



November 30, 2020

Submitted electronically via:

<https://www.regulations.gov>

Dr. José Romero
Chairman
Advisory Committee on Immunization Practices
Centers for Disease Control and Prevention
National Center for Immunization and Respiratory Diseases
1600 Clifton Road, NE, MS-H24-8
Atlanta, GA 30329-4027

RE: Docket No. CDC-2020-0121, Comments for the December 1, 2020 Advisory Committee on Immunization Practices Emergency Meeting, Centers for Disease Control and Prevention

Dear Dr. Romero:

We write to you today in support of the draft recommendations pending before the CDC's Advisory Committee on Immunization Practices (ACIP) on the prioritization of vaccine access. The undersigned organizations represent the interests of providers of health care services in the home. These providers are on the frontlines of the pandemic caring for over 12 million of the nation's most at-risk individuals annually through over 3.5 million dedicated caregivers. These caregivers include home health aides, hospice aides, personal care aides, home care workers, direct support professionals, among others. Collectively, our provider sector is serving tens of thousands of patients with active COVID-19 infections with over 60% of home care and hospice providers reporting COVID-19 infected patients in service.

Home-based providers are working aggressively to prevent any spread of the virus from the community to their direct care professionals and the individuals they serve. Prioritizing vaccinations for our frontline health care staff and the high needs individuals we serve will be critical in achieving that goal.

The ACIP recommends that health care providers be the first group subject to access of the COVID-19 vaccine in what is termed “Phase 1a”. Home care and hospice staff of all disciplines are properly included in the ACIP definition of health care workers although we want to note that some specific titles of these workers, as referenced above, may not be captured. Specifically, the ACIP’s standards for “essential critical infrastructure workers” that defines health care providers¹ include:

- Healthcare providers including, but not limited to,...; nurses,...; assistants and aid[e]s;...; physical, respiratory, speech and occupational therapists and assistants; social workers...
- Home care workers (e.g. home health care, at-home hospice, home dialysis, home infusion, etc.).
- Home health workers (e.g., nursing, respiratory therapists, health aides) who...go into the homes of individuals with chronic, complex conditions and/or disabilities to deliver nursing and/or daily living care.
- Personal assistance services providers to support activities of daily living for older adults, people with disabilities, and others with chronic health conditions who live independently in the community with supports and services.

The U.S. Bureau of Labor Statistics reports that as of March 2020 there were 3,525,381 health care workers providing services in individuals’ homes². These health care workers are included under North American Industry Classification System (NAICS) classifications [621610 Home Health Care Services](#) and [624120 Services for the Elderly and Persons with Disabilities](#). These are the worker classifications that apply to the wide range of health care workers providing services covered by Medicare, Medicaid, TRICARE, VA, and the Older Americans Act along with long term care insurance, employer-based health plans, commercial health insurance, and consumer paid care.

The ACIP standards are reasonably consistent with a number of other state and federal standards defining essential health care workers. Universally, it has been recognized that health care in the home should be included in the Public Health Emergency priority actions. While it is obvious that nurses and therapists are health care workers and should be priority recipients of the vaccine, we wish to emphasize that those health care workers generally classified as home health aides, home care aides, hospice aides, personal care attendants, and direct support professionals are equally essential health care workers. This workforce is at higher risk of contracting and/or transmitting the virus because of the nature of the services they provide that are focused on assisting with Activities of Daily Living that put them in close contact with their patients for extended periods of time. It is therefore crucial that specific inclusion of this

¹ ACIP source: “Advisory Memorandum on Ensuring Essential Critical Infrastructure Workers Ability to Work During the Covid-19 Response,” Cybersecurity and Infrastructure Security Agency (CISA), U.S. Department of Homeland Security, August 18, 2020.

² Quarterly Census of Employment and Wages - Bureau of Labor Statistics, Private, [NAICS 621610 Home Health Care Services](#) and [NAICS 624120 Services for the Elderly and Disabled](#), All Counties, 2020 First Quarter, All establishment sizes.

segment of the health care workforce be included as a first-line priority class of health care workers eligible for the vaccine.

We want to emphasize that the individuals we serve often have complex service needs and are at high risk for COVID-19. While we recognize the need for vaccinations for those that live in long-term care facilities, it is important to remember that our workforce, on a daily basis, frequently goes to multiple homes. They also provide care in other health care settings including nursing homes, assisted living facilities, and inpatient hospice facilities. The greater protection that both the workforce and individuals receive, the less likely there will be a community spread of the virus.

Further, due to the high-risk factors of the individuals we serve in their home, many have been unable to see family members or leave their homes for any community activities for almost a year. Providing them access to a layer of protection through vaccination could make an immense difference in their immediate quality of life. Accordingly, the home care population should be afforded high priority status for access to the vaccine.

We recognize that the ultimate decision on prioritization of vaccine administration rests with the states and localities. However, the best results of a vaccine are likely to come from a consistent set of standards. As such, we request that you take all reasonable steps to support the adoption of these recommendations at the state and local level. We stand ready to assist you in any respect to provide these essential health care workers with access to the vaccine.

Very truly yours,

Shannon McCracken, [American Network of Community Options and Resources](#)

Tim Rogers, [Council of State Home Care & Hospice Associations](#)

Vicki Hoak, [Home Care Association of America](#)

William Dombi, [National Association for Home Care & Hospice](#)

Edo Banach, [National Hospice and Palliative Care Organization](#)

David J. Totaro, [Partnership for Medicaid Home-Based Care](#)

Joanne Cunningham, [Partnership for Quality Home Healthcare](#)