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HOUSE DEMOCRATIC POLICY COMMITTEE

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House of Representatives
COMMONWEALTH OF PENNSYLVANIA

HOUSE DEMOCRATIC POLICY COMMITTEE HEARING
Topic: COVID-19 Impact on Nursing Homes and Congregate Care Facilities
G-50 Irvis Office Building – Harrisburg, PA
September 11, 2020

AGENDA

- 10:00 a.m. Welcome and Opening Remarks
- 10:10 a.m. Panel from Pennsylvania Department of Health:
- Sarah Boateng
Executive Deputy Secretary
 - Keara Klinepeter
Special Advisor to the Secretary
- 10:20 a.m. *Questions & Answers*
- 10:40 a.m. Panel of Facilities:
- Jim Brexler
Secretary, The Hospital and Healthsystem Association of Pennsylvania (HAP)
President and CEO, Doylestown Health (owns and operates Pine Run Retirement Community)
 - Jennifer White
Vice President of Community Relations
Pediatric Specialty Care
- 11:00 a.m. *Questions & Answers*
- 11:20 a.m. Closing Remarks



Testimony on the COVID-19 and Long-term Care Facilities

House Democratic Policy Committee Hearing

Sarah Boateng

Executive Deputy Secretary, PA Department of Health

Keara Klinepeter

Special Advisor to the Secretary of Health, PA Department of Health

September 11, 2020

Good morning, Chairman Sturla, Representative Ullman and members of the House Democratic Policy Committee. Thank you for the opportunity to discuss our most recent guidance provided to help skilled nursing facilities manage COVID-19's impact. The department has worked diligently since the beginning of the outbreak to protect residents and ensure quality care is being provided and we are happy to offer an update to you on how our guidance meets these goals.

As you know, many families have been concerned about the effect of limited visitation on family members. Since early in the pandemic, to protect vulnerable residents from the spread of the virus, standard visitation was halted in skilled nursing facilities. During this pause in visitation, facilities were encouraged to provide for robust virtual communication with families through virtual visits via phone or video chat and frequent updates from facility staff to family members on the status of their loved ones. In addition to these communication methods, end-of-life visitation also was allowed for families to have the closure that is so desperately needed in the final hours of a loved ones' life.

On May 12, 2020, the Department issued HAN-508 that detailed how facilities can complete Universal Testing, and on May 19, 2020 issued a FAQ to answer facility questions on the new technique. Given the importance of Universal Testing in protecting residents and staff in nursing homes, the Secretary of Health issued an Order on June 8, 2020 requiring skilled nursing facilities to complete baseline Universal Testing by July 24. Subsequently, an additional Order was issued on June 24, 2020 requiring Personal Care Homes, Assisted Living Residences, and Intermediate Care Facilities to complete baseline Universal Testing by August 31, 2020. The Department is proud to share that there was 100% compliance among all facilities in completing baseline Universal Testing. We applaud the hard work by these facilities in meeting this ambitious goal. By meeting this testing goal, residents and staff were made safer by identifying pre-symptomatic and asymptomatic carriers who would otherwise have gone undetected and potentially infected others. However, in recognition of facilities who met universal testing requirements and did not have any cases (or, continued testing until there were no new cases for 14 or 28 days, respectively), those facilities advanced through a reopening process providing modified visitation with safeguards. This guidance was provided to facilities on June 26, 2020 and detailed how restrictions could be gradually lifted to allow safe visitation, communal dining, communal activities, and more. We know that allowing for safe visitation helps families feel peace-of-mind but also helps residents, many of whom have felt sad, lonely, or depressed since the beginning of the pandemic.

While this visitation has been able to be achieved in many facilities that have been COVID-free following universal testing, we know that given the continued community spread of COVID-19 in Pennsylvania not all facilities have been able to meet the needed prerequisites and requirements to safely move forward in the reopening process. Still, many residents have experienced a decline in their emotional and mental health as a result of isolation due to necessary restrictions on visitation. Often, the impact of the emotional and mental health effects can have physical health impacts. We have heard this from families and residents alike. We acknowledge these difficulties and know the powerful impact that families provide as not only visitors, but caregivers.

To meet this specific challenge, the Department issued updated guidance on September 3, 2020 to allow for compassionate caregivers. Compassionate Caregiving is allowed for residents who have had two or more significant changes in their physical or mental health documented in their care plans. For these residents, family members identified as caregivers would be allowed visitation for the precise clinical goals of reversing this decline and improving the resident's physical and emotional health. This approach

aligns with guidance released by the Centers for Medicare and Medicaid Services (CMS) but also provides more specific guidance to facilities for how they can safely allow Caregivers. Unlike the reopening visitation process, allowing compassionate caregivers into facilities would not be tied to the presence of COVID infections in any facility, but rather to the individual health needs of the residents. It is our hope that this strategy will allow families to reconnect with their loved ones in person, while also producing positive health outcomes for residents.

