

COMMITTEE ON WAYS AND MEANS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

April 17, 2020

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Room 445-G, Hubert H. Humphrey Building
200 Independence Ave., S.W.
Washington, DC 20201

Re: Skilled Nursing Facility Reporting on Testing and Capacity in the COVID-19 National
Emergency

Dear Administrator Verma:

I am writing to express my alarm about the current situation facing residents of skilled nursing facilities (SNFs) during the COVID-19 crisis and urge you to take quick action to assist facilities in protecting their residents. Older Americans residing in SNFs are at tremendous risk of acquiring COVID-19 and having bad outcomes because of the infection. Since last week, the number of known COVID-19 cases in our nation's long-term care facilities has more than doubled to 5,610 – across nearly 3500 facilities in 39 states.¹ As of April 16th, Massachusetts reported 4,798 confirmed COVID-19 cases, spanning 232 long-term care facilities.² The U.S. now leads the world in coronavirus cases, at over 640,291 with 31,015 deaths as of April 16.³ According to a Centers for Disease Control and Prevention (CDC) report released last month, individuals 65 and older represent 31 percent of COVID-19 cases, 45 percent of hospitalizations, 53 percent of intensive care unit (ICU) admissions, and 80 percent of deaths – with the highest percentage of severe outcomes occurring among individuals aged 85 and older.⁴ We *must* focus more on our nation's nursing homes, particularly in the areas of transparency and infection control/crisis management.

Transparency. First, transparency on COVID-19 testing and care capacity for the people that are most vulnerable to the COVID-19 pandemic – our seniors living in nursing homes across the country – is essential. Vice President Mike Pence's March 29, 2020, letter to hospital administrators requested hospitals report daily to the Department of Health and Human Services (HHS) on the number of COVID-19 tests completed and on hospital, ICU, and ventilator use and capacity through the National Healthcare Safety Network (NHSN) COVID-19 Patient Impact

¹<https://www.nbcnews.com/news/us-news/coronavirus-deaths-u-s-nursing-homes-soar-more-5-500-n1184536>

² Massachusetts Emergency Management Agency. (16 April 2020). *COVID-19 Command Center: Situation Update*.

³ <https://www.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

⁴ https://www.cdc.gov/mmwr/volumes/69/wr/mm6912e2.htm?s_cid=mm6912e2_w

and Hospital Capacity module.^{5, 6} This request is an important step in enabling the federal government to better understand the scope of the epidemic and where resources should be immediately directed. *However, hospitals are not the only hotspots in this crisis: By not including SNFs in this request, we risk making invisible some of the most at-risk institutions in this pandemic at a critical time when other infection control regulations are not being enforced.*

Many SNFs are already reporting infection data through the NHSN.⁷ The new COVID-19 Patient Impact and Hospital Capacity module is not overly burdensome or time-consuming and is only one-page long.⁸ The module consists of 13 data elements calls for reporting aggregate count data for each calendar day. With HHS collecting these data daily and centrally, we can more effectively identify hot spots and address needs quickly to avoid further spread.

In addition to reporting data to the Centers for Medicare & Medicaid Services (CMS), the agency should also require nursing facilities to inform the public – including residents, families, staff members, and the state long-term care ombudsman – when residents or staff members test positive, along with the steps the facility is taking to treat infected residents and protect other individuals. In turn, states should also release the names of facilities that have residents and staff members with confirmed positive cases.

Furthermore, given the staffing challenges in facilities due to the infection – in a care setting that always struggles to recruit and retain staff during normal times – CMS must require nursing facilities to report staffing levels on a regular basis to state survey agencies, the state long-term care ombudsman, and CMS on a daily basis. This information should be made publicly available for family caregivers to monitor, particularly at a time when in-person visits – a vital form of patient monitoring and oversight – are prohibited.

Infection control and crisis management. Second, it is clear that nursing homes have become the epicenter of COVID-19 spread, with horrifying stories emerging about bodies piling up inside the morgues of nursing homes.⁹ The rampant spread of COVID-19 across nursing homes has emerged as a human rights issue – and we must do more to help our nation’s most vulnerable.

Current regulations specify that a staff member be designated part-time to act as an infection preventionist. During this time of increased COVID-19 monitoring and spread, it is vital that facilities employ a *full-time* specialist to ensure each facility has ongoing oversight of infection control protocols during this crisis. Although staffing this position during a crisis may be challenging, it is not impossible – and we should look to states that have come up with creative solutions to ensure we are protecting our nation’s most vulnerable.

⁵ <https://www.cdc.gov/nhsn/pdfs/covid19/57.130-covid19-pimhc-blank-p.pdf>

⁶ <https://www.cms.gov/files/document/32920-hospital-letter-vice-president-pence.pdf>

⁷ <https://www.cdc.gov/nhsn/about-nhsn/index.html>

⁸ <https://www.cdc.gov/nhsn/pdfs/covid19/57.130-covid19-pimhc-blank-p.pdf>

⁹ <https://www.nytimes.com/2020/04/15/nyregion/coronavirus-nj-andover-nursing-home-deaths.html>

The Administrator Seema Verma

April 17, 2020

Page 3

For example, Massachusetts has created a Long-Term Care (LTC) Portal to match registered health professionals with the staffing requests facilities have submitted. To incentivize registration, all individuals will receive an \$1,000 signing bonus when they register through portal to work for a certain amount of time in a nursing home. And volunteers are signing up to help through the Health Professionals Volunteer portal. We have also started offering crisis management support to long-term care facilities, contracting with a firm specializing in nursing home crisis management to provide facilities with on-site management and operational support. The firm is also supporting efforts to create dedicated COVID-19 facilities and wings/units within existing nursing facilities. I would encourage CMS to work with other states like Massachusetts to implement similar approaches.

Thank you for your expeditious attention to this important matter. If you have further questions about this letter or the questions raised, please contact Rachel Dolin at Rachel.Dolin@mail.house.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read "Richard E. Neal". The signature is fluid and cursive, with a prominent initial "R" and a long, sweeping underline.

Richard E. Neal
Chairman
Committee on Ways and Means