



Testimony

House State Government Committee

Hearing on PPE Procurement Storage & Distribution During COVID-19

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On behalf of the Pennsylvania Homecare Association, thank you Chairman Grove and Chairwoman Davidson for allowing us to share our members' experiences in accessing and using personal protective equipment (PPE) during the COVID-19 public health emergency. My name is Teri Henning, and I am the CEO of the Pennsylvania Homecare Association.

PHA is a statewide membership association, with approximately 700 members that provide nursing, therapy, non-medical personal care, and end-of-life care in hundreds of thousands of people's homes across the Commonwealth. Like our colleagues across the healthcare continuum, over the last year, the home-based care industry has faced significant challenges in providing in-home services, including significantly increased expenses, workforce shortages, and difficulties accessing PPE, COVID-19 testing, and, most recently, vaccine.

In addition to the "regular" care they provided to consumers and patients every day, home-based providers have also cared for COVID-19 positive individuals in their homes, provided services in homes where others were ill, served as a resource for hospitals and other facilities discharging COVID-positive patients, and even helped with staffing in some facilities facing staff shortages due to COVID-19. Through this work, home care providers have helped to keep thousands of Pennsylvanians out of hospitals and other facilities, at increased risk to themselves and their families.

Non-medical direct care workers provide very personal services, often for extended hours a day. They help individuals transfer in and out of bed, toilet, shower, and dress. Nurses and therapists are in multiple homes a day, coming into contact with a number of patients, as well as their families and others in the homes. These workers also provide care in a range of healthcare settings, including nursing homes, assisted living, and inpatient hospice facilities. Throughout the COVID-19 public health emergency, the number of individuals seeking home and community-based services through Pennsylvania's Medicaid waivers continued to increase, while those seeking care in institutional settings continued to decline. As a result, the demand for home-based care is higher than ever before.

In March of 2020, access to PPE became an enormous challenge almost overnight. Many home-based care providers struggled to get any supplies at all; others found access at 10x normal prices. Some reported buying limited quantities through Amazon, scouring shelves at local home improvement stores, calling dental offices, and a whole lot of other creative solutions. None of these

resolved their long-term issues, however, and most were at prices that far exceeded prior budgets or costs. Respirator masks that cost \$1 in January were selling for up to \$10/mask by April. Both access and prices are taking a long time to resolve.

At PHA, we were fortunate enough to receive a substantial grant from the United Health Foundation to distribute PPE to home-based care providers. As a result, we found ourselves in a unique position in understanding what our members were going through in trying to source PPE. New vendors sprung up overnight, often with no prior relationship with us or our members. With every order, we agonized over product choice (should we buy N95s or KN95s?), pricing, whether vendors were reputable, whether the supplies we received would be “real,” how quickly supplies would be delivered, and – most importantly - if the PPE would keep our members’ caregivers and their patients and consumers safe. Thankfully, despite some delays, we received quality products from our suppliers.

Similar to members’ experiences, trucks showed up at our office with no notice, passenger vans arrived without our supplies, pallets landed at our doorstep with no pallet jack (and no loading dock) – all while our staff was working mostly remote, and when all we wanted to do was to get the PPE out to caregivers where it could serve its purpose. Our five (now six)-member staff unpacked tractor trailers, took supplies up to our second-floor office (and then down again), repacked U-Haul vans, and drove PPE around the state – twice. Thanks to the United Health Foundation, we were able to purchase 30,000 N95s, 20,000 hand sanitizers, 150,000+ surgical masks, 45,000 gowns, and more than 1.5 million gloves for distribution to providers. Our members and other home-based care agencies sorely needed those supplies and many more.

It is no surprise that throughout the public health emergency, the CDC and Pennsylvania Department of Health have issued frequent notices relating to infection control in healthcare settings, including home health, homecare and hospice. Under the COVID-19-related guidance, healthcare providers are instructed to use both masks and face shields for all patient care. Respirator masks (most often N95s) and additional PPE are to be used in certain higher risk settings. Healthcare, including home care, have been listed as a targeted industry in OSHA’s National Emphasis Program (NEP), and a number of home-based care agencies have been surveyed, inspected, or visited by regulatory authorities to review their practices and procedures. Our members reach out to us about these reviews and visits, and their most frequent comment is that they want to

do what they can to keep their caregivers, patients and consumers safe. Priority access to PPE has been and continues to be a critical piece of this equation.

Some agencies, despite their best efforts, were unable to buy PPE in sufficient quantities in the spring. As we were instructed, we encouraged them to reach out to the regional healthcare consortiums and county emergency management agencies. Some found success at the regional or county level, but many did not. As we moved into summer, we were informed that requests should no longer be made in this way and that there would be PPE “pushes” to certain facilities. Home-based care agencies were not included in those pushes. The Department of Human Services Appendix K Waiver provided for PPE, when appropriate, in an individual’s Person-Centered Service Plan (PCSP), but that did not include PPE for caregivers.¹ In recent months, when we have inquired generally about access to emergency supplies, we have been told that they are not available to home care.

Today, some of the supply chains have been restored, and we have heard from some agencies that they are able to source PPE. For others, it continues to be a challenge. At PHA, we ordered our final round of PPE in the fall, and we still haven’t received our “small” glove order. For all home care providers, however, the costs for PPE continue to dwarf the amounts that they budgeted for PPE at the start of 2020.

Although they were far from alone in this experience, it is important to note that for some home care providers (particularly non-medical), this was a whole new world - not just for offices trying to source and supply PPE, but also for caregivers who were being asked to don and doff new forms of PPE and provide care in a whole new (often frightening) environment. Many of them had never used N95s before; “fit testing” and the other requirements were new to them; whole new training programs were necessary with respect to PPE. Yet the same standards applied to homecare that applied to other healthcare settings, and the need for adequate PPE was just as great.

PHA and our members have frequent communications with the Department of Health, Department of Human Services, the Department of Aging and other agencies. Leadership in these agencies and the Governor’s office have been readily available and always willing to engage. In recent weeks, we have worked with DHS and the Community HealthChoices managed care organizations to help fill

¹ In July, homecare providers did receive CARES Act funding intended to compensate them for certain increased expenses, including PPE, for a specified time period.

open vaccine clinic spots. We communicate regularly with the DOH and the Department of Aging on the issue of vaccinations for homebound individuals in Pennsylvania. PHA and our members want to be part of the solution and welcome any opportunity to help solve the wide range of challenges created by COVID-19.

It is important to remember the significant piece of the healthcare continuum that home-based care represents. Home care providers serve hundreds of thousands of Pennsylvania's most vulnerable, and it is critical that they and their patients and consumers be prioritized for PPE, COVID-19 testing, and vaccine. We stand ready to work with legislators and the administration in any way we can as you work to respond to COVID-19.

Thank you again for your time and consideration of these important issues.