



December 11, 2020

The Honorable Alex M. Azar  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Azar:

On behalf of the American Seniors Housing Association (ASHA), I would like to call your attention to an important matter relative to the CDC /ACIP Prioritization of COVID-19 Vaccine for Long Term Care Facilities and Health Care Personnel.

ASHA is the leading national association representing the professionally managed senior living communities and the older adults, staff, and families they serve. Our member companies offer the entire spectrum of senior living – independent living, assisted living, memory care, and Continuing Care Retirement Communities (CCRCs). Since February, all our member operators and their senior living staff have been serving on the front lines of this pandemic, working tirelessly and compassionately to keep safe and virus free, residents who call “senior living” home. We have been anxiously awaiting the development of a safe and effective vaccine to keep both residents and the senior living workforce safe. We are relieved and optimistic that help is finally on the way.

We seek your support to prioritize all senior living settings including independent living in the Phase 1a prioritization category. Additionally, we request that the staff in senior living communities also be prioritized for vaccination. It is common to co-locate independent living with an assisted living community or as part of a CCRC and for these communities that will already be serviced by the CVS/Walgreens partnership, it seems only reasonable to include the independent living section of these settings. Given the age, fragility and care needs, the residents of stand-alone independent living communities are also at high risk of contracting the virus and should be considered part of the 1a priority groups in addition to the staff members who provide necessary services in the senior living communities. The staff are in close and frequent contact with residents; providing meals, housekeeping, up and about checks, resident activities, and should not be overlooked in this initial round of vaccine distribution.

**Background:** On December 1, 2020, the Advisory Committee on Immunization Practices (ACIP) recommended that when a COVID-19 vaccine is authorized by the Food and Drug Administration (FDA), vaccination in the initial phase of the COVID-19 vaccination program (Phase 1a) should be offered to both 1) health care personnel (HCP) and 2) residents of long-term care facilities (LTCF).

We applaud and support that recommendation and are further pleased to learn that most states are following this guidance. However, we would like to call your attention to some confusion in our industry as plans to execute these strategies begin. Specifically, it was widely understood and verbally communicated to the senior living industry by officials of the Department of Health and Human Services (HHS) that “residents of long-term care facilities” 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 (CCRCs). This was underscored when our 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, for which we are grateful, the independent living settings will not be considered in the 1(a) groups for purposes of prioritization. We believe this to be shortsighted 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 in the Population and Setting Most Vulnerable to COVID-19:**

Residents of independent living, much like assisted living are older and have higher rates of cognitive and functional impairment than those living in private residences. Given these and other health risk factors, both settings house residents who are at increased risk of serious illness and death if infected with COVID-19.

The following illustrates key data about these settings with respect to age and care needs. The average age is 82 for independent living residents and 85 for assisted living residents, yet only 74 for those living in private housing. While not as frail as residents in assisted living, 39% of those living in independent living have difficulty with 1 or more Activities of Daily Living (ADLs).

Figure 1

\*Note: NO comparable data on having difficulty with ADLs in Assisted Living.  
Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey, presented in the [2020 Seniors Housing Data Book](#)

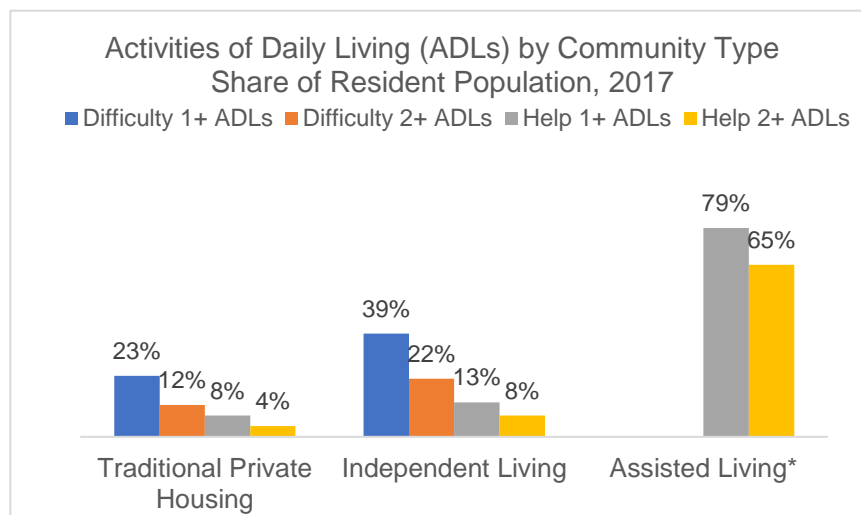
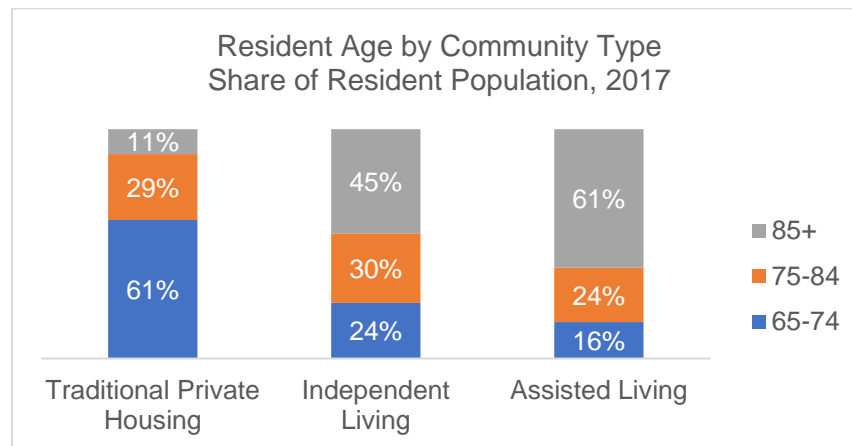


Figure 2



Source: ATI Advisory analysis of 2017 Medicare Current Beneficiary Survey, presented in the [2020 Seniors Housing Data Book](#)

Further, many senior living communities offer the full continuum of care such as a CCRC. To vaccinate the residents in the assisted living and nursing home section of this community but to deny the residents of the independent living section would create confusion, unnecessary emotional harm and is simply not efficient in the delivery of the vaccine to the most vulnerable.

**Staff of Independent Living Communities are Front Line Workers:** Our concerns extend to the staff of these settings as well. It is well understood that staff in the assisted living and skilled nursing settings will be given priority status for the vaccine. Again, as these independent living communities are at risk of being overlooked in this initial phase, how will the staff who work in these communities be treated?

These staff members closely interact with residents daily, placing themselves at risk of contracting the virus, and, infecting the vulnerable residents they serve. All senior living workers such as caregivers, housekeepers, dining staff, and others, including those who work in independent living are an integral part of the essential healthcare workforce, and they cannot be overlooked in the federal plans for vaccine distribution.

**Request:** We seek your support to expressly include all senior living settings, including independent living, in the 1(a)-prioritization category. Additionally, we cannot serve our vulnerable seniors unless the staff in these communities are also vaccinated and free from COVID-19.

We appreciate all the tremendous work that you and your agency have been doing during this unprecedented crisis. Please do not hesitate to reach out to me at [dschless@seniorshousing.org](mailto:dschless@seniorshousing.org).  
Sincerely,

David Schless  
President  
American Seniors Housing Association