



Written Testimony of
The Pennsylvania Health Care Association

Delivered by
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For A
Public Hearing on
Long-Term Care and COVID-19

Delivered Virtually

Before the
House Aging and Older Adult Services
Committee

May 8, 2020

Chairman Day, Chairman Samuelson, and members of the House Aging Committee,

Good afternoon, and thank you for the opportunity to participate in today's hearing.

My name is Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association, better known as PHCA.

PHCA is a statewide advocacy organization representing long-term care. We fight for providers, frontline workers and, most importantly, the residents in nursing homes, personal care homes and assisted living communities.

It's those facilities, specifically nursing homes, that have become the epicenter for this virus—in Pennsylvania and across the country.

The numbers are staggering: nearly 500 facilities statewide have reported at least 1 case of COVID-19. And nearly 70% of all COVID-related deaths in Pennsylvania have occurred in long-term care.

With numbers like that, you'd think any state response effort would not just *include* nursing homes and long-term care facilities—it would prioritize them. After all, the first reported cases of COVID-19 in the United States occurred in a nursing home in Washington state.

Yet here we are today. The critical initiatives we're fighting for on May 7th are very much the same needs we've advocated for since this epidemic began in mid-March.

Priority PPE, or personal protective equipment.

Availability of testing.

Collaboration with state government, rather than misdirected regulatory oversight.

Critical emergency Medicaid funding.

Liability protections.

These issues are not new. But the COVID-19 epidemic has compounded and exacerbated these issues—some of which long-term care providers have faced for years.

The good news is that it's not too late. When you hear that long-term care has been '*forgotten*' in this epidemic, that's wrong. Providers, workers and residents have been *ignored*. Because every single day, providers are pleading for the things that I just mentioned, the critical tools they need to mitigate and contain the spread of this virus. And so far, those pleas have gone largely unanswered.

I hope you'll leave today knowing just how important your help will be in aiding those on the front lines.

First, let's talk about the virus itself and the significant challenges it presents in long-term care facilities.

Nursing homes and long-term care providers care for our most vulnerable population: senior citizens who require around-the-clock care, and often have co-morbidities and underlying conditions.

Symptoms of those affected by the virus may mimic the flu, but often carriers are asymptomatic; in other words, they carry the virus but exhibit no symptoms whatsoever. So frontline staff may walk into a facility, and by no fault of their own, transmit the virus while showing no symptoms.

The virus is highly contagious, and it spreads very easily. And just because you test negative today does NOT mean you'll test negative tomorrow—if you get tested at all.

And COVID-19 doesn't discriminate. The virus doesn't care if facilities are 1-star or 5-star rated. It affects every provider differently.

It really has been the perfect storm for long-term care.

When the first cases occurred in that nursing home in Washington state, we reached out to our counterparts there to *learn*. What should we be prepared for here in Pennsylvania? What would the challenges be? And everything they shared with us has come to fruition.

The first challenge is **staffing**. When the first COVID cases began to occur in Pennsylvania's facilities, it became more difficult to keep staff coming into work each day.

So how do providers keep staff? By paying 'hazard pay', wage increases of 5 to 15 dollars an hour, bonuses, incentives, whatever it takes. Our fear is that, very soon, providers will not be able to afford paying the necessary bonuses and incentives this workforce deserves.

The second challenge is **testing**.

I mentioned earlier that this virus affects everyone differently. Staff can carry the virus but be totally asymptomatic—as can residents of our facilities.

That's why *priority* testing for long-term care is so important.

As of today, the state has tested less than 2% of Pennsylvania's total population. And the emphasis certainly has not been on our most vulnerable.

Other states, including West Virginia and Maryland, have prioritized testing in long-term care. New Jersey just doubled their testing capacity. Massachusetts is working with the National Guard. Los Angeles in California is offering free testing to every resident. Ohio just partnered with private laboratories for more testing equipment.

Our Department of Health is now considering pilot programs to test residents and staff. Frankly, that's simply not good enough.

