

October 20, 2021

Amy Chang
Policy Advisor
The White House
1600 Pennsylvania Avenue NW
Washington, DC

Dear Amy Chang,

We, the undersigned organizations write on behalf of millions of older, vulnerable Americans and their caregivers throughout long term and post-acute care settings, including skilled nursing facilities (SNFs), nursing homes, and assisted living communities. We are concerned that residents living in these settings are at risk due to a current shortage of monoclonal antibodies (mAb) in the United States as well as a lack of prioritization due to the current distribution system.

On September 13, 2021, the U.S. Department of Health and Human Services (HHS) shifted its mAb policy to a state-driven distribution for mAb treatment, which has restricted access to residents of long term care facilities and forced many facilities to stop using the therapy for post-exposure prophylaxis (PEP) after an outbreak. Restricting access to mAb only for treatment and ending PEP use means more patients may develop moderate and severe complications of COVID-19, be admitted to the hospital, and many may ultimately succumb to the disease.

Previously, long-term and post-acute care physicians ordered mAb through the standard, centralized pharmacy ordering process with AmeriSource Bergen. Utilizing the existing pharmacy ordering and supply chain leverages existing efficiencies and ensures access to all care settings. The previous system regularly ensures delivery of needed product within 24 to 48 hours of a pharmacy placing an order.

Given that residents of nursing homes and other long-term care facilities are typically older and managing numerous complex health conditions, COVID-19 had an oversized impact on these communities. The advent of mAb treatments, distributed through Project SPEED, along with vaccines, helped change the course of treatment for long term care residents.

Additionally, mABs are designed to prevent hospitalization due to COVID-19. When long-term care residents have reliable access to this treatment, not only can it improve their chances of recovery, but also reduce the burden on our nation's health care systems. The need for this proactive approach is evident as we saw hospitals across the country overrun during the Delta variant surge the past few months.

However, the new mAb distribution system has moved in the wrong direction. Most Long-Term Care Pharmacies (LTCPs) serve long-term care facilities in multiple states. Forcing LTCPs to request mABs through a state-level distribution has created confusion and has restricted treatment access to long-term care residents, the most at-risk population in this ongoing pandemic. We

need a coordinated, federal approach. We ask that HHS prioritize long term care residents for mAb treatments as it has for other resources during the course of the pandemic.

The Minnesota Department of Health (MDH) presents a potential model in this regard. Minnesota's plan prioritizes mAb treatments for residents of SNFs through a weighted lottery system. In its recently released *Ethical Framework for Allocation of Monoclonal Antibodies during the COVID-19 Pandemic*, MDH grants eligibility for priority access to residents of SNFs because mAbs serve as a critical "countermeasure for residential care facilities, given increased risk of poor outcomes for patients in these settings."

We thank you for your attention to this urgent matter and for your continued efforts to help us protect our nation's most vulnerable from this deadly virus. If you have any questions please reach out to Alex Bardakh, AMDA's director for Public Policy & Advocacy at 410-992-3132 or abardakh@paltc.org.

Sincerely,

AMDA – The Society for Post-Acute Care and Long-Term Care Medicine
The American Health Care Association/National Center for Assisted Living (AHCA/NCAL)
American Society of Consultant Pharmacists (ASCP)