



Testimony

House Aging and Older Adult Services Committee

Hearing on COVID-19 Vaccination Distribution

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Good Morning Chairman Day, Chairman Samuelson, and Committee members. Thank you for convening this hearing and allowing us to share our thoughts on these very important issues. My name is Teri Henning, and I am the CEO of the Pennsylvania Homecare Association. I'm hoping to spend my brief time today sharing a little bit about our members and the work they do, talking about challenges they have faced with respect to the vaccine, and finally, offering some suggestions on how home-based care agencies may be able to assist with vaccine distribution/administration, particularly as it relates to homebound individuals.

PHA is a statewide membership association whose members provide nursing, therapy, personal care, and end-of-life care in hundreds of thousands of people's homes across the Commonwealth. Like our colleagues across the healthcare continuum, over the last year, the home-based care industry has faced significant challenges in providing in-home services, including increased expenses, significant workforce issues, and difficulties accessing personal protective equipment (PPE), COVID-19 testing, and vaccines.

In addition to the "regular" care they provide to consumers and patients every day, home-based providers have also cared for COVID-19 positive individuals in their homes, provided services in homes where others were ill, served as a resource for hospitals and other facilities discharging COVID-positive patients, and even helped with staffing certain facilities when they faced shortages due to COVID-19.

Through this work, home care providers have helped to keep thousands of Pennsylvanians out of hospitals and other facilities, at increased risk to themselves and their families.

Non-medical direct care workers provide very personal services, often for extended hours in a day. They help individuals transfer in and out of bed, toilet, shower, and dress. Nurses and therapists are in multiple homes in one day, coming into contact with a number of patients, as well as their families and others in the homes. These workers also provide care in a range of health care settings, including nursing homes, assisted living, and inpatient hospice facilities. Like others on the healthcare continuum, the sooner this workforce is vaccinated, the better. And the same is true for the patients and consumers they serve, many of whom have complex needs and are at high risk for COVID-19. In fact, these patients and consumers are increasingly asking whether their caregivers have been vaccinated.

Although home-based care providers were not identified as having 1A priority in the first draft of the state's vaccination plan, this was changed in a later version of the plan, which included a broad definition of healthcare personnel, and included home health and home care.

Despite being designated in 1A, many continued to have challenges accessing vaccine. Some of that has eased, although it has been more challenging to access vaccine for those not affiliated with hospitals or health systems. As reported by our members, it has also been easier in some parts of the state than others. Even as some counties and communities implement successful strategies, it has been frustrating to see these successes as more “one-offs,” than as part of a broader, statewide solution.

I’d like to share some of the issues faced by home health providers and also offer potential ideas for how they can better assist with vaccine administration to some of our most vulnerable residents.

Technology, First/Second Dose issues, and Other Challenges

You’ve heard from others about the challenges with technology and the initial roll-out plan. I won’t repeat those points, but there was, and remains, a great need for a low-tech solution for so many Pennsylvanians who are not tech-savvy or do not have the time or resources to work their way through the online map of providers. I know that phone numbers have been established, and we appreciate that additional option for vaccine registration.

We have heard from members as recently as yesterday, however, who continue to have issues in accessing the vaccine for their caregivers. Some of their suggestions and concerns include that:

- They would appreciate vaccine sites during non-traditional business hours, as it is difficult for their staff to get it when they work regular business hours;
- They have asked for additional clinics for home health care and similar workers, as it remains difficult for some to access vaccines at all.
- They have asked for consideration of an alternate avenue for home health care and similar workers to schedule a vaccine appointment, as they are on their feet most of the day, not in front of a computer, and it is very difficult to get appointments.

Homebound Individuals and the Role of Home Health

We urge the creation of a broader stakeholder group to address remaining – and sometimes unique – issues relating to vaccinating certain individuals. One issue of great concern to our members is getting the vaccine to the homebound.

At a minimum, home-based care agencies can play a role in helping to identify homebound individuals. They are in hundreds of thousands of homes on a regular basis. Home health agencies could also assist with administering the vaccine, as they employ licensed nurses. All home-based care providers could help to monitor individuals who have received the vaccine for adverse reactions.

We are in regular communication with our colleagues from home-based care associations in other states, and I thought it might be helpful to share some of what we have heard from them.

- **VT:** Vaccinating homebound residents through a partnership with home health agencies and emergency medical services (EMS) teams.
- **NY:** home-based care agencies have been approached to serve as vaccination providers for individuals in their homes.
- **TN:** Home care association is working with the state to identify home-based care providers (plus reserve medical corps and first responders) to administer the COVID-19 vaccine to homebound individuals. One model is also considering strike teams to vaccinate within specified service areas.
- **NH:** Home health agencies working with the state to help identify the homebound individuals, with vaccinators from Regional Public Health Networks providing vaccinators to go home to home. One agency is also doing a pilot program to do home vaccinations.
- **OK:** Home health agencies working with the Health Dept to vaccinate staff and patients on service. They also plan to vaccinate underserved populations in their communities.
- **IL:** Working with the Department of Public Health to find the best way for home health to assist with vaccination administration; considering plan to have home health workers administer vaccine to patients and individuals in the same household, with local health departments assisting and handling reporting.
- **OH:** Working on a partnership with EMS to administer the vaccines. Home care agencies would help to identify patients in need of in-home vaccinations (those that cannot be transported) and help to coordinate.
- **MA:** Association is participating in a state-convened workgroup to find solutions, including determining actual homebound counts, who is available to vaccinate, which vaccine makes the most sense, etc.

In Pennsylvania, we learned about a Montgomery County plan to vaccinate individuals in their homes. We know of members who are in touch with pharmacies about possible plans. Others have offered their facilities/space for vaccination clinics. Some are working with outpatient facilities to ensure that individuals who have been discharged after receiving one shot, are able to access the second shot.

But again, these are local solutions, often based on pre-existing relationships in specific communities. We believe that bringing together stakeholders who are implementing solutions in their communities would go a long way in achieving more consistent, statewide success.

Vaccine Hesitancy

Finally, I do want to mention the ongoing issue of vaccine hesitancy, and the need to respond to individuals' concerns about vaccine safety and efficacy.

At the end of January, PHA surveyed members on their experiences with the COVID-19 vaccination. 118 agencies representing 22,378 employees responded. At that point,

- 53% of staff wanted to get the vaccine.
- 19% of staff had received at least one dose.

These percentages are similarly concerning when the general public is asked about plans to get – or not get – the vaccine.

National polls show that vaccine acceptance numbers are improving, and we are hearing that anecdotally from members as well. Some of it may just take time, but we also believe that there is an increased role for the federal government, the state, and all stakeholders to assist in this process and participate in these conversations.

Thank you for your time and attention to these very important issues. I do not want to end without saying that we have been in regular communication with multiple individuals at the Department of Health over the last year and in recent months and weeks, including conversations with the vaccine taskforce, and very recent conversations with Secretary Beam. We appreciate their willingness to engage with us and hope that we can be part of a broader solution moving forward. Our members want to help. It is as simple as that.

Thank you again for your time and interest in these issues, and I am happy to answer any questions.