

**LeadingAge Prepared Statement 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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Thank you to the co-chairs, members of the committee and to the NASEM staff for including LeadingAge in this important meeting.

My name is Brendan Flinn and I the Director of Medicaid and HCBS Policy for LeadingAge, for which I am speaking today. 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. Ensuring these groups have the care, PPE and ultimately vaccinations are imperative to ending the COVID-19 pandemic.

To that end, 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 health care settings, including nursing homes, hospitals, assisted living and home-based care such as home health. We support including these settings and believe staff at all levels, clinical and nonclinical should be included. Further, we urge the committee to include community-based care workers as well, such as workers in adult day services or in 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.

Moving on to older adults themselves, we thank the committee also for including older adults in congregate settings in tier 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 folks in this group in hot spot areas and/or those with comorbid conditions at highest risk for COVID-19.

We also seek confirmation from the committee that this category includes the 1.1 million older adults living in affordable housing/federally-assisted units. While “affordable housing” is not mentioned in the

report, older adults living there are at high risk for COVID-19 and face many of the conditions described on pages 64 and 65, 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 congregate settings. We ask the committee to confirm that older adults in affordable housing communities are part of tier 1b. We seek similar confirmation as it relates to older adults in independent living communities.

A few last quick items in the draft we want to express support for: Medicare and Medicaid coverage for any potential vaccine, and the development of age guidelines by ACIP if needed.