



**STATEMENT OF  
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ON BEHALF OF  
AARP**

**BEFORE THE  
U.S. SENATE SPECIAL COMMITTEE ON AGING  
ON**

**“COVID-19 ONE YEAR LATER: ADDRESSING  
HEALTH CARE NEEDS FOR AT-RISK AMERICANS”**

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Chairman Casey, Ranking Member Scott, and members of the committee, thank you for inviting AARP to testify today. My name is Sandra Harris and I am the volunteer state President for AARP Massachusetts. On behalf of our 38 million members, including 776,506 in Massachusetts, and all older Americans nationwide, AARP appreciates the opportunity to provide testimony at today's hearing.

COVID-19 has been particularly hard on Americans over the age of 50 and people of color. Since the start of the pandemic, nearly 95 percent of the deaths from COVID-19 have been among people age 50 and older. The situation in America's nursing homes is particularly dire. Over 175,000 long-term care facility residents and staff have died – including over 8,600 in Massachusetts – due to COVID-19, representing about 35 percent of the deaths nationwide and over 50 percent of deaths in Massachusetts, despite the fact that nursing home residents comprise less than one percent of the U.S. population. Further, nursing homes with more residents of color have reported triple the number of COVID-19 deaths. Moreover, millions of older Americans have been socially isolated, spending holidays and birthdays away from loved ones, for a year now. AARP members are eager to see their grandchildren again, or visit their parents in a nursing home for the first time in a long time. I am one such person – I have not seen my grandchildren in over a year and I am very much looking forward to reuniting with them.

Thankfully, safe and effective vaccines to combat COVID-19 have provided new hope to Americans over the age of 50. We cannot stress enough how eager many are to receive a vaccine, which offers so much promise for a return to normalcy. We have heard many questions from AARP members about when and how they can expect to be vaccinated, who will notify them, what information they will need to provide, and where they can sign up. We are encouraged by the progress being made, with over twenty-one million Americans over the age of 50 fully vaccinated. We are also very pleased with the progress that has been made in providing vaccines to residents and staff of long-term care facilities (LTCFs), including the Long-Term Care Partnership that has fully vaccinated 2.7 million LTCF residents and staff. In Massachusetts, approximately 84 percent of all nursing home residents and 71 percent of staff have received both doses.

However, we continue to hear from Americans over the age of 50 who are having difficulty accessing COVID-19 vaccines, and in many states, demand continues to outstrip supply. In addition, there has been wide disparities in access to these vaccines, with the Centers for Disease Control and Prevention reporting that of those who have received both vaccine doses, 67 percent are White. AARP is committed to reducing this gap and ensuring all those who want a COVID-19 vaccine can access it. AARP recently joined with five of the nation's largest nongovernmental, nonprofit membership organizations — which combined, reach more than 60 million Americans — to launch a [COVID vaccine equity and education initiative](#). The effort includes the American Diabetes Association, the American Psychological Association, the International City/County Management Association, the National League of Cities, and the YMCA. It aims to ensure that accurate and transparent information about the COVID-19 vaccine is available to Black Americans to help them make informed personal decisions about vaccination.

Accessing the vaccine continues to be a challenge for many older adults who are struggling to make appointments, including those who do not have access to the internet or do not regularly use the internet. The appointment process varies state to state, or even county by county. Many Americans over the age of 50 are unsure how to make or confirm their appointment and are deeply frustrated and increasingly desperate. Furthermore, many do not have access to the internet or do not have experience using online appointment systems. I consider myself a fairly technology-savvy individual, and yet I had significant difficulties in getting an appointment through Massachusetts's vaccine appointment website. In addition, some states require individuals to visit multiple websites just to monitor vaccine appointment availability. States like Massachusetts have moved to a pre-registration system for vaccine appointments at the state's seven mass vaccination sites, which we hope will help ease the stress of competing for vaccine appointments. We also urge the federal government to work with states to develop 1-800 numbers for scheduling vaccine appointments that are centralized, well-staffed, and offer culturally competent customer service in several languages. States and counties should also set aside a specific number of vaccine appointments for these call centers so these individuals are not competing with those going online to schedule appointments.

We are pleased that the CDC has launched an online tool that will allow them to use their ZIP code to search for where they can get a vaccine. We encourage the CDC to build on this tool and work with states to allow consumers to easily book a vaccine appointment after finding available vaccines in their area. AARP has also been particularly focused on ensuring vaccines are reaching homebound individuals. Many older Americans do not have access to transportation or cannot leave their home due to medical reasons. Others are unable to stand for long periods of time, as is required at many vaccination sites. It is critical that states and counties utilize mobile clinics and other solutions to administer COVID-19 vaccines to this population. The CDC released helpful guidance on vaccinating homebound individuals, and the Federal Emergency Management Agency has made funding available to states for the creation of mobile clinics. In addition, new funding provided by the American Rescue Plan Act to the CDC allows them to provide technical assistance to states as they set up mobile clinics.

While there may be a sense of relief with vaccines rolling out, and cases and deaths in long-term care facilities finally declining, policymakers and facilities are not relieved of their responsibility to protect nursing home residents. AARP has heard from thousands of people all across the country whose loved ones lost their lives in nursing homes, and throughout the pandemic, we remain steadfast in advocating for the health, safety, and well-being of residents and staff.

We recognize that that nursing home problems are not new. Even before the pandemic, many long-term care facilities struggled with basic infection control and adequate staffing. It is not a *could act* or *should act* situation, it is a *must act* situation. AARP has urged action on a five-point plan to slow the spread and save lives:

**1. Ensure facilities have adequate personal protective equipment (PPE) for residents, staff, visitors, and others as needed, and prioritize regular and ongoing testing.**

Even with vaccines, we know that PPE and regular testing are still needed to stop the spread of coronavirus and other pathogens. AARP supports the funding in the American Rescue Plan Act for infection control and vaccine uptake support provided by quality improvement organizations to skilled nursing facilities.

