

CARE FOR OUR SENIORS ACT

Improving America's Nursing Homes By Learning From Tragedy & Implementing Bold Solutions For The Future



STRENGTHENING LONG TERM CARE THROUGH IMPROVEMENTS

CLINICAL

Enhancing the Quality of Care

WORKFORCE

Strengthening & Supporting Our Frontline Caregivers

OVERSIGHT

Improving Systems to be More Resident-Driven

STRUCTURAL

Modernizing for Resident Dignity & Safety

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The COVID-19 pandemic has exposed and exacerbated long-standing challenges impacting the long term care (LTC) profession. The American Health Care Association (AHCA) and LeadingAge are dedicated to learning from this experience, renewing our commitment to our seniors and offering solutions that will improve the quality of care in our nation's nursing homes.

WHAT HAPPENED DURING THE COVID-19 PANDEMIC?

The COVID-19 global pandemic is an unprecedented, once-in-a-century public health crisis. As of March 2021, more than 29 million Americans have been infected and more than 520,000 have lost their lives. LTC facilities (including nursing homes and other congregate facilities for older adults) have been considered the epicenter of the pandemic, as more than one million cases and 170,000 deaths have been linked to these facilities across the country.

Researchers tracking COVID-19 data in the [United States](#) and [world-wide](#) remained fairly consistent in their findings in 2020. LTC residents made up a small percentage of total cases, yet were a disproportionate share of each country's deaths. This research demonstrates the vicious nature of the virus on frail and elderly adults with comorbidities.

Protecting older adults from this virus should have been our nation's top priority. It was not and, tragically, the seniors in our long term care facilities were left behind. It is critical that we figure out what happened, why it happened, and what we can do to keep it from ever happening again. It is time for the country to decide if it will make sacrifices to help those who have sacrificed so much for us. It is time for bold, transformative, and meaningful action.

HOW DID THIS HAPPEN?

First, COVID-19 uniquely targets the LTC resident population—frail and elderly adults with underlying health conditions. According to Centers for Disease Control and Prevention (CDC) [data](#), the risk of mortality in this age group is 630 times higher than those 18 to 29 years old. The average age of residents in LTC facilities is 85, and almost everyone has an underlying health condition—if not multiple chronic conditions.

Additionally, COVID-19 [commonly spreads](#) through asymptomatic and pre-symptomatic carriers, making it extremely difficult to prevent its entry and spread in LTC facilities. Early on, the public health response focused on a symptoms-based approach, and it proved to be fatal. As experts continued to learn more about the virus, requirements of nursing homes changed frequently and often conflicted between various levels of government, making it challenging for providers to follow consistent best practices to mitigate the spread of the virus.

Second, [independent research](#) by leading academic and health care experts shows that COVID-19 outbreaks in nursing homes are principally driven by the amount of spread in the surrounding community. Even the best nursing homes with the most rigorous infection control practices could not stop this highly contagious, invisible enemy.

Lastly, despite caring for the most vulnerable population when it comes to COVID-19, LTC facilities were not made a priority for necessary resources. Despite numerous calls for [help](#), it took months for

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LTC residents and staff to be made the highest priority for testing and to receive point-of-care tests. Worldwide supply chain issues left providers scrambling to find and afford quality personal protective equipment (PPE), such as N95 masks, gowns, and gloves. Staffing shortages were exacerbated as caregivers became ill, had to quarantine, search for childcare options and provide more one-on-one care to curb the spread. The LTC community was left behind, forgotten, or even blamed.

The aid that LTC residents and staff ultimately received from the federal government and many states was welcomed and helpful. However, ongoing support for LTC is critical.

While we believe crucial mistakes were made by public health officials, LTC providers also acknowledge our role and responsibilities in this response. Staff often unwittingly brought COVID-19 into buildings, particularly in areas where there was high prevalence of COVID-19 in their community. Out of fear of running out of supplies, and in compliance with CDC guidance at the time, some providers had to conserve PPE at levels that impacted risk of further spread. These factors, among others, combined with not being a priority for resources and inconsistent direction from state and federal agencies, may have contributed to the spread of COVID-19 in LTC. We strive to learn from this tragedy, find ways to improve, and strengthen our profession.

HOW DO WE MOVE FORWARD?

AHCA and LeadingAge are advocating for meaningful action now to protect seniors and prepare for a growing elderly population that deserves a robust, quality LTC system. We have prioritized four principles for nursing homes that can be applied to support better pandemic management, help prevent such devastation from happening again and strengthen nursing home care. These policy proposals may be considered by Congress and other policymakers either as a complete, legislative package, or individual policy proposals may be incorporated into other relevant legislation, so long as the necessary resources for each proposal are tied together. Details of policy reform proposals in each of these areas are provided below.

Nursing Home Reform Principles

CLINICAL Enhancing the Quality of Care	WORKFORCE Strengthening & Supporting Our Frontline Caregivers	OVERSIGHT Improving Systems to be More Resident-Driven	STRUCTURAL Modernizing for Resident Dignity & Safety
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THE COST OF MEANINGFUL CHANGE

Real, long-lasting transformation that will truly protect our residents requires a considerable investment in the LTC profession. Long term care providers stand ready to make meaningful change that can help our residents, our staff and our country. But it won't be possible without a commitment from policymakers to provide the necessary and consistent financial support for our elderly residents.

