NACo BRIEF

NURSING HOMES & COVID-19

JUNE 2020

NACo's MISSION

Strengthen America's counties.

NACo's VISION

Healthy, safe and vibrant counties across America.

ABOUT NACo

The National Association of Counties (NACo) strengthens America's counties, serving nearly 40,000 county elected officials and 3.6 million county employees. Founded in 1935, NACo unites county officials to:

- **Advocate county priorities** in federal policymaking
- **Promote exemplary county policies** and practices
- **Nurture leadership skills** and expand knowledge networks
- **Optimize county and taxpayer resources** and cost savings, and
- **Enrich the public's understanding** of county government.

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BACKGROUND ON COUNTIES' ROLE IN SERVING OLDER AMERICANS IN THE COVID-19 PANDEMIC

Counties have made and continue, in the face of the current public health crisis, to make large investments in health and human services at the local level while providing critical services to protect and enhance the lives of our nation's vulnerable populations.

Nationally, counties own, operate and support **758** skilled nursing facilities and nursing homes.

The coronavirus pandemic has had a devastating impact on long-term care environments given that they house older adults and individuals with underlying chronic conditions, who are more susceptible to serious complications from COVID-19 illness. According to data from the Centers for Medicare and Medicaid Services (CMS), as of March 2020, 127 of the nation's 15,000 nursing homes had at least 1 resident who tested positive for COVID-19.

Counties are on the front lines protecting our communities- especially those citizens that are most vulnerable- from the threat of coronavirus. The concentration of COVID-19 cases and deaths in nursing homes greatly impacts both counties and our residents.

This brief is a resource for counties on federal guidance, policies, data and local best practices relating to COVID-19 outbreaks in long-term care facilities.

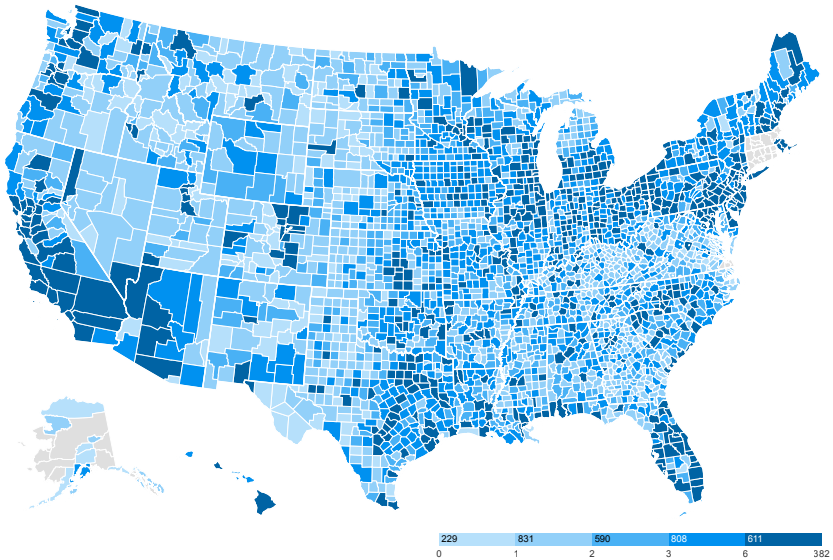
Skilled Nursing Facility (SNFs): These facilities provide senior care, meal preparation, and non-medical assistance, but also have specialized staff such as speech-language pathologists, rehabilitation specialists, audiologists, among others. Skilled nursing care is typically provided for rehabilitation patients that do not require long-term care services. This type of care is also referred to as post-acute care, in that it typically is provided following an emergency hospital stay.

Nursing Home: These facilities also provide care to residents with the presences of certified nurses, meal preparation, and non-medical assistant like bathing; however, they lack the on-site licensed medical practitioners of a skilled nursing facility. Nursing home facilities are also known as long term care (LTC) or extended care facilities (ECF). They provide more permanent care, as oppose to the more transient nature of skilled nursing facilities, however nursing homes and SNFs can be combined.

THE NUMBER OF COVID-19 CASES IS CONCENTRATED IN NURSING HOME FACILITIES, MANY OF WHICH ARE COUNTY-OWNED AND OPERATED.

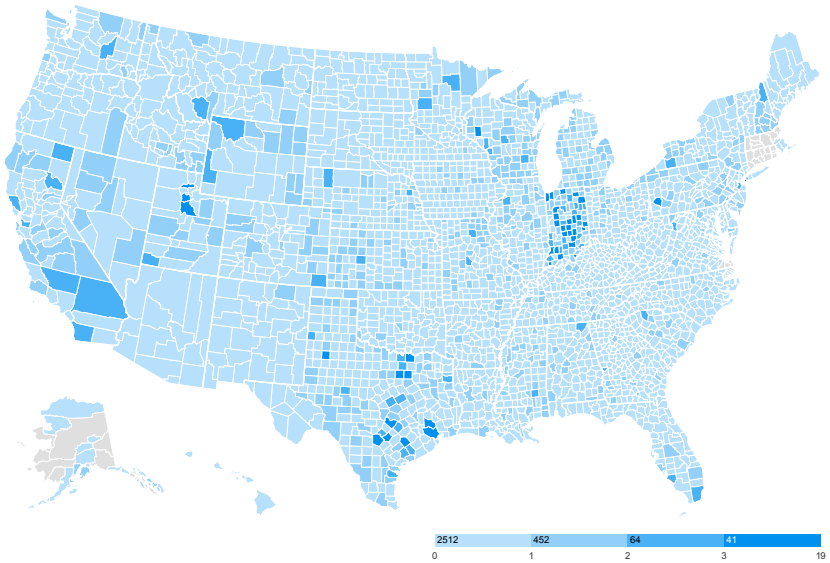
Counties **own and operate 449 nursing homes** and directly **support 758 nursing homes** across the U.S.

