



Leadership Council  
of Aging Organizations

***Max Richtman, Chair***

February 9, 2021

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Kevin McCarthy  
Minority Leader  
U.S. House of Representatives  
Washington, D.C. 20515

The Honorable Charles Schumer  
Majority Leader  
U.S. Senate  
Washington, D.C. 20510

The Honorable Mitch McConnell  
Minority Leader  
U.S. Senate  
Washington, D.C. 20510

Dear Speaker Pelosi, Majority Leader Schumer and Minority Leaders McConnell and McCarthy:

On behalf of the 69 members of the Leadership Council of Aging Organizations (LCAO), I appreciate your vital efforts in expanding coverage and access to the COVID-19 vaccine, including additional funds to support states, localities, and territories as they race to distribute and administer the vaccine. The widespread administration of the COVID-19 vaccine is key to curb this deadly pandemic, and it is essential that older adults and other at-risk populations receive the vaccine quickly and safely. However, the funds allocated currently to states is not enough and more will be needed. We also ask that funding be granted to Aging Services Network (ASN) organizations, such as area agencies on aging, senior centers, and nutrition and transportation providers for vaccine-related services. In particular, we urge Congress to support an additional \$200 million boost to federal investments in Older Americans Act Title III B Supportive Services. Finally, we ask that Congress ensure legislation and additional funding that targets older adults, who are most at risk of COVID-19 complications, and addresses the underlying systemic inequities and health disparities related to access to vaccination sites.

### **Providing Additional Funding to States to Distribute the COVID-19 Vaccine**

We appreciate Congress' passage of the \$2.3 trillion year-end omnibus appropriations and emergency relief package, which was signed into law on December 27, 2020. Included in the legislation were much-needed funds to support vaccine distribution and administration, allocating \$8.75 billion overall and \$4.5 billion for states, localities, and territories. We were also pleased to see \$300 million targeted to distribute and administer the COVID-19 vaccine to high-risk and underserved populations, such as older adults of color and those in rural areas. Prior to these funds, states had only received \$200 million in federal funds to aid in the distribution and administration of the COVID-19 vaccine. However, as vaccination efforts continue and previously allocated funding runs out, one thing remains clear: more funds will be needed for states and localities to distribute and administer the vaccine safely and effectively, especially to hard-to-reach populations.

The \$4.5 billion in funding to states and localities granted by Congress for vaccine distribution falls short of the many requests by national organizations representing states and localities, including the [Association of State and Territorial Health Officials'](#) recent ask of \$8.4 billion in immediate funds to states and localities. In the next COVID-19 relief legislation, we request continued financial support for states, localities, and territories to aid distribution efforts. Additionally, we ask that these funds are allocated not based on population but rather on states, localities, and territories with the most need. We recommend that Congress grant the Secretary of HHS the discretion to distribute funds through a formula that takes into account multiple factors, including population, equity, and the need for additional local infrastructure to support vaccine distribution networks.

### **Providing Additional Funding to Aging Services Network Organizations for Vaccine-Related Services**

We also ask that funding be granted to Aging Services Network (ASN) organizations operating at the state and local level, such as area agencies on aging, senior centers, nutrition and transportation providers, for vaccine-related services. As trusted resources of state and local information and help, the ASN is invaluable in efforts to vaccinate the older adult population. Millions of older adults already receive services from the network such as home-delivered meals, senior center meals and activities, personal care services, health promotion courses, caregiver support groups, and transportation. They trust the ASN to provide accurate and accessible information.

Knowing the need for their role, the ASN in many communities is already providing education and outreach to combat vaccine hesitancy and misinformation. ASN organizations are also already answering questions through their Information and Referral (I&R) systems, such as 211s, regarding vaccine availability, processes for scheduling and eligibility for different populations. These I&R systems are quickly becoming overwhelmed as word of mouth and publicity of their efforts grows – a [recent story on NBC Nightly News](#) led to thousands of additional calls to these systems nationwide. Similarly, State Health Insurance Assistance Programs (SHIP) counselors are spending additional time and resources answering questions about COVID-19 vaccines. Congress should consider including the SHIP network in funding to ASN organizations.

Equally important is the support that the network can offer to older adults that allows them to get vaccinated. In many communities, the predominant method for scheduling a vaccination is an online process that requires both an internet connection and familiarity with technology. As a result, many state health departments are already relying on the ASN to assist older adults in scheduling vaccine appointments and securing transportation to and from those appointments, as well as providing ongoing case management to ensure that the person actually receives both of the doses required by the currently authorized vaccines.

Many of the authorized functions under Older Americans Act Title III B Supportive Services align naturally with the types of services that the Aging Network can provide to older adults to contact, educate and assist them related to COVID-19 vaccinations. However, with no additional resources available for this work, it will be impossible for many state, local and community-based organizations within the ASN to assist in providing these critical wrap-around services at the level needed to achieve widespread vaccination among all older adults. Congress will need to

allocate additional funds to support these much-needed efforts. **Therefore, we urge Congress to support an additional \$200 million boost to federal investments in Older Americans Act III B Supportive Services.** This funding would support the partnerships already developing between ASN organizations and federal, state, and local public health agencies.

We also note that prioritizing the home and community-based services direct care workforce for vaccination is also vitally important to protect vulnerable older adults who live at home and need support. Aging services workers, frontline nutrition volunteers and staff, in-home direct care workers, long-term care ombudsmen, Adult Protective Services and all the other types of professionals working directly with older adults and people with disabilities should be given priority access to the vaccine as soon as possible, which will enable them to more safely assist in the vaccination of and continuing care of the millions of clients they serve on a regular basis.

