



**Pennsylvania Assisted Living Association (PALA)**

**Testimony**

**House Aging and Older Adults Committee**

**COVID-19 Vaccine Distribution**

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Chairman Day and Chairman Samuelson and the Aging and Older Adults Committee,

Thank you for the opportunity to discuss the COVID-19 vaccine distribution for senior living communities.

I am Margie Zelenak the Executive Director of the Pennsylvania Assisted Living Association (PALA). PALA represents Personal Care Homes (PCH) and Assisted Living Residences (ALR) throughout the Commonwealth. As a member of the Governor's Long-Term Care Council, I represent PCH and ALR communities as their voice on the Council.

Personal Care Homes and Assisted Living Residences are regulated by the Department of Human Service (DHS) Office of Long-Term Living (OLTL) not the Department of Health (DOH). Currently, there are 1,133 PCH and 61 ALR serving approximately 50,000 seniors across Pennsylvania. PCH and ALR are an important part of the Long-Term Care continuum. Communities can be a small 8 bed Victorian home or a large 200 bed resort type community, but each can offer various services and amenities. PCH/ALR is private pay in the Commonwealth except for SSI which is only \$37.00 a day. Some seniors may have Long Term Care Insurance to help provide for their care, but insurance policies also vary on their reimbursement. Act 56 of 2007 enacted a new level of care, Assisted Living Residences. The first community was licensed in June 2013. This level of care is to be an alternative to nursing homes with the expectation for Medicaid funding which has still to be implemented.

In our communities, seniors receive compassionate care from thousands of frontline staff including licensed nurses, direct care workers, nursing assistants, dietary aides, housekeepers, maintenance, and administrative staff. These caregivers have been Heroes providing care during this pandemic.

The transmission of COVID-19 has affected residents and staff in PCH and ALR at alarming rates. The DHS March 2nd report indicated 10,913 residents and 6,276 staff are COVID-19 positive along with 1,571 resident deaths. There continues to be outbreaks at communities. An important tool that will help curve these numbers is the COVID-19 vaccine.

The Pennsylvania Interim Vaccination Plan included the Federal Pharmacy Partnership (FPP) for Long-Term Care facilities. PCH and ALR were included in the Phase 1a. FPP has two phases A and B. Skilled nursing facilities (SNF) are in A and PCH and ALR are in phase B. This caused major confusion with providers who only heard the B and were assuming their community was in 1b. Adding to the confusion was the fact that Philadelphia was a separate entity from DOH with Operation Warp speed. Clinics in PCH/ALR were being scheduled in Philadelphia before clinics in the other 66 counties. Many of our

surrounding states vaccinated their Assisted Living Communities at the same time as Skilled Nursing, Pennsylvania did not. The Pharmacy Partnership would only vaccinate residents and staff in a SNF even if the PCH/ALR was on the same campus or even in the same building.

Many PCH/ALR communities missed the deadline to enroll in the Federal Pharmacy Partnership. DHS sent information via the list serv for PCH and ALR on October 26<sup>th</sup> with a deadline to complete the enrollment by October 31<sup>st</sup>. The communication did not indicate the importance of registering or that if a community did not register, they would not be eligible for the program. Providers assumed their pharmacy would provide the vaccine not that only certain pharmacies would receive the vaccine. DHS did not auto enroll PCH/ALR in the program like many of our surrounding states. This led many providers to panic about how they would get their residents and staff vaccinated. DHS alleviated their anxiety by announcing a partnership January 14<sup>th</sup> with Rite-Aid to provide vaccines. OLTL sent a survey January 19<sup>th</sup> to PCH/ALR to gather the pharmacy partner each community had chosen. Some providers thought they opted into CVS/Walgreens but were not included. OLTL then enrolled them with the Rite-Aid program.

Vaccination Clinics began in SNF December 28<sup>th</sup>. CVS/Walgreens did not get the green light from DOH to begin clinics in PCH/ALR until January 14<sup>th</sup>. Clinics began to be scheduled for the end of January and February. At this time almost all PCH/ALR have at least one if not two clinics and even the third clinic.

