September 2, 2021

The Honorable Xavier Becerra
Secretary, Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Chiquita Brooks-LaSure
Administrator, Center for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

re: Mandating COVID-19 Vaccination in Skilled Nursing Facilities

Dear Secretary Becerra and Administrator Brooks-LaSure:

AMDA – The Society for Post-Acute and Long-Term Care Medicine (AMDA) is grateful for your focus on increasing staff vaccination rates in skilled nursing facilities. Like many other stakeholders in our care space, we have been intensely focused on vaccine education efforts among staff across all post-acute and long-term care (PALTC) settings.

AMDA is the only national medical specialty society representing the community of over 50,000 medical directors, physicians, nurse practitioners, physician assistants, and other practitioners working in PALTC. The Society’s 5,500 members work in skilled nursing facilities, long-term care, and assisted living communities, CCRCs, home care, hospice, PACE programs, and other settings.

The Administration’s mandate has the potential to dramatically advance our shared goal of getting all staff vaccinated. We would like to work closely with your agencies to ensure it is implemented in an effective way to avoid staff departures from nursing homes, a disastrous outcome for our residents and families. We are already suffering from a massive nationwide direct care workforce shortage, especially nursing, in PALTC and other settings.

Unfortunately, despite concerted efforts to improve vaccine confidence, hesitancy among our staff remains entrenched. Staff vaccination rates in nursing homes are stalled at 62 percent currently, and some unvaccinated staff are simply not persuadable. If a significant portion of the approximately 38
percent of unvaccinated nursing home staff leave, the net impact will be worse care for the residents. The loss of even one or two staff in a nursing home impacts care on certain shifts and units. The plan to implement this requirement must focus on retaining current staff.

We urge the Administration to consider the following suggestions:

1. **First and foremost, the President’s order should at a minimum include a vaccine mandate for all workers in all Medicare- and Medicaid-certified settings.** This should apply not only to the clinical teams, but to all staff coming into the building, including executive/administrative, housekeeping, environmental services, food service, and so forth. This is the only way to prevent nursing facility employees from leaving to work in other settings such as hospitals, hospices or home health agencies where there is no mandate.

2. While the nation’s 15,000 nursing homes have been the epicenter of the COVID-19 pandemic in the U.S., we must not forget that PALTC residents also live in non-federally-regulated congregate settings such as assisted living and independent living communities, including memory care. Some 29,000 such communities, with close to 1 million licensed beds, are in current operation. Efforts to improve vaccination rates in these settings are equally important, as the resident population is comparably vulnerable to infection due to being immunocompromised and living in close quarters with staff and other residents.
   
   These efforts might include, with assistance from federal and state government, free on-site vaccination clinics; listening sessions with staff about vaccine concerns that could be used to tailor educational and outreach efforts; onsite education about the vaccine as part of infection prevention training; engagement with local public health and trusted medical and community leaders, including nursing home Medical Directors like our members, to address issues and provide accurate information; and incentives to staff for getting vaccinated.

3. **More education must take place to provide information to vaccine-hesitant staff across PALTC.** Like other stakeholders, the Society has developed an active vaccine education campaign and we have had success in increasing vaccination rates. Medical Directors of nursing homes are often trusted resources and can be very effective in addressing vaccine concerns with staff. However, more can, and needs to be, done. We ask that the Administration, either with us or on its own, dedicate $25 million to expand this effort.

4. **There should be a federally funded, frequent testing alternative for staff who refuse the vaccine.** This will give the education efforts time to work and prevent a sudden departure of large numbers of staff. We realize and would support this option being time-limited. Currently 16 states and the District of Columbia have implemented
vaccine mandates for some or all health care workers. Of these, nine (California, Delaware, DC, Hawaii, Maryland, Mississippi, Oregon, Pennsylvania, and Rhode Island) include regular testing for unvaccinated staff as a provision of their mandate.

5. Finally, CMS should modify its visitation guidance to allow facilities to ask visitors about their vaccination and test results and require vaccination or negative tests prior to visits. This requirement should also apply to federal and state survey inspectors and ombudsman, who can also be vectors of transmission of this dangerous virus. There are too many examples of agency staff and surveyors bringing COVID into nursing homes; this can’t be permitted to continue.

We would appreciate the opportunity to meet with both the Secretary and the Administrator to discuss this important policy. We want to support your efforts here and believe we can be of significant assistance in making them successful. Please reach out to our Director of Policy and Advocacy, Alex Bardakh, at abardakh@paltc.org, or 410-992-3132.

Thank you for considering these suggestions.

Sincerely,

Karl E. Steinberg, MD, HMDC, CMD
President

Christopher E. Laxton, CAE
Executive Director