House Health & Government Operations Committee
COVID-19 Testing in Maryland's Nursing Homes and Assisted Living Facilities
August 26, 2020

Panel 1

1. Danna Kauffman, LifeSpan (Also indicated collaboration with LeadingAge Maryland and that these points represent our members as well)
    - Spoke of the $4.9B allocated and the $5B announced without info on how that will be distributed
    - Some figures have said on average, $315,000 per nursing home. That money has been spent, and well spent. On PPE, on replacement staff and costs for staffing dealing with providing HEROS pay, infection control training, and testing. State didn't start testing until May, and many started testing before then. You can only spend a dollar once. The money has been spent properly.
    - Additional 5 billion is going to be allocated. This is a welcome relief, but if you look at this number, we don't know how this money will be allocated to each facility. We heard it will be tied to performance, heard it would be tied to a training, etc.
    - 137 ALs are under the testing mandate and have received no federal funds to offset costs. Those costs are the same as the nursing homes. They have had to spend thousands on infection control, testing, PPE, staffing. It is not a sustainable figure.
    - Estimated costs associated with testing, for an average sized facility in Maryland:
        - Weekly cost at $75 per test, $16,600 per facility
        - Even at $40 per test, weekly cost of $9,700 per facility
    - Mandate to testing – CMS announcement yesterday that weekly testing can be done based upon positivity rates and community transmission. We are waiting to receive the formal guidance that would detail this further. And that it would be based on transmission in the surrounding community.
    - Since we are talking about employee testing – why isn't insurance paying? We don't have a straight answer on this. It does say in CARES that insurers do have to pay for diagnostics testing, but weekly testing in nursing homes for surveillance testing, they will
    - Many nursing homes and assisted livings are self-insured. So this cost would come back on them if insurance did cover.
    - The testing policy needs to look at a wide variety of factors.
    - Many facilities did turn in an alternative testing plan. We have not yet heard if these would be approved. Between July 24 and August 15, additional information was released that an alternative testing plan did not mean no weekly testing, but meant that a POC test could be used.
    - Going forward, the State must take a look at how we can develop a testing policy that is financially sustainable, so that we don't bankrupt or have to increase prices and not affordable for older Marylanders.

- Testing – Weekly testing for employees, if you have a positive, this also requires you to test your residents. The costs that we gave are for employees, not necessarily residents. Rates of infection have lowered in nursing homes.
- Right now, under State policies, if you have one positive test, then your facilities must return to Phase 1 re-opening. Moving forward, we need to develop flexibilities in visitation. So that we can mitigate the social isolation that is occurring in this facility.
- Request is that we take a look at testing strategies that can be utilized that might incorporate weekly testing, but not weekly testing of every employee.
- The industry needs financially sustainable testing policy

2. Joe DeMattos, HFAM
    - Testing in skilled, rehab, and AL, and in the community at large – especially in communities of color, is vitally important to our successfully fighting COVID. It is not the only tool, but it is an important tool. Must test in the community at large, and the facility. Because we know the strong correlation.
    - Physicians that we work with tell us that to be most actionable, we need to be getting test results back in 24-48 hours. Very frequently that this varies, in 4, 5, 6 maybe 10 days. This is way too long to be clinically actionable
    - We think that in the near term, here in Maryland and regionally, demand will outpace supply. Testing will be delayed here, as we see surges across the country. Despite our best efforts, demand will outpace supply.
    - Right now, today in Maryland, 23 have received these kits with a small amount of testing supplies. Facilities will be able to reorder these. The MDH has made the use of these machines broad in Maryland. But, for the purposes of weekly testing, if you have a single outbreak, it is unclear at this moment if you can use POC test (which gives results in 15 minutes) instead of a commercial test. Because of link between positivity rate and nursing homes, we are at a critical moment. Now is the time we need to revisit that testing strategy. Mirror states who are doing universal weekly testing of residents and employees, linked to the positivity rate of the community at large.
    - Those estimates are on the lower end of estimates. If you tested everyone and used.
    - Testing alone in MD for a 120-bed nursing home $25,000 a week. For big nursing homes, this would be $175,000 per week.
    - Just as you can't double and triple count the billions of dollars that the state has received, you cannot double and triple count the hundreds of thousands of dollars nursing homes have received from the CARES act. PPE, Labor, or Testing. Average payment that a NH in Maryland will be about $190,000. So let's round up. Let's say it is $200,000. So if a nursing home chose to just cover testing, it would cover 8 weeks of universal testing on the lower end estimate.
    - On the one hand, nursing homes are paying exponentially more for PPE than they ever have before, in terms of the number of things, and price per unit. On the