Number of Nursing Homes Across the U.S.



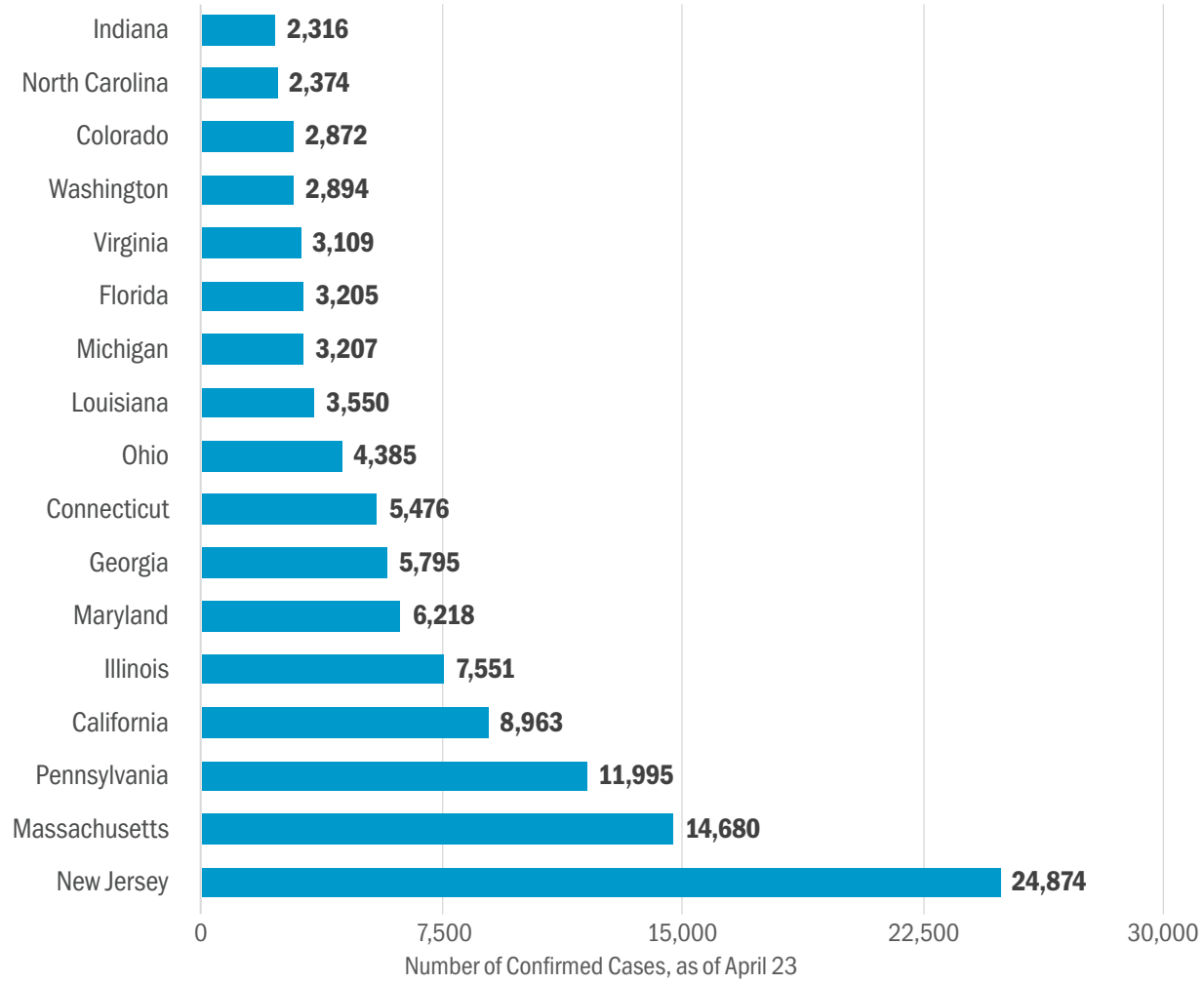
Source: NACo Analysis of U.S. Department of Health & Human Services Data

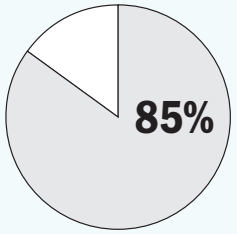
County Supported Nursing Homes



Source: : NACo Analysis of U.S. Department of Health & Human Services Data

STATES REPORTING COVID-19 CASES OVER 2,000 IN LONG TERM NURSING FACILITIES





Eighty-five percent of states with county governments (41 out of 48 states, plus D.C.) **have at least one county-owned or county-supported nursing home**.