**2. Improve transparency on COVID-19 and demographic data, vaccination rates of residents and staff by facility, and accountability for taxpayer dollars going to facilities.**

AARP has called for increased transparency of COVID-19 cases, deaths, and vaccination rates in long-term care facilities, including demographic data. Better data is important for families and will help us effectively understand and respond to the crisis in a timely and focused way so that we can minimize the spread of the virus, disrupt disparities, and improve health outcomes now and into the future.

We also believe there needs to be greater transparency around how the billions of dollars in taxpayer money that has gone to facilities was spent from the Provider Relief Fund. We have urged that any federal funding should be used for the health, safety, and well-being of residents and staff.

**3. Ensure access to in-person visitation following federal and state guidelines for safety, and require continued access to facilitated virtual visitation for all residents.**

We were pleased that CMS issued updated nursing home visitation [guidance](#) on March 10, providing welcome news for families and nursing home residents who want and need to visit with their loved ones, while also continuing to emphasize that nursing homes, visitors, and others follow infection prevention and control practices. The guidance will enable more residents and their loved ones to visit more easily and safely in-person. For many Americans living in nursing homes and other facilities, their friends and family serve as a source of comfort and an important safety check.

**4. Ensure quality care for residents through adequate staffing, oversight, and in-person access to long-term care ombudsman.**

We are deeply concerned about staffing shortages at residential care facilities. [AARP's Nursing Home Dashboard](#) has consistently found over 25 percent of nursing homes nationally reporting a shortage of direct care workers since June 2020, and in fact, many facilities had inadequate staffing prior to the pandemic. This is an ongoing concern, as higher staffing levels are associated with fewer deaths and COVID-19 cases in nursing homes. AARP supports funding in the American Rescue Plan Act for state strike teams in nursing homes with COVID-19 cases. AARP further urges Congress to take action to ensure that staffing levels in long-term care facilities are adequate, such as through pay and other compensation, paid leave, recruitment, training, and retention. It also remains important for residents to have in-person access to long-term care ombudsmen, who play an important role in advocating for residents and their families.

## **5. Reject immunity and hold long-term care facilities accountable when they fail to provide adequate care to residents.**

The pandemic has put residents' lives at unprecedented risk, as reflected by the horrific death tolls. We know that staff in many long-term care facilities are doing heroic work, putting their own health on the line to care for people in nursing homes. But sadly, AARP has heard from thousands of families whose loved ones were not treated with the compassion or dignity that every American deserves. AARP strongly urges Congress to protect the safety of residents, including by maintaining the rights of residents and their families to seek legal redress to hold facilities accountable when residents are harmed, neglected, or abused.

In addition to reforming our nation's long-term care facilities, we need to support the ability of people to remain in their homes and communities. Not only will this help people to live where they want to be, but also help to alleviate some of the challenges we are facing in our nation's nursing homes. Enabling people to live in their own homes helps save lives in nursing homes. Furthermore, on average, for every one person residing in a nursing home, Medicaid can fund three individuals receiving community-based long-term care. AARP supports the 10 percent enhanced FMAP for Medicaid HCBS included in the American Rescue Plan Act to help enable more people to live in their homes and communities.

Congress must also look longer-term to give older adults and people with disabilities more options to live in their homes and communities, including more options to receive care at home, and more support for family caregivers who help make it possible. My family has worked to ensure my mother, who has dementia, has the care she needs to stay at home through a combination of home care services and family caregiving, but it has not been easy. A family caregiver tax credit, as in the bipartisan, bicameral Credit for Caring Act, would help provide some financial relief to eligible family caregivers.

Finally, we are seeing large numbers of older adults facing hunger as a result of the pandemic. More than 20 percent of people age 50 to 59 and 14 percent of Americans age 60 and older are struggling to put food on the table, with Black and Hispanic older adults reporting even higher rates of food insecurity. In 2020, grocery store food prices outpaced the historical average by 75 percent. For people living on a tight budget, including many older adults on fixed incomes, this can make it much harder to buy enough food. We have learned about the real struggle many older adults are experiencing during the pandemic – how they are having to rely on their kids and grandkids, and how they are having to make difficult decisions between paying for rent, food, or essential medicine.

For older people scrambling to make ends meet, the Supplemental Nutrition Assistance Program (SNAP) is a much-needed lifeline. Through improved nutrition and decreased financial strain, SNAP participation is associated with better health and decreased hospitalization. Further, these benefits can be an important stimulus to support local businesses. AARP supports the 15 percent SNAP benefit increase through September. We also support the additional resources for state SNAP administration to continue support for people in need and additional funding to support improvements to help people buy groceries online using their SNAP benefits.

With Older Americans Act (OAA) nutrition services providing more meals to more people, AARP supports the emergency funding to help the aging network meet the needs of seniors, so they can continue to stay safe and healthy at home. People in Massachusetts and across the country are also continuing to turn to food banks as a vital lifeline, and in many cases, those people are visiting food banks for the first time.

The uncertain nature of the pandemic introduces challenges to forecasting future needs making it essential that we closely monitor food insecurity, especially as critical benefits expire and as supplemental funding is spent down. We also believe it will be important to continue the temporary SNAP boost for the duration of the COVID-19 crisis, adjusting the length and amount of the relief based on health and economic conditions.

Americans over the age of 50 continue to struggle with the impacts of this pandemic and will continue to for some time. We are thankful that some relief has arrived, but more needs to be done to protect the health and safety of older Americans.