



VIA ELECTRONIC MAIL

May 29, 2020

Dan Rusyniak, M.D.
Chief Medical Officer
Family and Social Services Administration
402 West Washington Street, W461
Indianapolis, IN 46204

Dear Dr. Rusyniak,

The goal of increasing testing for long term care, and specifically for nursing facility staff and residents, has been a shared goal since the beginning of the pandemic. Nursing facilities across the state understand the complexity of the task to both increase availability of and operationalize testing for all residents and staff. Nursing facilities have accessed resources from Indiana State Department of Health's (ISDH) strike teams for initial testing and then moved to develop their own relationships with laboratories for more permanent solutions. Still uniform access to efficient, facility-based testing for all residents and staff is not yet a reality.

The Indiana Health Care Association/Indiana Center for Assisted Living (IHCA/INCAL) has appreciated the opportunity these past two weeks to engage you and your team as details of a pilot program to test 100% of nursing facility staff have been discussed. We have discussed many concerns and several of them have been heard. We stand ready to participate in the pilot during the month of June that will yield data that will be used to develop an achievable and sustainable testing plan. This effort must continue to be done in cooperation with nursing facility providers.

The IHCA/INCAL appreciates the ISDH providing our members an audience, primarily yourself and Dr. Kathleen Unroe on contract via Probari, to discuss the creation of the state's nursing facility staff testing strategy. I hope hearing directly from nursing facility operations and clinical experts has helped you and your team more fully appreciate the concerns we have emailed about before. From the calls that you engaged in this week with our members, the following positives and progress about the state's effort are as follows:

- **Pilot First.** The June 2020 effort to test all nursing facility staff and contractors is a pilot to develop an achievable and sustainable testing strategy. Testing will take place nearly the entire month of June – not just in a compacted two-week period and tests back to May 1 will count in this effort.
- **Plan Second.** The development of a sustainable and repeatable testing effort, including the intervals and targets of testing, will be developed with the data collected in the pilot. While 2-week intervals have been discussed, ISDH appears to have recognized the difficulty of setting up this interval immediately with the mechanics of testing currently available.
- **ISDH Public Health Coordination with ISDH Survey Teams.** In this partnership to test all nursing facility staff, ISDH public health leadership will coordinate with ISDH survey team leadership to ensure that the testing pilot is supported by and messaged consistently across survey teams.
- **ISDH Assistance May be Available.** When facilities are too far from an Optum test center and/or do not have access to a testing partner, ISDH may be able to set up drive-thru testing or deliver test kits to nursing facilities.
- **Employee Refusals to Submit to Testing Not a Strike on the Facility.** Testing is not a mandated condition of employment, yet ISDH want to know the frequency of these refusals.

If any of these positive takeaways were misunderstood, I would appreciate rapid clarification.

As a long-term plan is developed concerns remain about the disruption from and sustainability of bi-weekly COVID-19 testing of all nursing facility staff until either herd immunity is achieved or a vaccine is developed. These concerns and ideas include:

- **Facility-Based Testing Essential.** Reliance on remote-site testing is disruptive and presents liability concerns. This strategy should be replaced with state-supported onsite facility-based specimen collection with direct reporting of results to the facility so immediate action can be taken to protect residents and staff.
- **Sustainable Funding.** It is not sustainable for facilities to cover the costs of testing indefinitely. Insurance coverage of testing is not a complete solution given the high rate of self-insured health plans or employees that do not elect coverage. Twice-monthly testing is a \$10m/month cost at \$100 per test on a statewide basis. Decreased patient revenues alone are far outpacing the assistance from federal and state government and while the recent federal CARES monies for nursing facilities was helpful, it will not cover these costs beyond a month or two. IHCA will provide you a deidentified example of company financial results to see these revenues and expenses to in real terms.
- **PPE Procurement.** We agree that Infection Control practices are the most important to prevent and slow the spread of COVID-19. PPE is essential to this effort and demands for PPE will only grow as testing increases. It is imperative that ISDH and the State of Indiana continue to support the procurement of PPE and prioritize nursing facilities in the distribution of government-procured PPE.
- **Burden of Testing non-employed personnel.** Nursing facilities have a variety of contracted and non-contracted health care professionals entering their facilities on a daily basis for essential services. Physicians, hospice, medical imaging, staffing agency personnel, and more. The burden of testing these individuals in the long-run should not fall on the nursing facility and these other, independently organized and regulated (in most cases) entities should be responsible for testing their personnel to then perform service in the nursing facility.
- **Impact on Staff and Operations.** Without a more targeted, risk-stratified, approach testing of all staff twice per month is likely to drive people out of the sector and significantly disrupt operations – turning care teams into testing teams. Simplification of reporting and data collection will be important to remember in this process.
- **Clarity on Acceptable Tests.** To the extent facilities are solely responsible for procuring testing for their staff clear guidance is needed on what types of testing are acceptable or recommended.
- **Optum Sites.** If the Optum sites continue to be available, group scheduling, expanded hours and results reporting to the employer should be developed.

Thank you for taking the time with us this week and it is my hope that the input is not only taken to heart but is seen in the final plans that are being developed.

Sincerely,



Zach Cattell
President

cc: Paul Peaper, Office of Governor Eric Holcomb
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