Subtitle E – Support to Skilled Nursing Facilities in Response to COVID-19

Bill Summary

Subtitle E, Support to Skilled Nursing Facilities in Response to COVID-19, includes two policies that provide additional support to skilled nursing facilities in battling COVID-19 outbreaks.

First, the subtitle provides the Department of Health and Human Services (HHS) Secretary $200 million to deploy additional assistance to skilled nursing facilities (SNFs) struggling with infection control through Medicare’s Quality Improvement Organizations (QIOs). Adapted from Section 30210 of H.R. 6800, the Health and Economic Recovery Omnibus Emergency Solutions (Heroes) Act and H.R. 7254, the Infection Control Training and Support Act of 2020, introduced in the 116th Congress, this provision provides additional resources to support SNFs in responding to infection control and COVID-19 outbreaks.

Second, the subtitle provides the HHS Secretary $250 million to allocate to the states, District of Columbia, and territories of the United States for the purposes of deploying strike teams to SNFs. Adapted from Section 30209 of H.R. 6800, the Health and Economic Recovery Omnibus Emergency Solutions (Heroes) Act and H.R. 6872, the Sending Outside Support Act of 2020, or the SOS Act of 2020, introduced in the 116th Congress, this provision provides vital resources to SNFs battling infection control and COVID-19 outbreaks to help facilities manage outbreaks when they occur.

Since the early days of the COVID-19 pandemic, nursing homes have been infection hot spots, accounting for more than one-third of U.S. COVID-19 deaths nationwide, despite representing just five percent of cases. In 11 states, at least half of the COVID-19 deaths have occurred in nursing homes.

Accordingly, this policy provides on-the-ground support specifically targeted at improving infection control in the nursing home setting. The Centers for Medicare & Medicaid Services’ QIO program focuses on improving the quality of care provided to Medicare beneficiaries through a series of QIO contracts tied to meeting clinical improvement benchmarks for a given geographic/clinical area. QIOs are uniquely positioned to provide on-the-ground support with infection control in the nursing home setting, and preliminary data have already shown significant QIO success in addressing COVID-19 incidence rates. Specifically, incidence rates (per 1,000 residents per week) were 30.7 percent lower in nursing homes after receiving QIO support, compared to similar nursing homes without QIO support.
This policy also ensures states have additional resources to deploy to nursing homes to fend off COVID-19 outbreaks as they occur. Some states, including Massachusetts, have already developed successful strike team programs to support long-term care facilities in more effectively responding to the pandemic.