



*Supporting People,  
Health and  
Quality of Life*

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July 17, 2020

Hon. Gavin Newsom  
Governor of California  
State Capitol  
Sacramento, California 95814

Dear Governor Newsom:

As you know, the California Association of Health Facilities ("CAHF") is the largest trade association in California representing long-term care facilities. CAHF currently represents 1,344 licensed skilled nursing and intermediate care facilities servicing individuals with developmental disabilities throughout California. Of the roughly 1,200 freestanding skilled nursing facilities in California, almost 80% are CAHF members. CAHF member facilities annually serve 400,000 vulnerable patients and employ more than 114,000 persons in California.

Earlier this week, CAHF's national partner, the American Health Care Association (AHCA), in Washington, D.C., sent the attached letter to the National Governors Association. The letter outlines, from a national perspective, the need for states to provide urgent attention to SNFs and other long-term care facilities as we see spikes in COVID outbreaks across the country.

***I want to fully endorse the points in the attached AHCA letter with respect to California, especially given the recent increases in COVID cases that are occurring throughout our state.*** We have learned much about the Coronavirus in the past five months. Independent research from the Harvard Medical School, Brown University's School of Public Health, and the University of Chicago has shown the level of COVID cases in the surrounding community was the top factor in outbreaks in nursing homes. Given this, we are concerned that these new outbreaks of new cases in our communities could lead to increases in cases in nursing homes. (A copy of the summary of this research is also attached.)

In terms of providing attention and priority to SNFs, the AHCA letter makes three main points:

1. Need to expedite lab processing time and find a solution for on-site testing with reliable and rapid results.
2. Provide additional support for personal protective equipment (PPE) supplies to SNFs.
3. Work closely with long-term care providers on reopening facilities for visitation.

## **Testing**

We know that testing of SNF residents and staff is key to control the introduction and spread of COVID-19. California has made great strides to increase testing resources, but serious issues remain.

Many of our CAHF members report that they are still struggling to get testing resources, and timely turnaround of results. AHCA recently conducted a national survey and found that almost 90 percent of nursing homes and assisted living communities said obtaining test results back from the lab companies is taking two days or longer (63 percent – two to four days, 24 percent five days or more). Feedback from our SNF members in California indicates that test results often take even longer.

The lack of access to testing, and the inability to receive timely results, is hurting the ability of long-term care facilities to fight the virus.

We urge you to place our facilities at the top of that state priority list, on par with acute care hospitals, for access to testing resources.

## **PPE supplies**

Nationally, and in California, the availability of PPE, like testing, has improved. But there is still work to be done.

Nationally, nearly 20 percent (one out of five) of nursing homes report to the Centers for Disease Control and Prevention (CDC) that they either do not have or have less than a one-week supply of PPE, and more than half of assisted living communities have less than a two-week supply of N-95 masks and gowns.

N-95 masks are still not available and were not included in the FEMA shipments to nursing homes. Given the fact we are several months into the response of this pandemic and the lack of reliable PPE supplies is still an issue is very concerning. In addition, proper training in the usage of masks is essential to reduce the spread of COVID-19.

We urge you to place SNFs at the top of the statewide priority list, along with acute care hospitals, for PPE supplies going forward.

In addition, I need to call your attention to a significant conflict in state guidance that could have real consequences related to the use of PPE to keep healthcare workers from being exposed. Typically, in situations with infectious, airborne diseases, a SNF resident is required to be transferred to an acute care hospital with airborne isolation rooms for treatment, since such rooms are not generally available in SNFs (thus, SNFs are considered “referring employers” under the regulations). Hospitals then treat these patients and make use of proper N-95 masks, and meet state “fit-testing” requirements for use of the masks.

However, in this pandemic, SNFs are often precluded from referring residents to hospitals, in order to maintain hospital capacity for COVID-positive patients, so the residents remain in the SNFs, and staff must wear N-95 masks to treat them. At the same time, however, there are insufficient resources to “fit-test” all staff who are now required to wear N-95 masks to treat patients in SNFs.

For these reasons, we urge you to make more “fit-testing” resources available to our facilities.

## Visitation

Our member facilities have done everything possible to keep residents in contact with family members during the pandemic, such as outdoor visiting and remote communication, and they are eager to welcome back family and friends into our facilities. But the health and safety of our residents and staff will always be our top priority.

We think that the current state guidance for in-person family visitation strikes the proper balance, especially when there are surging COVID+ cases in the surrounding communities. We urge you to maintain that position going forward.

In addition, CAHF understands the importance of visitation by state and local regulators—from the Department of Public Health, county public health, and state and local ombudsmen. But currently, *there are no requirements that these regulators be tested prior to entering a facility*. We think this is a mistake, especially given that these officials frequently move among several facilities in a single day. In addition, we know of no reason that surveyors and ombudsman, who, like facility staff, move throughout the buildings, going room to room, should not be required to undergo the same sort of testing requirements as facility staff.

## Other issues

I want to point out two other issues that are important to California facilities that were not highlighted in the letter to the NGA:

*Coordination:* We continue to hear many concerns about the need for greater coordination between state and local regulators. We understand the important role that county public health agencies play, and the need for variation among California 58 counties to meet local conditions. But the diversity of requirements among jurisdictions is often maddening to providers, especially to providers who operate multiple facilities throughout the state. In addition, a number of cities—including some that do not even have health departments—have started to impose their own requirements and restrictions on operations of our member facilities.

We urge you to take a greater leadership role in this area, to ensure that everyone is rowing in the same direction.

*Paperwork:* The state and local governments continue to require an inordinate amount of administrative paperwork from our facilities. This paperwork diverts staff attention from the mission-critical functions of caring for our residents. For example, the required mitigation plans that facilities must submit—while excellent in concept—have become overly burdensome in terms of the administrative paperwork. Another example is the requirement to divert valuable attention from patient care to deal with routine audit issues—all activities that should be postponed during a pandemic.

We urge the Administration to be more sensitive to these administrative requirements in order to permit facilities to maximize the time that they spend providing quality care to our residents.

## Conclusion

California has had great success in fighting COVID-19, thanks largely to your leadership and the dedicated professionals who work for your Administration. We are especially grateful for your support of the long-term care

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provision. But the recent surge of the disease in our communities has been alarming, and we fear that this surge could have new negative impacts on our facilities.

We urge you to prioritize SNFs and other long-term care facilities as we continue this battle. Our residents, staff, and communities will be safer and healthier as a result.

Sincerely,

A handwritten signature in black ink that reads "Craig Cornett". The signature is written in a cursive, flowing style.

Craig Cornett  
CEO/President

Attachments (2)

cc: Richard Figueroa, Deputy Cabinet Secretary  
Dr. Mark Ghaly, HHS Secretary