We want to reopen the state of Pennsylvania and get back to normal. But testing is vital to do that, especially in long-term care.

The third challenge, as I said earlier, is **PPE, or personal protective equipment**.

Today, providers feel as if it's every facility for themselves when it comes to securing these supplies: masks, gowns, gloves and goggles.

The official guidance from the federal government, as well as state government, has been to conserve and reuse PPE. But studies show this equipment limits the spread of COVID-19. If long-term care is truly the epicenter of the virus, shouldn't our frontline staff be receiving priority PPE?

In surveying our membership, most facilities revealed they have 1 weeks supply left. Most are getting only partial orders filled. Some have traveled to other states to secure supply. Others have reached out to other countries. And everyone is paying at least 3 to 4 times more per item than normal.

The fourth challenge is **public reporting and the release of information.**

PHCA supports full transparency, as do our members. And we support reporting data to the public.

But we also support using public reporting for the right reasons. Let's use reporting to ensure resources, like PPE, staffing and testing, are delivered to those facilities who need them most. Let's not just use reporting to identify the problem – let's use it to find a solution.

I'd also like to tell you this: providers are now reporting to seven different entities on a daily basis.

We have strongly advocated for one singular reporting mechanism.

Providers should be reporting one time to one database, and regulators from different departments should be able to pull from that database. Currently, administrators are spending hours taking inventory, filling out surveys and reporting to different agencies. Those same administrators should be prioritizing resident care at the bedside.

This brings us to Medicaid **funding** for nursing homes. The sheer magnitude of incurred costs and skyrocketing expenses cannot be ignored.

When we talk about nursing homes, we're talking about a provider group that receives more than 70% of its reimbursement for care provided from the state's Medicaid program.

Keep in mind, this is a Medicaid program that has been flat funded for almost 7 years. So while costs have risen for providers every year, on average by 2.5%, reimbursement remains the same.

A few weeks ago, we teamed up LeadingAge PA and the 3 largest healthcare unions, SEIU, 1199C AFSCME and the UFCW to ask Governor Wolf for critical emergency funding. We estimated increased costs due to staff leave, increased overtime, increased training and additional PPE supplies.

This came to approximately \$294 million dollars.

Providers across the state were thrilled to see the Senate Appropriations committee invest \$200 million for nursing homes last week. I don't think there's a provider today who wouldn't pledge every single one of those critical dollars to their staff and caregivers, as well as their residents.

Finally, the impact of **medical liability protections** for providers and workers cannot be understated. COVID-19 has altered the fundamental delivery of services and, although necessary, these new measures have raised concern about the potential liability of our providers and staff who are caring for their residents.

I would ask you to stand up for providers and workers, as legislatures and governors in 15 other states have already done, including New York, New Jersey, and Connecticut, and provide civil immunity to health care professionals. Staff are putting themselves at risk every single day. They should not have to worry about the threat of lawsuits as they care for their residents.

I will close by saying this: remember the numbers. Remember the population we care for. We are at the very center of this storm, and the only way to emerge from it is to partner with you and state government.

Two weeks ago, Governor Wolf introduced his Plan for Pennsylvania, an outline on relief, reopening and recovery.

I speak for the entire long-term care sector when I say that plan largely ignored our nursing homes, personal care homes and assisted living communities. In fact, in the entire 12-page plan, long-term care was mentioned exactly twice.

Our workers and residents will be a key element in getting the Commonwealth back to where it needs to be. This virus will likely remain in nursing homes and long-term care for the foreseeable future.

So we have our own Plan for Pennsylvania, taking into account everything I've mentioned today.

- Emergency funding
- Priority testing for staff and residents
- Priority PPE for staff
- Medical liability protections
- Collaboration with state government, including centralized reporting

It's not too late. We haven't been forgotten, but we need your help. We look forward to working with members of this committee to ensure the safety and wellbeing of our residents and staff.

Thank you.