



February 24, 2021

Susan Rice, Director
Domestic Policy Council
1600 Pennsylvania Avenue, NW
Washington, DC 20500

Liz Richter, Acting Administrator
Centers for Medicare and Medicaid
7500 Security Boulevard
Baltimore, MD 21244

Rochelle P. Walensky, Director
Centers for Disease Control and Prevention
395 E Street, SW
Washington, DC 20024

Dear Ambassador Rice, Acting Administrator Richter, and Director Walensky:

COVID-19 vaccines are the most significant development of the pandemic. It is time for nursing home visitation policies to catch up. The Centers for Medicare & Medicaid Services (CMS) established visitation restrictions in March and revised them in September. Thanks to the Pharmacy Partnership for Long-Term Care, most nursing home residents are fully or nearly fully vaccinated. Increasing numbers of staff are as well. The balance between caution and isolation has tipped. We write to request immediate easing of visitation guidance, with responsible conditions and precautions.

Background. On March 14, 2020, CMS moved swiftly and decisively to protect our nation's vulnerable nursing home residents from the deadly virus that threatened their doorsteps. Visitors were restricted and residents were isolated from their loved ones on the outside, relegated to connecting through tablet screens and closed windows. These measures were meant to be temporary; we had no idea the horror that awaited us over the following months.

Recognizing the impact of such social isolation, CMS issued recommendations in May 2020 for how states might begin to reopen nursing homes and reconnect residents with loved ones. These recommendations, however, were bound by the realities of the crisis that continued to rage around us and whose devastation we had not even begun to imagine. Community case prevalence soared, leading to outbreaks in nursing homes. Even nursing homes that managed to stave off outbreaks remained shuttered due to ever-climbing community positivity rates. Residents remained isolated from their loved ones on the outside.

In September 2020, CMS released guidance to immediately introduce in-person visitation back into the nursing home under strict parameters. Outdoor visitation was encouraged, despite dipping temperatures as autumn, then winter, approached. Indoor visitation was permitted, but in a way that was once again limited by the ability of the surrounding community to manage the pandemic. The months ticked by and residents remained isolated from their loved ones on the outside.

The evidence is clear that nursing home positivity rates are tied directly to rates in the surrounding community – but this evidence was established when there were no vaccines. Now, vaccine coverage is widespread in nursing homes. Policy must catch up.

We urge you to revise guidance and reconnect nursing home residents with their loved ones. More than 125,000 families have lost a loved one in a nursing home during this pandemic and thousands more have lost the loved ones they used to know as social isolation has accelerated physical, cognitive, and emotional declines. Nursing homes have rallied around residents, providing assistance with virtual visits and celebrations, reconfiguring activities to provide stimulation in a safe way, and often times putting the needs of residents before the needs of their own families. These efforts have not been unappreciated, but the most caring nurse in the world simply cannot replace your own daughter.

LeadingAge recognizes that the threat of coronavirus remains and does not advocate for a full return to pre-pandemic visitation. We expect that certain parameters, such as restricted visitation for residents on transmission-based precautions, designated visitation spaces, and limits on visits (length of visit, number of visitors per resident, total number of visitors in the nursing home at one time) would remain. We expect that nursing homes would continue to screen all visitors for signs and symptoms of COVID-19 infection and that all visitors would continue to practice core infection control principles including universal masking, hand hygiene, and social distancing.

In order to address social isolation while protecting nursing home residents from the current COVID-19 pandemic, we encourage nursing homes to do the following:

1. **Establish a visitation plan.** The plan should include core principles for COVID-19 infection prevention as outlined in CMS memo QSO-20-39-NH including symptom screening at entry, hand hygiene, universal source control (face masks or face coverings), social distancing, and appropriate use of personal protective equipment (PPE). The plan should also include processes for disinfection of spaces, limiting visitor movement within the nursing home, visitor education on infection prevention practices and expectations, and how these processes will be staffed.
2. **Encourage informed consent.** Residents and families should understand and acknowledge the risks of expanded visitation and factors that may increase risk such as choosing not to be vaccinated, visiting during an outbreak, and accepting visitors during periods of high community prevalence.

3. **Increase rates of staff vaccination.** Nursing homes should work aggressively to address issues of vaccine hesitancy through education and supportive policies such as paid time off for vaccination and recovery.

In turn, we ask federal leadership to do the following:

1. **Ensure continued prioritization of nursing homes so they have access to vaccination through the Retail Pharmacy Program.** New residents and staff should have easy access to vaccines, as should staff who declined vaccine during the initial Pharmacy Partnership.
2. **Remove community prevalence-based restrictions to visitation.** Allow indoor nursing home visitation regardless of county positivity rates.
3. **Expand visitation in outbreak situations.** Consider options such as allowing visitors to enter during an outbreak with full PPE or allowing visitors during outbreak who can provide proof that they are fully vaccinated against COVID-19.
4. **Utilize all available resources to support expanded visitation.** Continue to supply nursing homes with point-of-care tests and increase allocations to allow nursing homes to test visitors. Eliminate the recommendations to only use point-of-care tests for symptomatic individuals and the requirement that a provider must have a physician serving as laboratory medical director in order to perform POC tests. Ease the reporting burdens of COVID testing. Permit the use of Provider Relief Funding to purchase additional stores of PPE and other protective supplies that reduce visitor to resident transmission.

The data exist to safely adjust visitation guidance in a way that protects older adults from both the coronavirus pandemic and social isolation. We urge federal leadership to take immediate action to adjust to the ever-changing landscape of this pandemic and empower older adults to make their own decisions about how they wish to be protected during this pandemic. Please contact Ruth Katz (rkatz@leadingage.org), senior vice president for policy and advocacy, for additional information or to discuss these issues.

Sincerely,



Katie Smith Sloan
President and CEO
LeadingAge

Cc: Evan Shulman, Director
Division of Nursing Homes
Centers for Medicare and Medicaid Services