



March 26, 2021

Jeff Wu
Acting Principal Deputy Administrator
Liz Richter
Acting Administrator
Centers for Medicare and Medicaid Services

Dear Mr. Wu and Ms. Richter:

Thank you for your recognition of the support that the residents and staff living and working in long-term care (LTC) need from HHS, CMS and the Administration for ongoing administration of COVID-19 vaccines.

We must be vigilant in our continued effort to vaccinate vulnerable LTC residents, and take sensible, practical steps to avoid barriers and chokepoints. COVID-19 cases and deaths in nursing homes have been substantially reduced, but admissions of unvaccinated residents, hiring of unvaccinated employees, and increasing visits from unvaccinated families and caregivers increase risks of new outbreaks and subsequent lockdowns. There is ongoing demand in LTC facilities, particularly in rural and underserved areas, and potential opportunities for partnerships that also meet the needs of hundreds of thousands of isolated homebound individuals. Ensuring consistent access and ease of vaccination to this vulnerable population will be critical to prevent more unnecessary deaths and the negative effects of social isolation that so many have already endured.

To that end, a broad group of experts in LTC and our organizations, represented below, recommend the following practices be addressed and/or emphasized to both Federal and State agencies and stakeholders:

Before entering a facility:

We recommend that hospitals provide a dose of the COVID-19 vaccine to any individual who is willing and meets criteria, per the EUA and state guideline, before transfer to a LTC community. This practice underscores the importance of effective communication and record-sharing between the hospital, LTC community and LTC pharmacy, and will ensure patients entering a LTC facility have first step immunity to the COVID-19 virus. Any concern about subsequent vaccine doses will be alleviated by increased availability in the LTC facility (see below).

In facilities:

Clear federal guidance is critical. There cannot be any impediments to vaccinating residents and staff of LTC facilities. We commend the CDC for deciding to prioritize LTC pharmacies to receive COVID-19 vaccines. Nevertheless, in order to improve vaccination rates, nursing staff of client LTC facilities should seamlessly be allowed to administer vaccinations. The following will allow the necessary flexibility in addressing LTC community needs:

- Acknowledging the fact that the CDC permits LTC pharmacies to acquire, coordinate, deliver, administer and report vaccinations. (Mass vaccination clinic)
- Acknowledging that LTC pharmacies are permitted to acquire, coordinate, deliver, and report vaccinations and contract with the LTC facility for their nursing staff to administer and report to the pharmacy for final reporting to state IIS systems and to federal systems fully complying with all aspects of drug handling and

Jeff Wu
March 26, 2021

storage. (currently allowed for pharmacies contracted federally, but states are inconsistent with this allowance).

- Acknowledging that contracted LTC pharmacies should be permitted to provide vaccinations to their contracted LTC facilities across state lines.

With this flexibility, LTC facilities are spared onerous, costly documentation requirements, and LTC pharmacies save investments in personnel and logistics to manage clinics or facility visits that may involve only a few vaccinations each. This process would be far more timely, efficient, and cost-effective than what is currently available.

Every skilled nursing facility is federally required to have a specialized, contracted LTC pharmacy capable of coordinating and managing vaccinations. This pre-existing relationship facilitates both administration and reporting.

Visitors to a facility:

Contracted LTC pharmacists should have the ability to vaccinate family members and caregivers visiting nursing home residents. It is well recognized that individuals bringing COVID-19 into facilities pose the greatest risk to residents. Vaccination of everyone entering LTC facilities is the safest practice to reduce spread.

Reimbursement:

Although recently increased, reimbursement needs continued adjustment that accounts for investments into systems and processes for COVID-19 vaccine delivery, administration, documentation, storage and handling. The logistical and reporting differences between administering vaccines to individuals walking into a community pharmacy versus those requiring delivery in congregate-care or home settings must be recognized with adequate reimbursement.

With so many unknowns about the novel coronavirus, including the length of immunity after disease and immunization, these issues will be present for the foreseeable future. We believe the steps listed above are critical to prevent recurring COVID-19 outbreaks in LTC facilities along with providing increased efficiency and equitable reimbursement strategies. If enacted, these recommendations will allow the LTC community appropriate access and continued vaccination success in our continued joint efforts to control and end this pandemic.

Thank you for your consideration,


Michael R. Wasserman, MD, CMD
Chair, Delphi Steering Committee
California Association of Long Term Care Medicine*


Chad Worz, PharmD, BCGP
Chief Executive Officer
American Society of Consultant Pharmacists (ASCP)*



Karl Steinberg, MD, CMD
President
AMDA – The Society for Post-Acute
and Long-Term Care Medicine *

* Organization has signed on to the letter

Leslie Eber, MD, CMD
President
Sing Palat, MD, CMD
Colorado Medical Directors Association*

Dan Haimowitz, MD, CMD, FACP
Swati Gaur, MD, CMD, AGSF, MBA
AMDA *

Albert Lam, MD
President
Janice Hoffman, PharmD, EdD, APh, BCGP, FASCP
President-Elect
CALTCM*

Jason Belden
Director of Emergency Preparedness and Physical
Plant Services
California Association of Health Facilities (CAHF)*

Eric Dowdy, MPPA
Chief Government Affairs Officer
LeadingAge California*

Noah Marco, MD
Chief Medical Officer
Los Angeles Jewish Home*

Pat Merryweather-Arges
Executive Director
Project Patient Care*

Cheryl Phillips, M.D. AGSF
President and CEO SNP Alliance, Inc.*

Sabine von Preyss-Friedman, MD, FACP, CMD
President
WA-PALTC – Washington Society for Post-Acute and
Long-Term Care Medicine*

Loriann De Martini, Pharm.D., MPH, BCGP
Chief Executive Officer
California Society of Health-System Pharmacists
(CSHP)*

Matthew Lefferman, DO
Access Healthcare Associates*

*Organization has signed on to the letter
cc: Shari Ling, MD, Deputy CMS CMO

Susan Bonilla
CEO
Daniel Martinez
Director, Regulatory Affairs and Policy Development
California Pharmacists Association*

Matthew Cantrell
Chief Operating Officer
National Association of Health Care Assistants*

Dheeraj Mahajan, MD, MBA, MPH, FACP
Clin. Asst. Prof. of Medicine
Univ. of Illinois @ Chicago

RADM (ret) Pamela Schweitzer, Pharm.D.
Former Assistant Surgeon General
10th Chief Pharmacist Officer, USPHS Commissioned
Corps

David F. Polakoff, MD, MSc, CMD
Elaine Healy, MD
Jennie Chin-Hansen
Ritu Suri, MD
Delphi Steering Committee

Jessica L. Coleman, DO, CMD
Ohio Society for Post Acute and Long Term Care
Medicine (OMDA)*

Alan S. Fox, Rph, BCGP
Naga P Madireddy, MD
OMDA*

John M. Weigand, MD
President
Central Ohio Geriatrics, LLC.

Christian Bergman, MD, CMD
Assistant Professor, Division of Geriatric Medicine
Virginia Commonwealth University, Richmond, VA

Thomas S. Lehner, MD FAAFP CMD
Medical Director, Long Term Care
Buckeye Health Plan

Douglas Hoey, RPh, MBA
CEO
National Community Pharmacists Association