Chairman Collins, Ranking Member Casey, and distinguished Members of the Special Committee on Aging, thank you for the opportunity to share the perspectives of the American Health Care Association and the National Center for Assisted Living (AHCA/NCAL) regarding caring for seniors amid the current COVID-19 crisis.

AHCA/NCAL represents more than 14,000 non-profit and proprietary skilled nursing centers, assisted living communities, and homes for individuals with intellectual and developmental disabilities. The 2.5 million Americans our long term care providers serve every day are some of the most threatened by the coronavirus. They are typically the oldest-old (85+ years) and have multiple comorbidities that leave them especially vulnerable to the virus and subsequent complications. The price of inaction is alarming.

COVID-19 is currently impacting many nursing facilities across the U.S. and continues to spread rapidly across the country. As a result, long term care providers are facing immediate and dire circumstances. It is our utmost priority to provide safety and protection for our residents, patients and healthcare workers by doing everything possible to work with your committee to eliminate infections within our facilities and to flatten the curve of this pandemic. The greatest and most immediate crisis we face is the lack of healthcare workers and an increased need for essential supplies in all settings.

Our employees are on the frontline of this crisis, making personal sacrifices and are voluntarily placing themselves in harm’s way to protect and provide quality care for someone’s mother, father, grandfather, grandmother, family member, or friend who is unable to live on their own and relies on the assistance of others. Those who are sick with respiratory symptoms consistent with COVID-19 or those exposed must stay home. Many have school-age children and while schools are closed in many areas, they are forced to stay home to provide child care. These factors have combined to place long term care providers in an acute workforce crisis. We need immediate resources to attract and retain more nurses (RNs, LPNs and CNAs) and support personnel including dietary and housekeeping staff.
While our current staff are working multiple shifts and in some cases around the clock, it is simply a matter of time before they burn out, further complicating this crisis. A workforce shortage of this magnitude severely impacts our ability to provide needed care to residents and combat the viral spread. AHCA/NCAL has testified on workforce shortages on Capitol Hill in the past and has worked on a variety of efforts to recruit and retain quality staff in our centers – including loan forgiveness efforts. During this pandemic, we have worked with other industries that have experienced layoffs to assist those employees with work opportunities in our buildings.

It goes without saying that these staff are truly amazing examples of our nation’s heroes that are doing all they can to help the most vulnerable during this pandemic. We encourage you to visit our website at www.carenotcovid.com that shines a light on the nursing homes and assisted living communities that are feeling the weight of COVID-19 every day. There are countless stories from recovered patients and long term care heroes who are battling this virus. One such example featured on this site is frontline worker Lisa Barlow. Barlow is a Charleston-based care transitions nurse for Genesis Healthcare. She volunteered to work for two weeks in April at a sister nursing facility in Ridgewood, New Jersey, as the pandemic spread throughout the United States. There is also Angelina Friedman who survived cancer, miscarriages, internal bleeding, sepsis and not one, but two pandemics. More than 100 years after living through the 1918 influenza pandemic, the 101-year-old woman just beat coronavirus. An administrator at the Mohegan Lake, New York, nursing home where Friedman lives said Friedman is back to her old self and celebrating life as if nothing ever happened.

Ensuring quality care has been and will continue to be our highest priority for our residents. Many of our long term care facilities across the country were ahead of the curve in working to beat this virus and keep it out of their centers. Before national guidance was provided on visitation by the Centers for Medicare and Medicaid Services, AHCA/NCAL called for limiting visitors in our nursing homes and assisted living communities to protect our most vulnerable. We also publicly noted from the start how vital it was that long term care centers be top priority for personal protective equipment (PPE), staffing and funding to help battle this pandemic.

It is important to note that the costs for facilities dealing with COVID-19 are approximately $2.9 billion per month, not including loss of revenue and other costs such as COVID-19 testing and supplementing employee child care, as examples. The costs of additional staffing and PPE, when facilities are able to find it, make up the majority of the costs for facilities directly dealing with COVID-19. That is why we have recently asked the administration for $10 billion from the provider relief funds to provide nursing homes with additional staffing, PPE and other resources. Long term care facilities are facing extreme financial strain as a result of the pandemic and we need additional help from federal and state officials to support our heroes on the frontline.
In addition, the census has dropped dramatically in nearly all nursing facilities and many assisted living communities, for short- and long-term stay residents as well as dementia care residents. The short-term drop is associated with the cancellation of elective procedures and treatments in hospitals to prepare for the potential surge. In both settings, some families have also taken their family members home from the hospital since they are now able to care for them at home since the families are out of work. The long-term census is also declining as families are not admitting individuals from home since many families are home and able to provide some level of care. These factors have combined to reduce both the number of nursing facility and assisted living residents and a resulting decline in revenue. This is felt in all settings, but particularly for providers who deliver post-acute care.

We greatly appreciate the work done by Chairman Collins in helping our nursing facilities and the long term care community during these unbelievably challenging times, and for her decades of leadership around issues impacting our nation’s seniors. Similarly, we note our appreciation to Ranking Member Casey and Senator Sheldon Whitehouse for introducing the Nursing Home COVID-19 Protection and Prevention Act. The bill would provide $20 billion in emergency funding to states, territories and Indian tribes to support nursing homes, intermediate care facilities and psychiatric hospitals with cohorting based on COVID-19 status, namely to support costs related to staffing, testing, PPE and other essential needs. States would provide nursing homes with technical assistance on implementing infection control protocols, minimizing transfers, facilitating discharges to home and community-based settings and adequate staffing, among other topics. We look forward to continuing to work with the Senators around their efforts and answer questions on matters our centers are facing. More generally, it is important to note that there have been bipartisan, bicameral efforts in both Congressional chambers to help us during this difficult time that we certainly appreciate and need.

In closing, the staff and residents in long term care facilities around the country thank the Committee members for your dedication and leadership during this difficult time. Your ongoing support of our sector means more now than ever before. Ensuring that our long term care providers have the critical resources and funding is essential to helping us protect our nation’s seniors and most vulnerable. We look forward to continuing to work with you to keep our frail and elderly population safe from COVID-19.