

**Written Testimony of**



**Delivered by  
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President and CEO**

**For a  
Public Hearing on  
COVID-19 Testing Challenges**

**Delivered Virtually**

**Before Representative Mike Zabel  
and members of the  
House Democratic Policy Committee**

**August 11, 2020**

Representative Zabel, Chairman Sturla and members of the House Democratic Policy Committee,

Good afternoon, and thank you for the opportunity to testify and share this important story.

I'm Zach Shamberg, and I am the president and CEO of the Pennsylvania Health Care Association, better known as PHCA.

We're a statewide advocacy organization representing both non-profit and for-profit long-term care, including nursing homes, personal care homes and assisted living communities.

We also represent the most vulnerable population in Pennsylvania: senior citizens. In our long-term care facilities, residents are generally 80 years of age or older, require around-the-clock care, and often have co-morbidities and underlying conditions.

In other words, we also represent and care for *the* most vulnerable population to the novel Coronavirus, or COVID-19.

And by now, you surely know the numbers: nearly 70% of all COVID-19-related deaths have occurred in long-term care facilities, and more than 800 of our facilities statewide have reported at least one positive case.

There is no cure. There is no vaccine. There is no way to stop this virus in its tracks.

So as long-term care providers fight to *mitigate* and *contain* the spread of COVID-19, there are two essential elements they need to be successful: PPE, or personal protective equipment, and **testing**.

And that's why we're here today, to focus on testing. And to share the challenges that still exist for the nearly 2,000 long-term care facilities across the Commonwealth.

Now, you might think back to late July, when our Department of Health celebrated the fact that all of Pennsylvania's 695 nursing homes had completed a mandated baseline, universal test for their residents and staff. In all, tens of thousands of Pennsylvanians in nursing homes were tested from early June to late July to adhere to this mandate.

And it was a cause for celebration.

But let me tell you what's been made clear since the dust from that exercise has settled:

More testing, from a financial standpoint, for an industry that has been underfunded by our state's Medicaid program for the better part of the last decade, is simply unsustainable.

Given increased demand and limited capacity at labs here in Pennsylvania, turnaround times for testing results have ballooned from two days to longer than one week. Sometimes up to 12 days.

Partnerships that the state has entered into for help with testing have been anything but helpful.

And the recent creation of the Regional Response Health Collaborative Programs, or RRHCPs, has yet to yield any real support for the chief reason they were designed and awarded \$175 million in federal CARES Act dollars: to help long-term care facilities **test** their residents and staff.

This is all important because our state's nearly 1,200 personal care homes and assisted living communities are currently working to meet their own universal testing mandate, with a deadline of August 31<sup>st</sup>.

Additionally, nursing homes will have to re-test – and they should. One universal test simply paints a single picture in time. Recurring testing will yield trends, and it's the best way to ensure asymptomatic staff don't continue to transmit the virus to their patients. It's also an essential tool in cohorting COVID-positive residents in a facility.

Ultimately, we must address these challenges so that long-term care providers have access to the critical testing they need to keep residents and staff safe.

First, one universal, baseline test for every resident and staff member in Pennsylvania's long-term care facilities costs approximately \$34 million. While Medicare and Medicaid cover most of these costs for residents, providers are being forced to absorb the remaining costs for staff members, especially as private insurance companies refuse to cover a test that they deem 'medically unnecessary'. Furthermore, many of these providers are self-insured and pay these increased costs directly.

Multiple states across the country have already funded testing in long-term care, including Massachusetts, New Hampshire, Maryland, Rhode Island and West Virginia. That's why we – in conjunction with LeadingAge PA and PMDA – sent a joint letter to Governor Wolf on July 31<sup>st</sup> that urged the administration to direct additional funding to long-term care providers for the purpose of future testing efforts. We've also shared that letter with the members of this committee.

Second, results are simply taking too long. A test for a long-term care resident or staff member that comes back in seven days or longer is a worthless test – they've already likely spread the virus by then. We need more lab capacity, we need to forge better, stronger public-private partnerships with outside groups and companies, and we need more rapid testing from the federal government.

Third, while the Department of Health has implemented programs with CVS Health and Eurofins to provide additional testing support to our long-term care providers, those partnerships have – unfortunately – fallen short.

Many of our members were unable to receive support from CVS until a week before the testing deadline. And others eventually declined support from CVS after multiple attempts to schedule testing and longer turnaround times. In short, they preferred to pay for their testing with a lab than get it for free from CVS.

Finally, the Regional Response Health Collaboration Program, or RRHCP, which received \$175 million in CARES Act funding as a part of Act 24, was created specifically to enhance testing capabilities for long-term care providers.

But our members are already being told that these RRHCPs don't have the capacity to test. In fact, they're simply referring them to the same laboratories providers could find on their own.

Is that the best \$175 million can buy?

Recent independent research has indicated that community spread of COVID-19 equals spread in our long-term care facilities. As the number of positive cases increase across Pennsylvania, we remain concerned these outbreaks may lead to a dramatic increase in cases in nursing homes, assisted living communities and personal care homes as well.

As we look ahead at the fall months and a potential Phase II of the virus, it is more critical than ever to bring long-term care providers to the table to collaborate and work together to overcome these challenges.

We must make long-term care the priority.

We must ensure providers have access to every resource necessary.

And that must begin with testing.

Thank you.