

ASHA President David Schless was invited to comment during Saturday's meeting of the Center for Disease Control's (CDC) Advisory Committee on Immunization Practices (ACIP), **delivering 3 minutes of remarks** (*insert link of full testimony*) remotely about the COVID-19 vaccine distribution to seniors housing.

Schless, the day's only presenter from the seniors housing industry, urged that standalone independent living communities and IL residents in communities with multiple service levels be included in the Phase 1a prioritization, and asked that ACIP support that inclusion.

He spoke of the potential inefficiencies, confusion and unnecessary emotional harm that could occur if only the residents in the assisted living and/or skilled nursing section of multilevel community were vaccinated, but not those residents of the independent living section of the community.

He also emphasized that all seniors housing community staff members, including those who work in independent living communities, should be given priority because they are placing themselves at risk of contracting the virus, and, infecting the vulnerable residents they serve.

Saturday afternoon, the ACIP voted to support the Pfizer-BioNTech COVID-19 vaccine. This follows the Food and Drug Administration's (FDA) emergency use authorization issued Friday night for this COVID-19 vaccine. With Saturday's vote, the CDC's independent advisory group joins the FDA in determining the vaccine to be safe and effective for use in the U.S. population.

Inoculation at long-term care facilities could begin by the end of the week, Army Gen. Gustave Perna, leader of Operation Warp Speed, announced Saturday. Once the recommendation is approved by CDC director Robert Redfield, the agency will publish it as official guidance. However, the Department of Health and Human Services (HHS), decided to move ahead with distribution ahead of the CDC committee's vote. Boxes of Pfizer vaccine, packed with dry ice, are en route to hospitals around the country.

On Thursday, the FDA plans to convene a meeting of its Vaccines and Related Biological Products Advisory Committee to address Moderna's vaccine. Other vaccines, such as Johnson & Johnson's single-dose, continue to move along the pipeline.

Following are Schless' **full remarks** (*insert link of full testimony*):

Last week, ASHA conducted an online survey of members that examined a range of issues related to vaccination of both residents and staff, providers' plans to minimize risk associated with unvaccinated staff and residents, communications related to vaccination, relief payments and more. A total of 31 companies operating in excess of 125,000 units of senior living participated. Please [click here](#) to view the complete results of the survey.

A link will be created to this text, which are the comments Dave delivered:

Thank you for the opportunity to speak this afternoon to this distinguished body. My name is David Schless, President of the American Seniors Housing Association. Our members offer the entire spectrum of senior living – including

independent living, assisted living, memory care, and continuing care retirement communities.

On December 1, this Committee recommended that the COVID-19 vaccine be offered to both health care personnel and residents of long-term care facilities in the initial Phase 1(a) of the vaccination program.

It was widely understood and communicated to the senior living industry by officials of the Department of Health and Human Services (HHS) that “residents of long-term care facilities” be included, in addition to skilled nursing facilities, the full continuum of senior living care; independent living, assisted living, memory care and continuing care retirement communities.

This was understood when the industry was encouraged to register for the CVS/Walgreens Pharmacy Program. As a result, operators of all settings registered their communities in anticipation of being treated as a prioritized population for access to the COVID-19 vaccine.

However, we are now learning that while assisted living communities will be included among the initial vaccination groups, independent living settings will not be considered in the 1(a) group and it is unclear whether the independent living section of a building with multiple levels is included.

We believe this to be incredibly short-sighted and are deeply troubled by this decision given the resident population living in these communities, and that their risk of contracting the virus is just as great as those living in nursing homes and assisted living communities.

Residents of independent living are 82 years old on average and have higher rates of cognitive and functional impairment than those living in private residences. Additionally, many senior living communities offer multiple levels of care. To vaccinate the residents in assisted living but not in the independent living section of the same community would create confusion, emotional harm, and is simply not efficient in the delivery of the vaccine to the most vulnerable.

Our concerns extend to the staff of independent living communities, as well. We believe all senior living workers such as caregivers, dining staff, and others, including those who work in independent living, are an integral part of the essential healthcare workforce and should not be overlooked in the federal plans for vaccine distribution.

We ask that as the Committee continues to review vaccine prioritization and that consideration be given to recommending that all senior living settings, including independent living, be given prioritization in the 1(a) category. Additionally, it is extremely difficult to serve our vulnerable seniors unless the staff in these communities are also vaccinated and free from COVID-19.