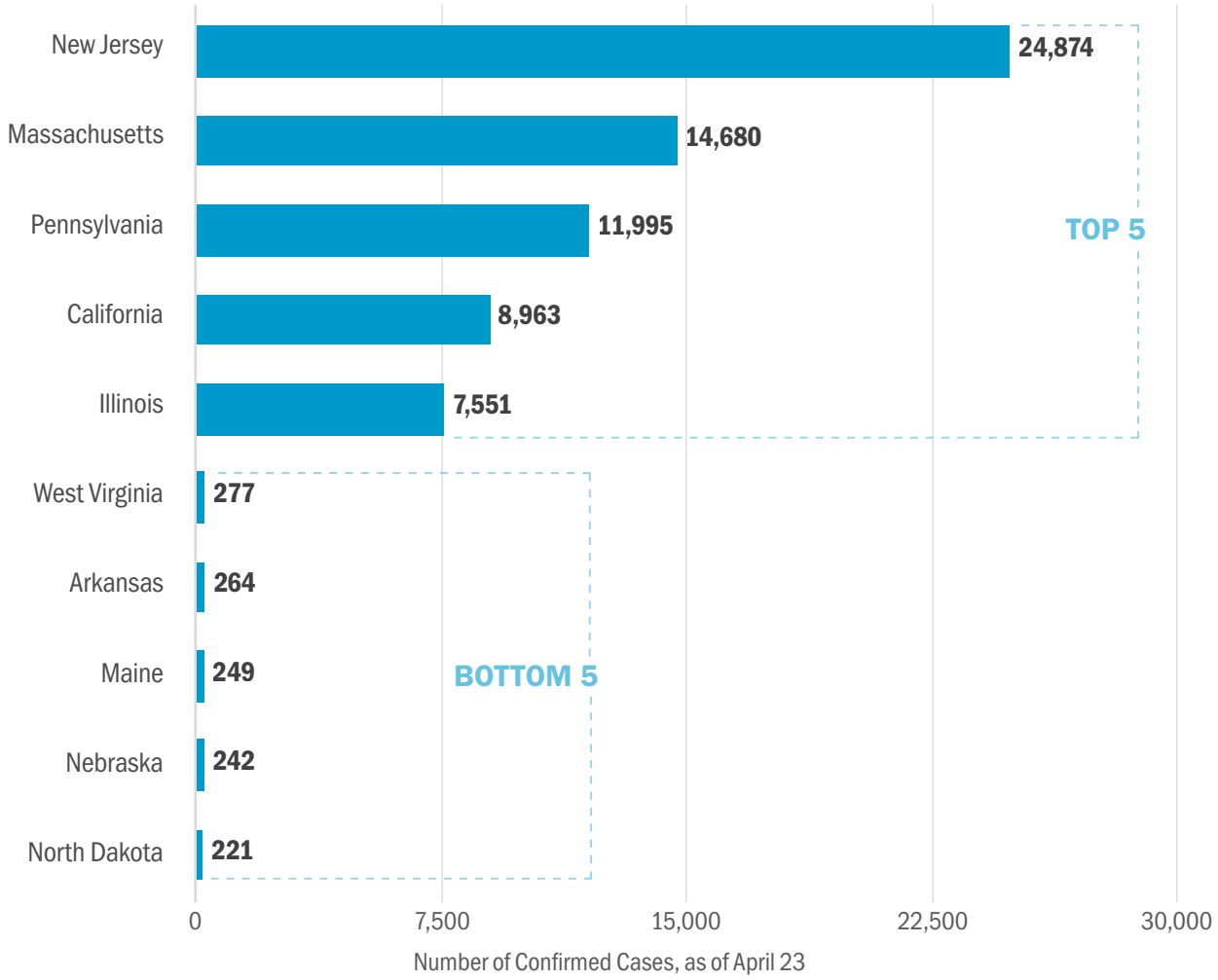
Indiana and Texas each have **over 100 county owned or supported nursing homes**.

As of 2019, there are **14,871 nursing homes located in counties** across the U.S. with **1.26 million residents**.

The **total number of cases in nursing homes** has mounted to **128,098** as of April 23.

Source: NACo Analysis of Kaiser Family Foundation data from available state reports, press releases, press conferences, and official state data from news reports.

