



Current Challenges, Confusion and Concerns Related to COVID-19 Vaccines in Long-Term Care Settings

Current COVID-19 Vaccine Guidance



- CDC has updated (May 1st) its recommendations for COVID-19 vaccines and boosters, including:
 - Removing EUA approval for the monovalent mRNA vaccines
 - Allowing use of the bivalent mRNA vaccines for primary series immunization
 - Approving additional bivalent boosters for:
 - Adults over the age of 65 at least 4 months after bivalent booster dose
 - Immunocomprised individuals at least 2 months after bivalent booster dose AND every 2 months, as recommended by the patient's care team
- Novavax vaccines continue to be available for individuals uncomfortable with receiving an mRNA vaccine or booster

PREP Act Amendment



- **Extending coverage for COVID-19 vaccines, seasonal influenza vaccines, and COVID-19 tests.**
 - PREP Act immunity from liability will be extended through December 2024 to pharmacists, pharmacy interns, and pharmacy technicians to administer COVID-19 and seasonal influenza vaccines (to those individuals three and over, consistent with other requirements), and COVID-19 tests, regardless of any USG agreement or emergency declaration.
- **Ending of coverage for certain activities.**
 - Once products are no longer distributed under a USG agreement, PREP Act coverage will no longer extend to the following activities:
 - COVID-19 vaccination by non-traditional providers (e.g., recently retired providers and students); and
 - COVID-19 vaccinations across state lines by licensed providers and pharmacists and pharmacy interns.
- **Ending of coverage for routine childhood vaccinations.**
 - Once there is no emergency in effect, PREP Act coverage will no longer extend to all routine childhood vaccinations by pharmacists, pharmacy interns, and pharmacy technicians.
- **No change to coverage for certain prescribing and dispensing of COVID-19 oral antivirals.**
 - The PREP Act will continue to offer liability immunity for pharmacists, pharmacy technicians, and pharmacy interns dispensing COVID-19 treatments.
- **No change to the “Test to Treat” program.**
 - Pharmacists and other providers prescribing tests in the “[Test to Treat](#)” program will continue to receive liability protection under the PREP Act.

COVID-19 & COVID-19 Vaccine Reporting Requirements



- With the PHE ending on May 11th, 2023, the Biden Administration, via CMS, has amended requirements related to reporting, including:
 - Ending regulatory requirement for resident and staff COVID-19 testing
 - Facilities are still expected to test per F-880
 - Ending the staff vaccination requirement
 - HOWEVER, the SNF PPS proposed rule **proposes** to amend the existing COVID-19 vaccination quality measures from “primary series” to “up to date.”
 - Ending, via enforcement discretion and then December 31, 2024, requirement to notify residents and their representatives and families of a single confirmed resident case OR three or more residents or staff with new on-set of respiratory symptoms within 72 hours of each other.

COVID-19 & COVID-19 Vaccine Reporting Requirements



- Facilities are still required to:
 - Report, via the NHSN, the vaccination status of residents and staff (will continue indefinitely)
 - Educate residents and staff on COVID-19 vaccines and assist in immunization (until May 21, 2024)

SNF Enforcement Discretion Relating to Certain Pharmacy Bill



- Under an 1135 waiver, CMS allowed long-term care pharmacists (who were enrolled as mass immunizers) to roster bill Medicare Part B directly for administering:
 - COVID-19 vaccines
 - Influenza vaccines
 - Pneumococcal vaccines
- Per CMS, this enforcement discretion will end on **June 30th, 2023**
- Entire long-term care ecosystem requested preservation through, at least, the 2023-2024 influenza season
- **Concerns:**
 - CMS statements related to ending this enforcement discretion ONLY refers residents in their Part A stay
 - Long-term care facilities are NOT connected with state-run immunizations reporting system (IIS) so:
 - How will vaccines be reported?
 - How will facilities know when a resident needs to receive a booster or second dose in their primary series?

SNF Enforcement Discretion Relating to Certain Pharmacy Bill



- **Concerns – nursing home resident:**
 - **Currently:**
 - Data from State IIS provides insight to vaccination status of resident
 - Pharmacist can review and recommend
 - Pharmacist reports to State IIS
 - Pharmacy has the flexibility to administer and the responsibility to report if billing for the administration of the vaccine (common during the emergency for Covid-19 and Flu)
 - **As of June 30th:**
 - Pharmacy can no longer roster bill Covid-19 and influenza vaccine, this reverts to the SNF
 - SNF does not report to State IIS
 - Resident's vaccination history is now compromised and useless to guide recommendations
 - Systems reverts to pre-Covid scenario where SNFs commonly did not manage or bill vaccinations effectively – further challenged by the current staffing situation in SNFs
- **The Secretary of HHS has the authority to continue the 1135 enforcement discretion waiver.**
- **All SNF stakeholders including medical directors, AHCA, and Leading Age support continuing the 1135 waiver.**

Equitable Community Access to Pharmacists Services Act H.R. 1770



- Adds "pharmacists" to the *Social Security Act*
- Allows for Medicare Part B billing of:
 - Testing for influenza, COVID-19, streptococcal pharyngitis (strep throat) and RSV
 - Treating influenza, COVID-19 and streptococcal pharyngitis (strep throat)
 - Immunizing against influenza and COVID-19
- Bill at 80% of PFS; 85% under PHE
- LTC-specific impact: solves roster billing issue
- AMA critique

328

Million
people⁴

14,000

more primary
care providers
are needed⁵

311,200

Pharmacists
ready to help⁶