For too long, nursing homes have faced chronic Medicaid underfunding and unfunded government mandates, leaving many unable to afford enhancements in their care delivery, workforce and

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infrastructure. COVID-19 has exacerbated these economic challenges. Nursing homes have spent tens of billions responding to the pandemic specifically PPE, testing, additional staff and bonus pay. Coupled with significant losses due to fewer new residents, the nursing home industry expects to lose \$94 billion over the course of the pandemic (2020-2021). As a health care provider that relies almost entirely on government reimbursement (Medicare and Medicaid), nursing homes cannot make substantial reforms on their own. They need the support of federal and state policymakers and resources.

AHCA and LeadingAge have developed four interrelated, investment strategies that will help ensure a robust and quality long term care system.

- 1** **Enhanced Federal Medical Assistance Percentages (EFMAP):** Increased federal Medicaid funds are provided to states to pay for the mandatory nursing facility benefit, with requirements that additional federal funds be used for nursing facility rates.
- 2** **Federal Framework for “Allowable Cost” or “Reasonable Cost”:** Establish federal guidelines for state allowable cost definitions.
- 3** **Medicaid Rate Adequacy Requirement:** Medicaid rates are brought up to equal the cost of care and subsequently updated regularly to keep pace with increases in costs of care.
- 4** **State Nursing Facility Value-Based Purchasing (VBP) Committee & Required Design Report:** The state will be required to form and maintain a state, health plan, and nursing facility VBP committee with specific guidelines and deadlines to submit reports. This offers the potential for additional resources.

Care for Our Seniors Act

With the Adoption of Adequate Funding AHCA & LeadingAge Support:

1

CLINICAL: Enhance the Quality of Care

- + **Enhanced Infection Control Preventionist:** Effective infection prevention and control practices in nursing homes provide a safer, healthier environment for residents and improve quality of life. We will help establish an updated guideline for staffing infection preventionists in each nursing home based on proven, successful strategies. This includes proper funding and workforce availability to effectively implement meaningful, sustained changes.
 - o *Funded by: Medicaid payment policy.*
- + **24-Hour Registered Nurse (RN):** Research shows a positive association between RN hours and overall quality. We support a new federal requirement that each nursing home have a RN on-staff 24 hours a day and will provide recommendations on how to effectively implement this requirement.
 - o *Funded by: Medicaid payment policy and Medicare rates.*

- + **Minimum Personal Protective Equipment (PPE)**: Current regulations for nursing homes do not require a minimum PPE supply. We support efforts to require a minimum 30-day supply of PPE in nursing homes, which will be supported by ongoing federal/state stockpiles with PPE that is acceptable for health care use.
 - o *Funded by: Federal and state governments.*

2

WORKFORCE: Strengthen and Support our Frontline Caregivers

- + **Recruit and Retain a Long Term Care Workforce Strategy**: We support implementing a multi-phase tiered approach to supply, attract and retain the long term care workforce leveraging federal, state, and academic entities. This includes loan forgiveness for new graduates who work in LTC, tax credits for licensed LTC professionals, programs for affordable housing and childcare assistance, and increased subsidies to professionals' schools whose graduates work in nursing homes for at least five years.
 - o *Funded by: Federal and state governments.*

3

OVERSIGHT: Improve Systems to be More Resident-Driven

- + **Survey Improvements for Better Resident Care**: The current nursing home survey process does not serve residents' best interests and is too focused on a punitive approach rather than improvement. We support development of an effective oversight system and processes that support improved care and protect residents, consistent with the Centers for Medicare and Medicaid Services (CMS) standards.
 - o *Funded by: Current CMS and state survey agency funding (budget neutral).*
- + **Chronic Poor Performing Nursing Facilities and Change of Ownership**: Chronic poor performing nursing homes often do not meet the needs of their residents. The survey system needs a process to help turn these facilities around or close the facility. We are proposing a five-step process to aid such providers: (1) Identify chronic poor performing facilities via calculated score; (2) Conduct an analysis to determine the reason for chronic poor performance; (3) Develop a turn-around plan; (4) Monitor progress; and (5) Determine if the plan of correction goals have been met or the need for plan revisions.
 - o *Funded by: CMS, states and providers responsible for process improvement.*
- + **Customer Satisfaction**: Nursing homes are the only health care setting in which CMS collects and publicly reports quality data that does not include customer satisfaction. We recommend adding customer satisfaction to the government's five-star rating system to help monitor the quality of a facility for family members and guide consumer choice.
 - o *Funded by: Current CMS funding (budget neutral).*

4

STRUCTURAL: Modernize for Resident Dignity & Safety

- + **Shift to Private Rooms:** The average nursing home is around 40 to 50 years old. The traditional care models are no longer considered appropriate to provide person-centered care. One central aspect of this shift is a greater emphasis on autonomy, dignity and privacy. The value of increased privacy is central to this debate. Private rooms also support infection control best practices. We support the development of a national study producing data on conversion costs and a recommended approach to make this shift.
 - o *Funded by: Medicaid payment policy.*

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