

**LeadingAge Written Comments for the National Academies of Sciences, Engineering, and Medicine
Listening Session: Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19
Vaccine**

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LeadingAge appreciates the opportunity to provide written comments on the NASEM Discussion Draft of the Preliminary Framework for Equitable Allocation of COVID-19 Vaccine. LeadingAge is a national association representing more than 5,000 not for profit aging services providers. Our members include nursing homes, CCRCs, assisted living facilities, affordable housing communities, home health and hospice agencies, PACE organizations, adult day services providers, and more.

To start, LeadingAge appreciates the high priority the discussion draft assigns to older adults and the workers who care for them. We support the overall recommendations set forth in the discussion draft and respectfully submit the following comments as the committee considers a final framework.

Phase 1a: High-Risk Workers in Health care Facilities

We support the inclusion of High-Risk Workers in Health care Facilities in phase 1a for vaccine allocation. As noted in the report, these workers provide essential care and are often themselves exposed to COVID-19, sometimes without the PPE they need. Close to 800 workers in nursing homes and many others across settings have died from COVID-19, and this group clearly needs priority access to any vaccination.

The committee lists multiple settings for this category, including nursing homes, hospitals, assisted living and home-based care. We support including these settings and believe staff at all levels and those in both clinical and non-clinical roles should be included in this phase.

Further, we urge the committee to include community-based care workers as well, such as workers in adult day services or PACE organizations. Community-based services provide critical support to older adults, including those with multiple chronic conditions and at high risk for COVID-19. Vaccinating workers in community-based health and long-term care settings would also help prevent disparities; a 2019 report from the CDC found that about 15% of adult day participants are Black and 23% are Hispanic- figures much higher than the 65+ general population.

Phase 1b: Older Adults Living in Congregate or Overcrowded Settings

We support the committee's inclusion of including older adults in congregate/overcrowded settings in phase 1. Nursing home and assisted living residents have experienced the brunt of the pandemic, and along with others in congregate settings should be among the first to receive a potential vaccination. We do urge the committee to consider 1a-level priority if possible for this population, potentially for individuals in this group in hot spot areas and/or those with comorbid conditions at highest risk for COVID-19.

In addition, we ask the committee in its final document to confirm the scope of this phase. Specifically, the inclusion of older adults living in affordable housing and independent living communities.

While “affordable housing” is not mentioned in the report, older adults living there are at high risk for COVID-19 and have more chronic health conditions than their housing-unassisted peers. Further, affordable housing communities are often more diverse with respect to race/ethnicity compared to other settings. About 1.1 million older adults live in these residences, many of whom live with incomes below the poverty line.

Older adults in independent living communities should also be part of phase 1b. Older adults in these communities congregate in apartment buildings and other residences. Independent living communities are often co-located with assisted living/residential care communities and nursing homes. For example, continuing care retirement communities often feature a mix of independent and assisted living units and a nursing home. Vaccine allocation in tier 1b should include everyone living in these communities regardless of the services they receive.

The committee should also consider including older adults receiving community-based services (e.g., adult day services, PACE) in this group. While these individuals may not reside in congregate or overcrowded settings, the nature of community-based services is such that older adults are gathered together and with front-line workers for several hours at a time, often indoors. Without prioritized access to vaccines for this group, older adults may not be able to safely receive the community-based health and long-term care services they need.

Payment

We support the committee’s recommendation that Medicaid provides coverage for a vaccine. As noted in the report, Medicaid coverage is contingent on many factors, most notably state government decision making. We urge the committee to maintain this recommendation so that Medicaid enrollees are able to access a vaccine no matter where they live.

Vaccine Efficacy

While we hope that all vaccines are safe and effective for older adults, we support the recommendation that the Advisory Committee on Immunization Practices develops age guidelines to ensure safe usage of vaccines for older adults.