COVID-19 CASES IN LONG TERM NURSING FACILITIES - TOP FIVE AND BOTTOM FIVE STATES

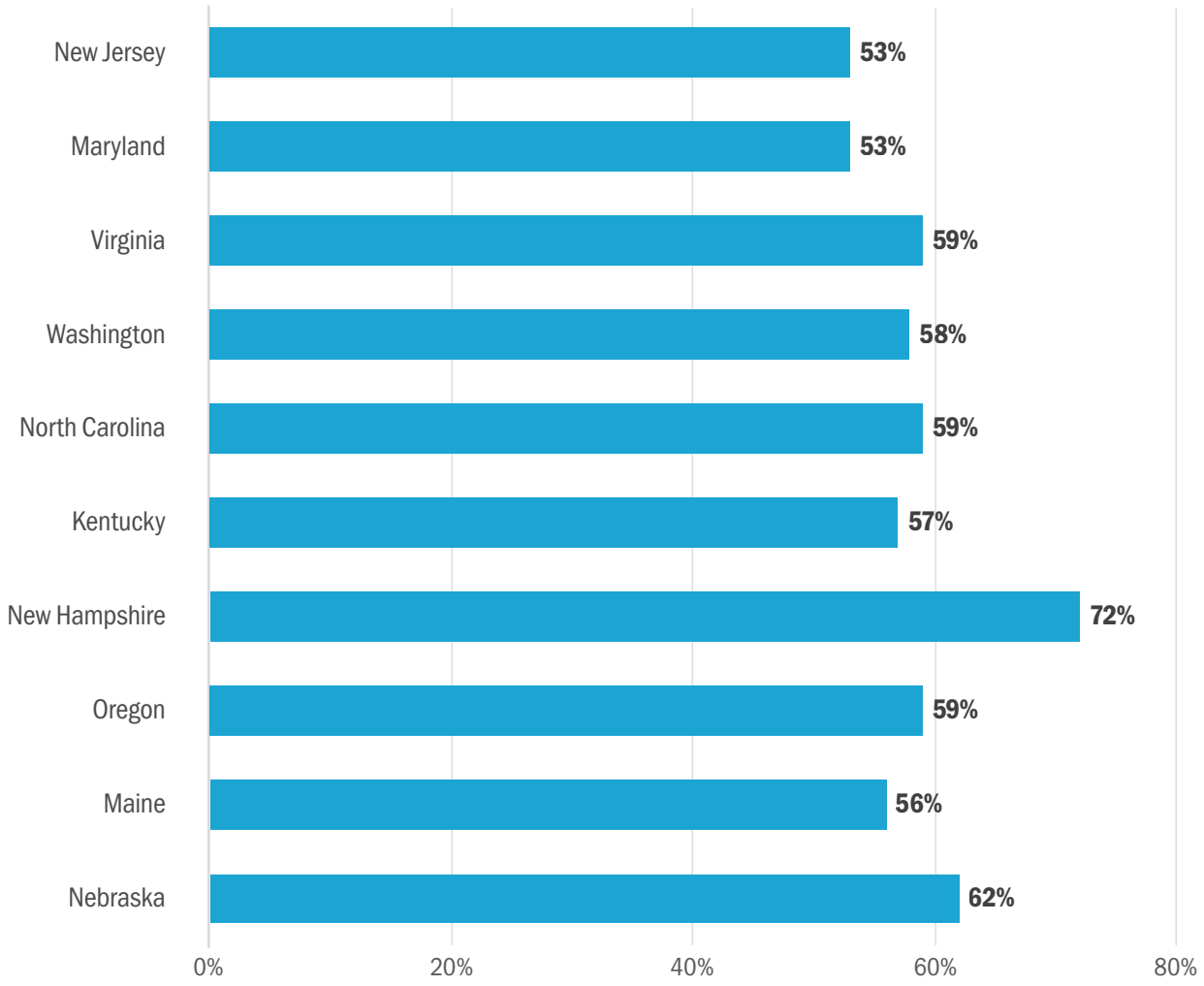


Nursing homes within counties are equipped to house around 1.5 million residents and are currently serving 1.26 million residents. The **84% occupancy rate** may further increase the impact and speed of potential spreads.

Thirty percent of county nursing homes are not-for-profit and **could require significant funding to contain the virus**.

Source: NACo Analysis of Kaiser Family Foundation data from available state reports, press releases, press conferences, and official state data from news reports.

LONG-TERM CARE FACILITY DEATHS AS A SHARE OF TOTAL STATE DEATHS



Of the 43 states reporting, 10 states have deaths in long-term care facilities that account for **over 50% of the state's total COVID-19 death count**.

Source: NACo Analysis of Kaiser Family Foundation data from available state reports, press releases, press conferences, and official state data from news reports.

OVERVIEW OF FEDERAL GUIDANCE

Since the start of the COVID-19 pandemic, there has been a flurry of administrative guidance and regulatory actions to address the spread of the virus in high-risk congregate living environments, particularly in skilled nursing facilities (SNF) and nursing homes. The following is a comprehensive summary of the federal guidance, regulatory actions and resources aimed at mitigating the spread of COVID-19 in these settings as of this brief's date of publication. Providers and facilities should also consult with their local and state health departments for updates and further guidance.

Use federal resources to review, assemble and strengthen strategic plans and procedures for emergency preparedness and infection prevention and control.

Prior to the current public health emergency, Medicare and/or Medicaid-participating long-term care facilities were required by law to establish and maintain infection prevention and control programs designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections.

During the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) recommends that nursing home and long-term care facilities review their individual infection prevention and control policies and procedures for safety precautions, to protect both residents and staff. The agency has released and updated a guidance framework entitled, *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease in Health Care Settings*.

The key concepts of this guidance (as of June 18) are as follows:

- **Reduce facility risk** through the increased use of telemedicine, limiting points of entry and visitors, and implementing increased screening measures for everyone entering the facility for COVID-19 symptoms.
- **Isolate symptomatic patients** as soon as possible by assembling separate, well-ventilated triage areas and placing patients with suspected or confirmed COVID-19 in private rooms with the door closed, and with private bathrooms where possible. Set aside special medical equipment, such as respirators, for those patients with COVID-19.
- **Protect health care personnel** by emphasizing good hygiene practices such as handwashing, cohorting patients with COVID-19 and limiting the number of staff that provide care for infected patients.

