



Testimony

Senate Republican Policy Committee

Hearing on COVID-19 Vaccination Mandates

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Good morning, Chairman Scavello and Committee members. Thank you for convening this hearing and allowing us to share our thoughts on COVID-19 vaccine mandates as they relate to the home-based care industry. My name is Teri Henning, and I am the CEO of the Pennsylvania Homecare Association. I'm hoping to spend my brief time today sharing a little bit about our members, the work they do, and the challenges that they have faced over the past 20+ months, including how they have responded to vaccine mandates.

PHA is a statewide membership association whose members provide nursing, therapy, personal care, and end-of-life care in hundreds of thousands of people's homes across the Commonwealth. Non-medical direct care workers (DCWs) provide very personal services, often for extended hours in a day. They help individuals transfer in and out of bed, toilet, shower, and dress. Nurses and therapists provide care in multiple homes each day.

I want to begin by saying that PHA strongly supports COVID-19 vaccinations. Our members understand and agree that widespread vaccination is critically important in our efforts to mitigate the impacts of COVID-19. At the same time, home-based care providers and other healthcare employers are facing a workforce crisis unlike anything they have ever experienced. In a recent member survey, almost 90% of homecare providers reported that they have been unable to staff or turned away cases in recent months due to workforce challenges. We asked members to share information about hours they were unable to staff or cases they turned away due to staffing challenges, and they reported the following:

- From September 2019 – September 2020, the number of hours unfilled due to staffing challenges increased by 13%.
- From September 2019 – September 2021, the number of hours unfilled due to staffing challenges increased by 37%.

And there is no end in sight to the workforce crisis. You've heard from us many times that a major contributing factor to the staffing crisis in in-home care is the Medicaid reimbursement rates. Challenges are experienced by both skilled care and non-medical providers, and on the non-medical side, Medicaid reimbursement rates result in a median wage for direct care workers of about \$12.40/hour. Providers simply cannot compete with private employers at these rates, for obvious reasons. The work is challenging, certainly not for everyone, and the pay is significantly lower than what workers receive at Sheetz, Amazon, and many other employers. Non-medical homecare providers, in particular, have raised concerns about vaccine mandates that do not offer a testing option, and mandates with very short timeframes for compliance.

Throughout the COVID-19 public health emergency, home-based care providers have been committed to providing safe, quality care to their consumers and patients. They wear PPE, follow infection control guidelines, and

document and report COVID-positive patients, consumers, and employees. Due to these measures, home-based care providers have experienced a very low COVID-19 positivity rate in comparison to other settings. Home care is also different than other healthcare settings, because there is no central location that workers report to every day. This creates additional challenges in terms of getting workers vaccinated, verifying proof of vaccination, ensuring that testing is completed, and verifying proof of test results. These challenges are not insurmountable, but they are real and do have practical implications for employers working to satisfy mandate requirements.

PHA as an organization does not oppose vaccine mandates, and many of our members not only support them, but have implemented mandates of their own. Other providers, and particularly those providing non-medical care, have asked for more time to comply with any mandates, and an option to “vaccinate or test weekly,” instead of a mandate for all.

In Pennsylvania, the first government mandate that many of our members were subject to was the Philadelphia regulation. That regulation requires vaccinations for a wide range of “health care workers” providing care in the city. It does not offer a “vaccine or test” option and mandates vaccinations for all workers subject to its terms, unless they qualify for a religious or medical exemption. Only those with exemptions are eligible to substitute testing for the vaccine, which must be done twice a week, with proof provided to and maintained by employers. In addition, all test results – positive or negative – must be reported to the city. The mandate went into effect for many home care providers in October, although the city has allowed certain family caregivers additional flexibility on timing through the end of this year. We have communicated a number of times with the Philadelphia Department of Public Health about the vaccine mandate and have shared members’ requests for more time to comply, a “vaccine or test” option, flexibility for family caregivers, and reducing the testing requirement, when applicable, to one time per week. Testing capacity and delayed results remain a problem in Philadelphia and some other parts of the Commonwealth.

As of the October deadline, a significant portion of the direct care workforce remained unvaccinated and therefore ineligible to provide care. Although some direct care workers may never agree to vaccination, we don’t yet know what that percentage will turn out to be. In recent weeks, providers have reported steady increases in vaccination rates among these caregivers, due to ongoing education and other efforts by providers. Responding to vaccine hesitancy often requires multiple one-on-one conversations with employees, and this takes time. Members also continue to urge the adoption of a “vaccine or test” option, with unvaccinated employees wearing appropriate PPE, to ensure that much-needed care can continue to be safely provided.

It is worth noting that the CMS rule published last Friday does not apply to non-medical home care providers. Certain OSHA standards may apply to these employers (notwithstanding pending legal challenges), although they would allow testing and other alternatives to mandatory vaccination.

Finally, I want to re-emphasize the major challenge to in-home care providers' ability to continue to provide quality care – funding. Since the COVID-19 public health emergency began, home care agencies enrolled as Medicaid providers in Pennsylvania received only \$112 million in CARES Act funding provided by the Federal government and appropriated by the General Assembly. This amount pales in comparison to funding provided to other healthcare providers and has made it even more challenging for these providers to compete for workers. They continue to wait for American Rescue Plan Act (ARPA) funding and are at a critical moment in terms of the ability to provide care. Vaccinations, testing, ongoing PPE expenses, costs relating to excluding caregivers from work after COVID-19 exposure or infection, and much more, create ongoing challenges for providers.

Home-based care providers were not prioritized for PPE, testing, or vaccines, when those items were in short supply during the PHE. As a result, they allocated significant time and resources to gain access to these necessary components of care, at great cost. More than a year and a half into the COVID-19 PHE, they are now at a critical point – overburdened and underpaid - in need of additional funding, resources and support. Costs and challenges relating to vaccine mandates are only a part of this, of course, and we respectfully request your assistance and support to ensure that in-home care providers can continue to provide life-saving, critical care for so many Pennsylvanians in need.

Thank you again for your time and interest in these issues, and I am happy to answer any questions.