That is where the problem begins; what happens after the third clinic. Again, it is not consistent because some providers are being told they will give 1<sup>st</sup> shots at the third clinic, others they will not. Another provider was told that CVS would give the 1<sup>st</sup> shot but were unable to commit to the availability for the 2<sup>nd</sup> shot.

How are the staff and residents to get the 2<sup>nd</sup> shot? How will new staff and residents get the vaccine? Providers are being told to develop a relationship with their Long-Term Care Pharmacy or a local pharmacy. The unknown is whether these pharmacies will be allotted vaccine from DOH to provide ongoing vaccination. PALA members are told "go to a mass clinic for the 2<sup>nd</sup> shot"!

The concern moving forward after the 3 clinics is ongoing vaccinations. What about new residents that move in to the communities from home or new employees? Are they required to go to mass clinics?

PALA was hopeful with the announcement of the J & J vaccine that this problem could be resolved because of the storage requirements. Vaccinations could be then conducted by staff or their pharmacy. The announcement by the Governor to use all of the J & J vaccine for teachers quashed those hopes for

our communities. We understand the importance of vaccination teachers but let us not forgot about protecting the vulnerable population that has suffered from COVID-19.

Independent Living communities are not a part of the Federal Pharmacy Partnership. These are congregate settings many on the same campus or in the same building as a PCH/ALR. There is no plan for these seniors to be vaccinated at the communities. They must go through the tedious process of registering online, calling or driving to a mass vaccination clinic. We need to protect these seniors. To prevent the spread of COVID they were told don't go out, now we are telling them go out and get a vaccine. Some communities have cross-over use of amenities including dining, activities or visiting their loved one in a PCH/ALR.

Vaccination hesitancy among employees of communities is apparent. It can be from 30% to 78% of staff participating in the vaccination plans. Some providers are mandating vaccines for employees of their communities. PALA was disappointed on the introduction of HB 262, the Right to Refuse, which would affect an employer's policies on medical requirements for employees. PALA provided testimony at the hearing on February 25<sup>th</sup>. We do not support HB 262 and the over reach on the employer's determination for condition of hire or employment.

PALA's national association, Argentum, released a position that recommends states should take steps to consider mandating vaccines for health care workers, to include senior living employees. Among the issues that should be considered are:

1. State requirements for all health care workers, including staff at senior congregate care settings, to receive COVID-19 vaccinations at an appropriate time and as a requirement for employment while providing exemptions for medical and religious reasons;
2. Expanding distribution of vaccines for all senior congregate care settings to other administration sites and providers including but not limited to health departments, long-term care pharmacies, primary care physicians, long-term care practitioners, and local pharmacies;
3. Expanding the eligibility and continued prioritization of all seniors and staff in congregate care settings including those that have been excluded previously;
4. Expanding access to and prioritization for all new seniors and new staff in congregate care settings not currently covered under the Federal Pharmacy Partnership for Long-Term Care;
5. Providing the opportunity for congregate care settings, where appropriate, to opt-in as a COVID-19 vaccine administration site;
6. Full authorization of COVID-19 vaccines by the FDA as appropriate and at the earliest opportunity.

The long-term care industry has suffered greatly as a result of this pandemic and it is going to take a long time to recover if vaccinations for seniors in our care and for our staff are not made a priority. Access to vaccinations, PPE and testing for senior living communities and those caring for seniors is crucial to protect our most vulnerable citizens. PCH/ALR continue to experience outbreaks of COVID-19. Senior living residents and employees must have priority access to the vaccine. This is the best tool to get to the New Normal for our residents and staff.

The Governor's COVID-19 Vaccine Joint Task Force has implemented a sub-committee on Aging that met on March 9<sup>th</sup> to discuss many of these issues. PALA's participation in this committee will focus on the needs of PCH and ALR residents and staff for priority vaccination against COVID-19.

Thank you for this opportunity to discuss COVID-19 vaccinations for Personal Care Homes and Assisted Living Residents. I would be happy to answer any of your questions.