Other Key Resources for COVID-19 Preparedness Planning in Nursing Homes:

- CDC's COVID-19 Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19
- CDC's COVID-10 Preparedness Checklist for Nursing Homes and other Long-term Care Settings
- CMS's Focused COVID-19 Infection Control Survey Tool for Nursing Homes

SPOTLIGHT RESOURCE

THE FEDERAL LONG-TERM CARE (LTC) OMBUDSMAN PROGRAM

Authorized by the Older Americans Act and administered by the Administration on Aging (AoA), the federal Long-Term Care (LTC) Ombudsman program operates in every state and the District of Columbia. State Ombudsmen—typically located in State Units on Aging—designate staff and thousands of volunteers statewide as representatives to directly serve residents of nursing homes, board and care homes and assisted living facilities, addressing complaints and advocating for improvements in the long-term care system. LTC Ombudsman duties include visiting residents regularly, addressing and resolving quality of care and safety issues, training staff, families and residents on resident's rights and abuse prevention, helping prevent inappropriate evictions and more.

Guidance from the AoA details the important role that LTC Ombudsman programs can play in emergency planning and response. These model policies and procedures:

- Clarify appropriate functions and limitations of Ombudsman programs in preparing for and responding to emergencies affecting long-term care facility residents
- Assist Ombudsman programs in developing program policies and procedures related to emergency preparedness, response, and recovery activities
- Assist State Units on Aging and Area Agencies on Aging to incorporate the functions of Ombudsman into their emergency preparedness planning

Adhere to standard federal guidelines on staff protocols, resident cohorting, screening of residents and health care professionals, and implementing visitation restrictions.

Within its guidance for protection prevention and control measures in health care settings, the CDC outlined specific measures that can be taken to protect staff and residents from the spread of the infection. Below is summary of these measures as of June 18, 2020.

CDC FEDERAL GUIDANCE

Screening of Residents and Personnel	• Actively screen all residents for fever and COVID-19 symptoms each day and test any resident who exhibits fever or symptoms consistent with COVID-19. • Test **all** residents and personnel in the nursing home if there is a new confirmed case of COVID-19. • After testing all residents and personnel in response to a new case, CDC recommends **continued follow-up testing** to ensure transmission has been terminated. • Continue repeat testing of all previously negative personnel (e.g., **at least once a week** and consider more frequent testing in settings where community incidence is high) **until the testing identifies no new cases of COVID-19 among residents or HCP over at least 14 days since the most recent positive result**. • See complete testing guidance for nursing homes for further recommendations from the CDC.

CDC FEDERAL GUIDANCE

Staff Protocols

- Ensure that personnel have been trained on infection prevention measures, including the use of and steps to properly put on and remove recommended personal protective equipment (PPE).
- Personnel should always wear a facemask while they are in the facility.
- Assign at least one individual with training in infection prevention and control (IPC) to provide on-site management of the facilities COVID-19 prevention and response activities.
- Screen all employees at the beginning of their shift for fever and symptoms consistent with COVID-19. If they are ill, have them wear a face mask and self-isolate at home.
- Implement sick leave policies that are non-punitive, flexible and consistent with public health guidance.
- Employees should be asked to regularly monitor themselves for fever and systems of COVID-19.
- Personnel with suspected COVID-19 should be prioritized for testing.
- Take advantage of resources made available by CDC and CMS for training and preparing staff to improve infection control and prevention practices.

CDC FEDERAL GUIDANCE

Resident Cohorting

The CDC makes the following recommendations for establishing a designated COVID-19 care unit for residents with confirmed COVID-19:

- Designate an isolated location for the COVID-19 care unit that is physically separated from other rooms or units housing residents without confirmed COVID-19 and create a staffing plan before residents or personnel with COVID-19 are identified in the facility.
- Determine the basis for cohorting (e.g. symptoms alone or positive test results) and take precautions to ensure infection prevention and control interventions are in place to decrease the risk of cross-contamination.
- Assign dedicated personnel to work only on the COVID-19 care unit, which at a minimum should include the primary nursing assistants (NAs) and nurses assigned to care for these residents. Personnel working on the COVID-19 care unit should ideally have a restroom, break room and work area that are separate from personnel working in other areas of the facility.
- Place signage at the entrance to the COVID-19 care unit that instructs personnel to wear appropriate PPE at all times while in the unit.
- Assign dedicated resident care equipment (e.g. vitals machine) to cohort unit.

CDC FEDERAL GUIDANCE

Resident Transfers and Intake

Depending on the state, some nursing homes are mandated to accept post-acute COVID-19 patients to relieve stress on hospitals. With regards to a nursing home accepting new residents, readmitted residents, or residents diagnosed with COVID-19 being discharged from a hospital, the CDC provides the following guidance:

- Newly admitted and readmitted residents with confirmed COVID-19 who have not been deemed safe to cohort with the general facility population by CDC guidelines, should go to a designated COVID-19 care unit.
- Facilities should create a plan for managing new admissions and readmissions whose COVID-19 status is unknown. Options include placement in a single room or in a separate observation area so the resident can be monitored for evidence of COVID-19.
- New residents could be transferred out of the observation area from a single to a multi-resident room if they remain without fever and symptoms for 14 days after their last exposure (e.g. date of admission). The CDC recommends testing at the end of this period to increase certainty.