### **Targeting Older Adults and Remediating Disparities**

Older adults most at risk of COVID-19 complications often have reduced access to vaccination sites due to underlying systemic inequities and health disparities. Medicaid and Medicare dual eligible older adults have [higher rates](#) of infection, hospitalization, and death compared to Medicare-only beneficiaries with greater disparities among beneficiaries of color. Despite these grim outcomes, many low-income older adults live in “[testing deserts](#)” with limited access to centralized COVID-19 testing sites due to age, disability, poverty, or other circumstances. States must carefully accommodate the needs of high-risk older adults in their vaccination plans to avoid vaccine deserts.

While most states have already begun vaccinating nursing facility residents, vaccinating older adults in non-congregate settings will pose a greater challenge. Older adults that receive Medicaid Home- and Community-based Services (HCBS) are a medically high-risk group that should be prioritized to receive the COVID-19 vaccine as soon as it is available. Further, Medicare beneficiaries that receive home health services are, by definition, homebound and thus may be unable to receive a vaccination through current community-based channels. In some states, Medicaid HCBS beneficiaries are being transported to vaccine clinics via non-emergency medical transportation programs.

To address these challenges, state and local health departments should invest in a robust COVID-19 vaccine infrastructure to administer the vaccine to older adults in non-congregate settings. Rather than relying solely on centralized vaccination sites, local health departments must also implement vigorous decentralized vaccination programs with the help of community partners to reach older adults with limited access to transportation. Local pharmacies, healthcare providers, home health agencies, and community-based organizations should be utilized in concert to distribute vaccines in underserved areas. States should also coordinate with Medicaid providers, including dual eligible and HCBS providers, to administer vaccines or provide transportation to vaccine sites. Providing funding to support mobile vaccine clinics to communities with limited access to vaccine sites also helps increase access and limit vulnerable older adults’ potential exposure during the vaccination process. While cold storage requirements for mRNA vaccines present initial distribution limitations on the types of sites and providers able to meet storage requirements, it is expected that additional COVID-19 vaccine candidates that do not require

cold storage will soon receive an emergency use authorization by the FDA, so now is the time to plan for a deeper-in-community approach for those older adults who will be hardest to reach.

Vaccination plans should also account for intersectional issues resulting in racial disparities among [Black](#), [Latino/Hispanic](#), and [Native American](#) older adults. Immigrants, including undocumented immigrants, often work as [healthcare and other essential workers](#) and should receive the vaccine without fear of retaliation. States should identify the unique burdens facing older adults of color, and devise strategies to reduce these disparities. Further, while efforts to increase access in underserved communities is essential, it is incomplete. Just because a COVID-19 vaccine clinic is set up in an underserved area does not ensure vaccine access to those living in the area if individuals outside the area are more easily able to sign up than the underserved population. We encourage vaccine distribution planners to make better use of the CDC's Social Vulnerability Index and align vaccine access by residents' zip code. There should be more targeted outreach on the ground in underserved communities, as well as support for appointment assistance and coordination. Congress should ensure sufficient funding to support these important efforts.

Remedying the many health and economic disparities facing older adults of color requires accurately capturing the vaccine rollout among marginalized communities. States and the CDC have publicly available trackers to monitor the number of individuals vaccinated at each phase. However, the CDC's [COVID Vaccine Tracker](#) does not include demographic data including race/ethnicity, sex, age, or disability status. Further, only [a handful of states](#) include demographic data on vaccine recipients that is timely and accurate so that any racial gaps/inequities can be identified and addressed in their COVID-19 vaccine tracker. States and the CDC should collect and report demographic data to ensure all high-risk groups are promptly and equitably receiving vaccines.

### **Vaccinations in the Nursing Home Setting**

The federal partnership that sends retail pharmacists into nursing homes has resulted in bureaucracy, inflexibility, and, in some states, missed opportunities to vaccinate eligible individuals and staff. As of January 28, 2021, [more than 4.7 million doses of the vaccine](#) had been allocated to the federal pharmacy partnership, which has deputized retail pharmacy teams to vaccinate nursing home residents and workers. Since the program started in some states on Dec. 21, 2020, they have administered about 4.2 million of the doses, [according to the Centers for Disease Control and Prevention](#). Yet, as of February 5, 2021, only about 800,000 people have received both doses of the vaccine. Many of the nursing homes that have successfully vaccinated willing residents and staff members are doing so by a more flexible approach using nursing home's medical staff and relationships with local pharmacies to successfully administer vaccines. Facilities using this approach such as those in West Virginia, a state that opted out of the federal partnership, are reporting good outcomes and faster vaccination rates. Under current rules, if a facility participates in the federal program, it cannot use these or any other pharmacists or staffers to vaccinate. We propose new flexibility that allows for participation in both the federal program and other approaches.

Thank you for considering LCAO's recommendations as the nation works effortlessly to curb the COVID-19 pandemic through vaccination and public education.

Sincerely,

A handwritten signature in black ink that reads "Max Richtman". The signature is written in a cursive, flowing style.

Chair

Cc: Acting Secretary Norris Cochran, U.S. Department of Health & Human Services  
Acting Administrator Liz Richter, Centers for Medicare & Medicaid Services  
Deputy Acting Administrator Jeff Wu, Centers for Medicare & Medicaid Services  
Acting Administrator and Assistant Secretary for Aging Alison Barkoff, Administration  
for Community Living  
Director Rochelle Walensky, Centers for Disease Control & Prevention