. Hope that the clear recommendations about the importance of older adults in congregate settings having access to vaccine wouldn't be taken lightly. But what we've seen in Pennsylvania is an incomplete plan that only shares partial alignment with the ACIP framework and lacks the detailed actions necessary to expedite vaccinations to these settings. This is particularly true of those not under licensure by the Department of Health or the Department of Human Services.

What we've seen is tens of thousands of older adults in their 80s, 90s, and older, living in continuing care retirement communities and senior affordable housing struggle to navigate vaccine availability maps online or sit on hold in an effort to secure an appointment for a vaccination. The truth is, many of them lack the experience with computers and don't even own one. Those without the access or skills to navigate the websites are invariably limited in their ability to access a vaccine appointment. Further complicating the issue, online scheduling depends upon the vaccine provider. Some have a queueing system that holds a space in line before you're directed to a website where you might be able to sign up. For those unable to navigate the online process, phone line availability has improved, though in some instances a senior husband and wife must travel to two different locations to receive vaccines, often driving hours to get there. Let me be clear. Many of those living in affordable housing and independent living may not need the clinical assistance of care settings, but they do have mobility issues, health challenges, or cognitive limitations that make leaving their homes to stand in line at a clinic a challenging, if not impossible, option. Moreover, many of these people have no car, further complicating these challenges.

Thankfully, some isolated communities have been able to find ways to have residents vaccinated. In some cases, pharmacies or health systems have been willing to vaccinate some affordable housing and independent living communities. In one case that I'm aware of, a AAA has helped with vaccination of senior high rises. Unfortunately, these are the exceptions. In fact, we have members who have found providers willing to vaccinate affordable housing residents or independent seniors, but not both, on the same campus. Similarly, residents of one community may have been vaccinated while another a mile away have not. The anxiety, frustration, and confusion for seniors, their families, and those serving them is only exacerbated because of the inconsistency paired with the lack of a plan.

I'm sure you're hearing from your constituents daily about how the process isn't working for them, just as we hear from our members how residents are struggling to find and schedule vaccine appointments. Notwithstanding our ongoing letters and conversations with the administration, those working on Pennsylvania's vaccine process still don't seem to realize many seniors across Pennsylvania, particularly those living in congregate communities, face these struggles that stem from far more than just limited supply of vaccine. We must do better.

On December 17, I sent a letter to the Governor and the Secretaries of the Department of Health and Department of Human Services expressing concern over the lack of prioritization of older adults in other congregate settings like affordable housing or community settings on campuses of continuing care retirement communities. I offered strategies and a standing offer for assistance in developing a plan to ensure that the identified shortcoming were overcome.

On February 4, I called for a taskforce to be convened to quickly evaluate and establish a plan to expedite vaccination of our most vulnerable citizens, including collaboration with providers, pharmacies, and governmental leaders. Days later, Governor Wolf named members of the General Assembly to join a taskforce to improve and expedite vaccine delivery. We applaud this step, but still there is no action or plan that addresses specific actions to deliver vaccinations to seniors in congregate settings and seniors more broadly. We are all fighting towards the same end game: saving lives and reopening Pennsylvania in a way that can safely reconnect us with loved ones, get our kids back to school, and see our communities on the road to recovery.

When reviewing Pennsylvania's most recently revised vaccine distribution plan, it remains clear that it does not include detailed steps to improve access to vaccine for seniors, nor for the implementation of a process to vaccinate new residents and staff of nursing homes and other care settings.

The Federal Retail Pharmacy Partnership Program was implemented in early February and the program will expand as vaccine availability improves. The partnership will serve local communities by mobilizing all 40,000 community pharmacies across the United States with vaccine administration capabilities. The program currently includes four companies in Pennsylvania: CVS, RiteAid, Topco Associates, and Walmart. This is an improvement from the initial two partners, but is far from taking these vaccines into the communities to serve our

vulnerable seniors. This program is best suited to serve the general public: those with the comfort, skill, and ability to access appointments online, and drive to local clinics. We continue to urge the Department of Health to re-focus their efforts and distribution to pharmacies that are able to bring vaccines to the doors of hundreds of local seniors at a time.

We have known for a year that older adults are exponentially more vulnerable to COVID-19, and those living in congregate settings more vulnerable still. Yet, these same seniors living in affordable housing high rises or continuing care retirement communities are lumped into the fend-for-yourself eligibility pool of phase 1a. As we rapidly approach a year of isolation in which congregate housing providers have done everything possible to ensure that those living in these settings don't have to venture out and risk exposure, these seniors are told to find a clinic when their home settings can support vaccine clinics. Our members could vaccinate hundreds of people at a time without them leaving their homes and then continue to use our facilities to vaccinate other eligible people in the area.

We must continue to prioritize the protection of our older adults. Our member communities know their residents and can offer infrastructure, and in many instances, staff to administer vaccines or monitor recipients for the post-administration period. These resources can be coupled with others like the National Guard to provide pop-up clinics in parking lots of senior communities. Our Guardsmen can offer the increase in vaccinators and the mobile capabilities that are needed to take vaccines to our aging residents, instead of telling them to go out and find a way to serve themselves.

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

We can assist with the coordination of clinics for seniors in congregate settings, but not until the Department of Health takes action and shows that all vulnerable seniors will be prioritized. Pennsylvania needs a plan that will ensure they are afforded an opportunity to receive a vaccine as safely and efficiently as possible.

We can be part of the solution and help expedite vaccination of our most vulnerable residents, slowing the spread of COVID-19, reducing infection rates, and saving lives. With that in mind, I renew our call for a group to be convened with the specific charge of expediting vaccination of all older adults in congregate settings. Whether that is a sub-group of the Governor's Vaccine Task Force or a separate working group empowered to create and execute a plan, the priority of our Commonwealth's vaccine rollout must be to immediately develop a plan to effectively deliver vaccines to our older adults.

The recent passage of Representative O'Neal's HB 326 is an opportunity. If the planning and implementation phases are completed quickly, the focus on mass vaccination clinics should be

prioritized in communities serving concentrations of Pennsylvania's seniors, such as senior affordable housing or continuing care retirement communities. These facilities are not only accessible, but understand the needs of older adults. We are happy to be a resource for coordination and support to the National Guard as they create a roadmap for the mass vaccination provisions of HB 326.

We have confidence that everyone is doing their best to navigate through this pandemic and get the right resources to the right people at the right time – as we have since it all began. Right now, the seniors that have served our communities throughout their lives need us to step up and make them the priority. They deserve a plan. Support us in the development of that plan so we can complete phase 1a before it's further expanded, get vaccines to our most vulnerable citizens and those who care for them, and get Pennsylvania on the path to recovery from the devastating impacts of COVID-19.

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

I would be happy to answer any questions.