With regards to transferring a resident with suspected or confirmed COVID-19 infection from a nursing home to a hospital, healthcare professionals[1] make the following recommendations:

- Medically stable patients who can be properly isolated from other nursing home residents and staff under the CDC's cohorting guidance should not be transferred to an emergency department (ED). For these patients, effective communication between nursing home clinicians and the ED can ensure adequate care in the nursing home setting.
- Nursing home residents should only be transferred to another care setting when treatment cannot be provided at the skilled nursing facility.
- If the resident develops more severe symptoms and requires transfer to a hospital for higher-level care, the facility personnel should contact an ED physician to determine the best setting to meet the resident's needs.
- Warm hand-offs are essential, which includes effective communication between nursing home and ED staff before a transfer, and discussions about medical decisions such as the capacity of the nursing home to accept the patient back from the ED. Procedures should be implemented to promote communication between EDs and the facility.

CDC FEDERAL GUIDANCE

Implementing visitation and other restrictions

The CDC recommends that facilities restrict non-essential visitors and group activities in nursing homes and implement social distancing measures depending on the stages described in the CMS Reopening Guidance or the direction of state and local officials. This includes:

- Restricting all visitation to facilities except for certain compassionate care reasons, such as end-of-life situations, and communicate restrictions to families.
- Consider implementing telehealth to officer remote access to care activities.
- Cancel communal dining and all group activities (both internal and external).
- Once restrictions are relaxed facilities should consider the following:
  - Permit visitation only during select hours and limit the number of visitors per resident.
  - Schedule visitation in advance to enable continued social distancing.
  - Restriction visitation to the resident's room or another designated local in the facility.
  - Allow communal dining and group activities for residents without COVID-19, including those who have fully recovered while maintaining social distancing, source control measures, and limiting the numbers of residents who participate.

THE COST OF COVID-19 TESTING FOR NURSING HOMES

According to data released by the American Health Care Association/ National Center for Assisted Living on May 20, **testing every U.S. nursing home resident and staff once would cost $440 million nationwide**. The data reveals that without additional federal and state funding, the federal mandate of regular testing of long-term care facilities is unsustainable and would cause an added burden to already-strained county budgets during the current public health emergency.

Assess supply of personal protective equipment (PPE) and initiate measures to optimize current supply.

The CDC has indicated that asymptomatic and pre-symptomatic residents of congregate living facilities might contribute to the transmission of COVID-19.[2] Therefore it is suggested that once a facility has confirmed a COVID-19 case, all residents should be cared for using CDC-recommended personal protective equipment (PPE).

PPE also helps protect health care professionals from potentially infectious patients and materials as well as toxic medications, and other potentially dangerous substances used in healthcare delivery. The agency has published guidelines for optimizing PPE supplies, with detailed descriptions on recommendations for eye protection, isolation gowns, gloves, facemasks, N95 Respirators, Powered Air Purifying Respirators, Elastomeric Respirators, and Ventilators.

The Personal Protective Equipment (PPE) Burn Rate Calculator is a spreadsheet-based model that designed to help healthcare facilities plan and optimize the use of PPE during the COVID-19 pandemic. The tool will calculate the average consumption rate, also known as the "burn rate", for each type of PPE that is entered in the spreadsheet. The information from the calculator can then be used to estimate how long PPE supplies will last, based on the average consumption rate, and can help facilities make order projections for future needs.

Other guidance resources published by the CDC includes information on Stockpiled N95 respirators, decontamination and reuse of filtering facepiece respirators, factors to consider when planning to purchase respirators from another country and the use of PPE gear. It is also recommended that facilities increase the availability of alcohol-based hand rubs (ABHRs) and other hygiene and PPE supplies for both staff and residents.

During this time, state and federal surveyors will not be citing facilities for not having certain supplies if they are having difficulty obtaining them. However, it is expected that facilities will take action to mitigate any resource shortages and obtain necessary supplies as soon as possible. The American Health Care Association (ACHA) also recommends contacting your local healthcare coalition, state health department, local health department or local hospital(s) and health care providers in your area if running low on PPE.

NURSING HOME OVERSIGHT DURING COVID-19
THE ROLE OF STATE SURVEY AGENCIES (SSAS)

CMS works in partnership with State Survey Agencies (SSAs) to oversee nursing homes. SSAs are responsible for state licensure and make annual visits to nursing homes participating in the Medicare and Medicaid program to ensure compliance with CMS's health and safety requirements as well as state licensure requirements. SSAs also investigate and validate complaints made my individuals.

During the COVID-19 pandemic, CMS has suspended non-emergency inspections across the country, to allow inspectors to focus on addressing the spread of COVID-19. The agency released a memo to State Survey Agencies that provided important guidelines for inspection in facilities that have confirmed and suspected COVID-19 cases.

Ensure compliance with federal regulations on transparency and reporting.

The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services have implemented a number of regulatory actions since the start of the COVID-19 public health emergency, aimed at improving COVID-19 case reporting and transparency in nursing homes.

In April, the Centers for Medicare and Medicaid Services (CMS) released a memo titled "Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes." The memo outlined new requirements that center around reporting new cases of COVID-19. These reporting requirements will be subject to existing federal privacy laws, including the 42 CFR Part 2 rule governing confidentiality of patient health records.