expenditure side, you have rightful labor expenditures, and PPE, and testing. But people do not talk about that residents come from hospitals. So the census in nursing homes is at an all time low. Expenses going through the roof, but revenue in the cellar.

- If I were somehow a member of your committee, I would propose this policy.
    - Continue with testing in nursing home, AL, and in the community at large. Virus is entering nursing homes through the community
    - Overtest in communities of color. Healthcare disparities and the social determinants of health are huge factors in the take up rate and the mortality rate.
    - Allow POC testing and commercial testing.

3. Lou Grimmel, Lorien
    - Wanted to know whether insurance will cover testing of employees?
    - Chairwoman Pendergrass says this will have to be answered following discussions with MIA and MDH.

4. Questions and Answers
    - Delegate Steve Johnson asked whether NHs are required to use temperature checks, etc? Joe DeMattos responded its in the Secretary's Order
    - Delegate Krebs wanted to better understand the $4.9B CARES Funding. Danna explained how it was distributed suggesting that the average NH received $315K for PPE, replacement staff, hazard pay, etc. Delegate Krebs also asked about Massachusetts and confirmed that the positivity rate is set by the counties.
    - Delegate Lewis-Young wanted to better understand the cost of social isolation and best practices. Danna says this is a critical issue and one that has be to worked on. Joe added a response about New Mexico.

<u>Panel 2</u>

1. Secretary Neall
    - Spoke about the POC testing and the Governor's 10 State Test Purchasing Consortium.
    - He's willing to work with the industry and recognizes the need to get costs down so businesses can operate.
    - The Secretary stressed that positive results must be reported to the Department
    - He stated how the State provided $53M in PPE to the NH industry, tested employees and residents several times at no cost, in addition to Bridge and Strike Teams. The State didn't turn its back on the industry.

2. Deputy Secretary Schrader

- At the UMB Lab we will see improved turnaround times for duration of the pandemic. Capacity is being developed incrementally
- UMPA has 29 of the 227 NHs
- Federal Government is sending antigen tests but demand outstrips availability which we are expecting in October
- We now have some guidance from CMS on flexibility related to local positivity rate
- There's been a dramatic decrease in deaths and infections in NHs.
- Right now the Department is tracking lab time at a median period of 2 days.

3. Questions and Answers
    - Chairwoman Kelley asked about visitation during hospice. The Secretary said they follow CDC guidance
    - Senator Beidle wanted to better understand the tracking of NH infections and deaths. There is a problem with the data and Deputy Secretary Schrader said he would look into it.
    - Delegate Bhandari mentioned conflicting reports on the South Korea tests and whether they were used in NHs. Schrader responded that they have used 150,000 tests at UMB and CIAN.
    - Delegate Joseline Pena-Melnyk was interested in the total capacity of State labs. There are 6 labs and according to Schrader, they are processing 20-25K tests/day with a 2 day turnaround. The onset of the POC test will be a gamechanger according to Schrader. The Delegate also asked about Maryland being below the 5% positivity rate and whether we should look at models such at Massachusetts and New York. The Secretary said he would consult with the Department Epidemiologists. Lastly, Deputy Secretary was asked about his thoughts and steps from the HFAM – Hopkins testing plan. The Deputy Secretary could not remember the conversation which apparently took place on Thursday. The Department will look at it. Joe then mentioned New Mexico
    - Chairwoman Pendergrass asked about the State numbers versus Hopkins and the differences. The Secretary felt confident with the State numbers. The Chairwoman made clear that the insurance issue is a high priority and requires accurate guidance.
    - Delegate Cullison asked about how the Governor's10 State Purchasing Consortium connects with insurance companies. Schrader discussed the need for protocols.
    - Delegate Chisholm wanted to know whether the State used the original South Korean tests or were they replacements.