



## **Oral Public Comments to the Advisory Committee on Immunization Practices (ACIP) /Centers for Disease Control and Prevention**

**David Schless, President, American Seniors Housing Association  
December 12, 2020**

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<sup>st</sup>, 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” 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, consideration be given to recommend 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.