Another portion of our guidance to highlight relates to testing. The guidance update also lays out a testing strategy that addresses the frequency at which facilities should test staff and some residents routinely. As we have learned, the amount of virus transmission in the community does have a direct correlation with outbreaks in the facility. The routine (or “screening”) testing strategy acknowledges this linkage by recommending increased testing frequency from as low as monthly to as frequent as twice a week, per an Interim Final Rule published by CMS on August 26, 2020. Testing is a key component to limiting the spread of the disease, as well as safely allowing Caregivers and visitors.

Again, thank you for the opportunity to discuss these important topics today and we would be happy to take any questions at this time.



An affiliate of the County Commissioners Association of Pennsylvania

September 11, 2020

The Honorable Mike Sturla
Chair
House Democratic Policy Committee
G-50 Irvis Office Building
Harrisburg, PA 17120

Dear Chairman Sturla:

Thank you for your attention to long-term care and its residents of Pennsylvania during the COVID-19 outbreak. The continued attention that the House Democratic Policy Committee (HDPC) has provided to Pennsylvania Coalition of Affiliated Healthcare & Living Communities (PACAH) members, and their residents, has been paramount during this difficult time.

PACAH members care for one of the most vulnerable populations - a population extremely vulnerable to COVID-19. Before and during the COVID-19 outbreak, PACAH members have been the safety net for many counties in Pennsylvania, delivering a level of access to care that other facilities may not provide. This is even more true in the current environment. As many non-PACAH facilities struggle to provide care, PACAH's county facility members have risen to the occasion, providing the same level of support and care that Pennsylvania residents have come to expect. This is especially true for our Medicaid residents who lack the resources for care that others may have.

We are grateful for the opportunity to share our thoughts regarding COVID-19 and issues that long-term care facilities have faced during this time. As we have confronted this pandemic, PACAH members have faced an unprecedented number of hurdles in our fight to provide the highest level of care. Yet, we continue to face challenges that place uncertainty and undue burdens on this care.

The most pressing issue that we would like to bring to HDPC's attention is the issue of testing. Specifically, we would like to discuss issues related to testing of our members' residents, staff, and compassionate care givers that enter our members' facilities.

As many of HDPC's members may know, Secretary Levine issued new guidance on September 3, 2020, which updated previous guidance that had been issued several months ago. Among these updates were requirements around facility testing and the inclusion of compassionate caregivers for residents. While much of this guidance falls in line with the CMS Interim Rule issued on

August 24, 2020, this guidance presents many challenges for long-term care facilities that is just one more burden to bear.

Of these challenges, one issue that has yet to be addressed is the funding needed for the new testing requirements. While funding from the CARES Act and Act 24 has softened the financial burden of testing, many facilities have used those funds for infection control measures, updating communication systems for family members, and PPE. Most facilities are beginning to question whether then can continue operations if additional testing requirements, additional infection control systems, and a lack of staffing is sustainable. While HHS has made point-of-care testing units available to long-term care facilities, many facilities have been told to return their testing units once they run out of testing kits, leaving facilities with, again, no financially viable option for testing.

In addition, there are several questions that remain as it relates to family members entering facilities as compassionate caregivers. For example, compassionate caregivers are required to receive a negative COVID-19 test seven (7) days before entering a facility to provide compassionate care. However, at the same time, guidance suggests that compassionate caregivers must follow all systems and protocols of the facility that are in. If a facility is testing once a week, inline with PADOH and CMS guidelines, do those tests count as the compassionate caregiver's test results? If the compassionate caregiver was tested the day prior, does the compassionate caregiver need to test again? The lack of clarity continues to be one of the biggest frustrations for all PACAH members.

While there are several other issues that long-term care facilities face, the funding around continued testing mandates continues to be the largest concern for the majority of PACAH members. We would encourage the HDPC to look into this issue as well as encourage the PADOH to make available clarifications related to their most recent guidance. We believe that if the PADOH would issue clarifications on these issues that many facilities could develop a better plan to care for residents, support staff, and accommodate compassionate family caregivers.

While we continue to fight for our residents and staff, PACAH thanks the HDPC for their attention to long-term care during this time. We hope the Committee will consider our comments as they work to support our long-term care facilities, their staff and their residents.

Sincerely,

Chase Cannon

Chase Cannon
Executive Director
Pennsylvania Coalition of Affiliated Health Care & Living Communities