Below is a summary of new reporting requirements, as of March 19, by agency and entity:

What to Report	Who To Report To	When or How Frequently to Report
• Residents or staff with suspected or confirmed COVID-19 • Residents with severe respiratory infection resulting in hospitalization or death • Or ≥ 3 residents or staff with new-onset respiratory symptoms within 72 hours of each other.	CDC's National Health Safety Network	Weekly
	State and Local Health Departments	Weekly
	Facility Personnel, Residents and Families	Promptly (within 12 hours)

Links to Additional Federal Guidance:

Administration for Community Living (ACL)

- Federal Resources for the Long-Term Care Ombudsman Program

Centers for Disease Control and Prevention (CDC)

- Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs)
- Interim Additional Guidance for Infection Prevention and Control for Patients with suspected or confirmed COVID-19 in Nursing Homes

Center for Medicare and Medicaid Services (CMS)

- Toolkit on State Actions to Mitigate COVID-19 Prevalence in Nursing Homes
- COVID-19 Long-Term Care Facility Guidance
- Upcoming Requirements for Notification of Confirmed COVID-19 (or COVID-19 Persons under Investigation) Among Residents and Staff in Nursing Homes
- Nursing Home Reopening Recommendations for State and Local Officials

OVERVIEW OF FEDERAL LEGISLATION

NURSING HOME PROVISIONS IN COVID-19 PACKAGES

Bill Number/Title	Summary	Date Passed
Families First Coronavirus Response Act (P.L. 116-127)	• **Modified existing paid sick and family leave requirements** for new paid sick and family medical leave provisions, the legislation clarified the definition of essential health care workers to include employees working at nursing home facilities, and exempted essential employees from new paid sick and family medical leave requirements and Unemployment Insurance (UI) provisions. NACo's full analysis of the new leave and UI requirements can be found at this link.	Signed into law March 18, 2020
CARES Act (P.L. 116-136)	• **Directed new funds to long-term care facilities** within the $100 billion provider relief fund authorized under the CARES Act, the legislation directed $4.9 billion to long-term care facilities for pandemic response activities. A state-by-state breakdown of the funding allocation can be viewed here. • **Boosted funding for nursing homes to prevent community transmission of the virus.** The bill included a total of $200 million to respond to coronavirus both domestically and internationally, $100 million of which was directed to necessary expenses of the survey and certification program, prioritizing nursing home facilities in localities with community transmission of coronavirus. • **Expanded key safety-net services for older Americans.** Provided $955 million to Administration for Community Living (ACL) programs, which included $20 million for the Long-Term Care Ombudsman Program to respond to the coronavirus emergency. Ombudsman programs will expand their virtual presence to residents and their families and continue to promote the health, safety welfare and rights of residents in the context of COVID-19. The funds must be expended on allowable Older Americans Act activities as defined by the Older Americans Act and state and local policy. • **Established guidelines around the COVID-19 response for programs serving older Americans.** The legislation also clarified that State Long-Term Care Ombudsman programs must maintain direct (virtual) access to residents of long-term care facilities during any portion of the public health emergency relating to coronavirus.	Signed into law March 27, 2020
Paycheck Protection Program and Health Care Enhancement Act (P.L. 116-139)	• **Added critical new funding to the Provider Relief Fund.** The legislation added an additional $75 billion to the provider relief fund authorized under the CARES Act, bringing available funds to a total of $175 billion.	Signed into law April 24, 2020

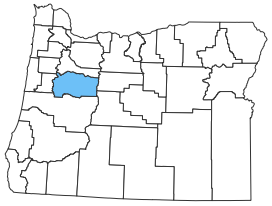
STANDALONE NURSING HOME AND LONG-TERM CARE FACILITY COVID-19 BILLS

Bill Number/Title	Sponsor	Summary	Status
HEROES Act (H.R. 6800)	Reps. Eliot Engel (D-N.Y.), Carolyn Maloney (D-N.Y.), Jerrold Nadler (D-N.Y.), Richard Neal (D-Mass.), Frank Pallone (D-N.J.), Bobby Scott (D-Va.), Mark Takano (D-Calif.), Nydia Velazquez (D-N.Y.), Maxine Waters (D-Calif.), Raul Grijalva (D-Ariz.), Zoe Lofgren (D-Calif.)	• **Creates new data reporting requirements around available medical supplies to address COVID-19:** The bill would require HHS, within 15 days of enactment, to establish and maintain an "online portal for use by eligible health care entities to track and transmit data regarding their PPE and medical supply inventory and capacity related to COVID-19." • **Modifies existing communication and visitation rules for nursing home residents and guests.** The bill would require that residents of skilled nursing homes have "reasonable access to the use of a telephone" and internet services, and that residents are informed of such access, as well as any changes in policies and procedures that relate to limitations on external visitors. • **Creates a skilled nursing facility payment incentive program:** The bill would create a program that incentivizes skilled nursing facilities to become designated COVID-19 treatment centers through the fulfillment of certain quality metrics relating to health and safety standards. • **Provides $500 million for nursing home strike teams.** The bill would instruct HHS to provide $500 million to states to establish and implement strike teams in skilled nursing facilities or nursing facilities "for the purposes of assisting with clinical care, infection control, or staffing." • **Provides $210 million for infection control in nursing facilities:** The bill would instruct HHS to provide $210 million to the Centers for Medicare and Medicaid (CMS) to support to skilled nursing facilities. • **Establishes new requirements for nursing home demographic data reporting:** The legislation would require HHS to collect data on COVID-19 in nursing homes and report demographic data on COVID-19 cases in nursing homes.	Passed the U.S. House on May 17, 2020

