



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

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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,

  
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