



August 20, 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 Vaccine in Skilled Nursing Facilities

Dear Secretary Becerra and Administrator Brooks-LaSure:

We appreciate your focus on increasing staff vaccination rates in skilled nursing facilities. It has been our primary focus throughout 2021.

The Administration's mandate can dramatically advance our joint goal of getting all staff vaccinated if thoughtfully implemented. We would like to work closely with your staff to ensure it is implemented in an effective way to avoid a disastrous outcome for long term care residents. Unfortunately, vaccine hesitancy among our staff is real. Failing to recognize and address that will cause hundreds of thousands of employees to abandon facilities and leave residents with limited or, in some cases, no care.

This letter offers some suggestions on how we can work together to make this policy work.

Before offering specific suggestions, I would like to provide some background information. When we began the vaccination effort, only 37 percent of nursing home staff agreed to the initial dose. The 63 percent of staff that initially declined vaccination had varied reasons for their decision. Those reasons included concerns about fertility, the impact on pregnancy, as well as a general distrust of the medical community held by minority groups. We rolled up our sleeves and worked very hard with the CDC, CMS, and others to attempt to improve uptake. We launched our [#GetVaccinated](#) campaign in December to reach frontline staff directly and provide resources to providers. We also publicly committed to a [75 percent staff vaccination goal](#), which was supported by the White House. As a result, we have seen staff vaccination increase to 62 percent currently.

Unfortunately, among the remaining staff who are not vaccinated, there are some who are not persuadable. However, we believe there are others we can persuade. As you develop the policies to implement President Biden's order, we ask you to keep two guideposts in mind.

1. 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. While the loss of just half of the unvaccinated staff would be devastating to care, 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 have already heard from multiple facilities with grave concerns about their ability to care for their residents if this mandate is implemented in a way that drives away their staff.
2. This policy has the potential to impact women of color in a disproportionate way. They make up a significant portion of our staff and concerns over fertility and lingering distrust of the medical community due to issues such as the Tuskegee experiments and experienced medical disparities have created significant levels of hesitancy among them.

To combat these problems, we offer the following suggestions:

1. The President's order should include a vaccine mandate for all health care workers in all Medicare and Medicaid certified settings. This is the only way to prevent nursing facility employees from leaving to work in other settings such as hospitals or home health.
2. More education must take place to provide information to vaccine hesitant staff. We worked with the CDC on a digital media campaign that targeted facilities and we had success in increasing vaccination rates. Individuals who saw our advertising reported they were more likely to get vaccinated after watching or reading the ads. Unfortunately, there was only \$1 million allocated for that campaign, and we quickly exhausted the funds. We ask that the Administration, either with us or on its own, dedicate \$25 million to restart and expand this effort.
3. There should be a federally funded daily testing alternative for staff that won't take 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, eight (Delaware, D.C, Hawaii, Maryland, Mississippi, Oregon, Pennsylvania, and Rhode Island) include regular testing for unvaccinated staff as a provision of their mandate.
4. Providers will incur significant expense in agency staff once this policy goes into effect. We encourage the Administration to set aside \$3 billion from the Provider Relief Fund to cover the cost of implementing this program including use of agency staff, recruiting replacement staff as well as the cost of testing staff. This could either

be in the form of a direct payment on a per bed basis at the start of the program, or an application process with funds set aside to cover these costs.

5. We continue to urge HRSA to open the portal for the additional Provider Relief Funds, both in the general fund and the rural fund. The sector is in crisis and the time to open these funds is now.
6. CMS should modify its visitation guidance to allow providers to ask visitors about their vaccination and test results and require vaccination or negative tests prior to visits. This should also apply to federal and state survey inspectors and ombudsman.

Finally, we would appreciate the ability to meet with both the Secretary and the Administrator to talk about this important policy. We want this to work and believe we can be of significant assistance in making that happen.

Thank you for considering these suggestions.

Sincerely,



Mark Parkinson
AHCA/NCAL President & CEO