STANDALONE NURSING HOME AND LONG-TERM CARE FACILITY COVID-19 BILLS

Bill Number/Title	Sponsor	Summary	Status
Quality Care for Nursing Home Residents and Workers During COVID-19 Act (H.R. 6698/S.3644)	Sens. Cory Booker (D-N.J.) and Richard Blumenthal (D-Conn.), Reps. Jan Schakowsky (D-Ill.), Doris Matsui (D-Calif.) Lucille Roybal-Allard (D-Calif.), Debbie Dingell (D-Mich.), Ayanna Pressley (D-Mass.), Ted Deutch (D-Fla.)	• **Provides new funding for nursing home inspections and implements new safety guardrails.** The legislation would direct $500 million to improve nursing home inspections, while implementing new safety regulations and reporting requirements for the pandemic response.	Introduced on May 5, 2020 and referred to U.S. House and U.S. Senate committees of jurisdiction
Nursing Home COVID-19 Protection and Prevention Act (S. __)	Sens. Bob Casey (D-Pa.) and Sheldon Whitehouse (D-R.I.), Reps. Donna Shalala (D-Fla.), Anna Eshoo (D-Calif.), Jan Schakowsky (D-Ill.), Madeleine Dean (D-Pa.), Seth Moulton (D-Mass.)	• **Adds new funding to contain the pandemic.** Bill would provide $20 billion to help states, nursing homes and intermediate care facilities contain the spread of COVID-19.	Introduced on May 8, 2020 and referred to U.S. House and U.S. Senate committees of jurisdiction

COUNTY BEST PRACTICE EXAMPLES



Linn County, Oregon

Linn County is located in the center of Oregon's Willamette Valley. With a population of nearly 128,000, approximately 19 percent are aged 65 and older. The county is home to more than 20 senior living facilities. Since the onset of the coronavirus outbreak, long-term care facilities across the state have experienced a significant burden of COVID-19 cases impacting their residents and workers. In response, Linn County employed a comprehensive testing approach to monitor and prevent the spread of COVID-19 in residential settings that provide care for the elderly or disabled.

Health screenings and testing are critical tools in managing the care of patients and understanding the incidence and prevalence of disease in a community. In April 2020, when senior care communities throughout Oregon saw a rise in COVID-19 case counts and deaths, Linn County Commissioner, Roger Nyquist, ordered testing for everyone working and living in the county's senior/long-term care facilities. Nyquist also sent a letter to Governor Kate Brown asking her "to direct the Oregon Health Authority to immediately embark on a proactive testing strategy in senior homes in Linn County."

However, tests were not readily available or easy to secure from the state. In response, Linn County initiated a partnership with an independent lab, Willamette Valley Toxicology, to deploy tests for all people living and working in senior care homes, regardless of symptoms. In the coming weeks, thousands of tests are scheduled to be collected by volunteers, delivered to and analyzed by the lab. Linn County is the only government agency in Oregon contracting with Willamette Valley Toxicology for tests.

At the state-level, the Oregon Department of Human Services and Oregon Health Authority continue to coordinate their efforts around data collection and sharing, as well as assessing the needs and resources of long-term care facilities experiencing COVID-19 cases. At the time of Nyquist's request, Oregon did not have a state-wide testing strategy for asymptomatic residents or workers in care homes. Currently, all asymptomatic people in all group settings where a COVID-19 infection is suspected are now able to get tested, provided there are enough supplies. Adjacent to this change in strategy, the state public health lab is working to expand their ability to process more tests. Which was decided just days before the Trump administration's recommendation that all residents and staff in nursing homes get tested for the coronavirus.

Currently, most care homes including senior/assisted/long-term care facilities throughout the state have eliminated visitation opportunities during this pandemic and are following CDC recommendations around the use of personal protective equipment.

Linn County's efforts to expand testing is a model example for other counties struggling to control the spread of COVID-19 in senior communities, track down tests and improve comprehensive testing strategies.

FEDERAL ADVOCACY MESSAGES FOR COUNTIES

Increase federal funding for testing in skilled nursing facilities and long-term care facilities.

Data estimates that **testing every U.S. nursing home resident and staff once would cost $440 million nationwide**.[3] Without additional federal and state funding, the federal mandate of regular testing of long-term care facilities is unsustainable and would cause an added burden to already-strained county budgets during the current public health emergency.

Support legislation that enhances federal aid for skilled nursing and long-term care facility COVID-19 response efforts.

Given the tremendous impact that COVID-19 has had on congregate living facilities, counties need congressional support for legislation that enhances federal aid for skilled nursing and long-term care facilities in subsequent COVID-19 packages. Without the tools to effectively manage the spread of the disease in these facilities– which include adequate personal protective equipment (PPE), funding for testing, medical supplies and staffing support– counties cannot effectively protect their residents and assist in helping our nation recover from this pandemic.

ENDNOTES

1 COVID-19 in Older Adults: Transfers Between Nursing Homes and Hospitals, March 27, 2020 https://gedcollaborative.com/article/jgem-volume-1-issue-5/

2 www.cdc.gov/mmwr/volumes/69/wr/mm6913e1.htm

3 www.ahcancal.org/News/news_releases/Documents/State-Breakdown-COVID-Testing-LTC.pdf

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