**Partnerships, Not Penalties, Will Stop COVID-19**

By XXXX

For months, the long term care community has sounded the alarm about COVID-19. Our seniors and immune-compromised patients are the most vulnerable for this unprecedented pandemic, and yet until recently, most public health officials focused their time, energy, and resources elsewhere.

The results have been tragic – [at least 40,000 people in long term care have died](https://www.kff.org/health-costs/issue-brief/state-data-and-policy-actions-to-address-coronavirus/?utm_source=web&utm_medium=trending&utm_campaign=covid-19). These brothers, sisters, parents, and grandparents all represent the realities of a failed pandemic response, which left long term care facilities underfunded, under-resourced, and overworked despite the sacrifices of frontline caregivers.

We are grateful that the U.S. Department of Health & Human Services (HHS) recently provided $4.9 billion for nursing homes, as well as funding for Medicaid long term care providers. However, far more support is needed from state and federal agencies, including changes to the federal Centers for Medicare & Medicaid Services (CMS) to collaborate with providers to identify and provide feedback on how to provide new and better infection control practices necessary to fight this virus.

CMS provides an invaluable service to people in long term care communities. They ensure accountability for delivering quality care that is focused on the patient. But we are in unprecedented times, and that requires an approach reflective of the moment. As currently designed, CMS’ system of looking for citations and issuing fines related to nursing homes’ COVID-19 response fails to reflect what [independent research](https://www.ahcancal.org/News/news_releases/Documents/Analysis-COVID-Outbreaks-in-Nursing-Homes.pdf) shows, which is a facility’s quality ratings and past inspection results has little or nothing to do with spreading coronavirus. The real linchpin was a facility’s location – in other words, nursing homes with large populations around them who were infected were more likely to have cases than those in low-population, low-infection areas. This makes sense since the virus is more likely to spread when there are more people interacting with each other, which happens in more densely populated areas.

Nursing homes need the federal government to help us get more PPE, improve infection control programs, and train staff for a months or years-long battle against COVID-19. Issuing citations and fines does not help us achieve this. Three-quarters of facilities do not have enough gowns, masks and other protective equipment, and nearly three-in-five facilities have been forced to ask for public donations, make their own PPE, or reuse what they have.

Governors’ coronavirus testing orders are likewise well-intentioned but not productive when they serve as little more than an unfunded mandate. [Research](https://www.ahcancal.org/News/news_releases/Documents/State-Breakdown-COVID-Testing-LTC.pdf) from the American Health Care Association shows that it would cost $672 million to test all 4.4 million staff and residents of nursing homes and assisted living communities.

Ongoing testing capabilities are essential before facilities can re-open, but the current baseline testing requirements provide only a snapshot of COVID-19 prevalence. That $672 million estimate will double or triple if appropriate, surveillance testing is conducted– putting care facilities at substantial financial risk of not having enough money to provide proper care. And with pre-symptomatic people continuing to spread COVID-19, long term care facilities will need every resource they can gather to keep fighting an invisible enemy.

Since the start of the pandemic, long term care community leaders and staff have sought to work with state and federal officials to ensure a healthy workforce, quality patient care, and widespread testing. We urge federal and state governments to initiate three measures to solve these challenges:

First, allow and encourage medical professionals to quickly cross state lines and work in long term care facilities while utilizing state National Guards. These measures have worked at hospitals, and they will work for long term care residents.

Second, Congress and state lawmakers must provide funding for additional PPE, testing, and training. Prevention is the key to stopping the pandemic, and long term care staff are the front lines of that solution. We pride ourselves on having highly-trained, dedicated staff. Still, with ever-changing COVID-19 standards and a shortage of necessary protective equipment, even the best staff members have difficulty keeping residents completely safe without the necessary support.

Lastly, CMS should refrain from penalizing facilities based on issues that are outside of the control of caregivers during this crisis. Providers are desperately searching for equipment and support that is in short supply, while what we know about this new virus continues to change almost daily. Long term care facilities need resources focused on those at-risk from the pandemic, not fewer – and CMS is best situated to provide that leadership.

As America re-opens and life attempts to normalize, long term care facilities will continue to put our best efforts towards keeping all of our stakeholders – residents, staff, family members, and surrounding communities – as safe as possible. Care comes first, and we urge federal and state agencies to work with our providers to make sure that our most vulnerable are our highest priority.

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