



February 23, 2021

Acting Administrator Liz Richter  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, DC 20201

Dear Acting Administrator Richter:

AARP, on behalf of our 38 million members and all older Americans nationwide, is writing to you about the important issue of in-person visitation for nursing home and other long-term care facility residents. We have heard from thousands of families during the pandemic about the challenges they have had trying to see their loved ones and the many important moments missed. They urgently want to visit their loved ones who desperately need their care and support. Accordingly, we urge you to update guidance, criteria, and support for safe in-person visitation and collect and make public daily data about COVID-19 in these facilities, including vaccinations of residents and staff.

Throughout the pandemic, scientists across the globe have worked hard to better understand this virus and the disease it causes. We appreciate that as the science has progressed, the Centers for Medicare & Medicaid Services (CMS) has adapted their ongoing guidance, such as the September 17, 2020, guidance that provided for in-person visitation in nursing homes, including making clear when facilities must allow in-person visitation, expanding compassionate care visits, using a person-centered approach to visitation, and outlining core principles of COVID-19 infection prevention.

As we enter a new phase of this pandemic with vaccines rolling out across the country and informed learnings about public health needs – including the physical safety, mental health, and social well-being of nursing home residents -- we believe there is a critical need for an update to the guidance and criteria for in-person visitation to allow more families to safely visit their loved ones. In doing so, CMS should consider issues such as the level of vaccinations in facilities and adherence to core principles of COVID-19 infection prevention. Specifically, we urge the agency to address the following:

- Continuing to work with states to ensure that every facility has access to personal protective equipment (PPE) and testing and taking additional steps to help ensure the correct and consistent use of PPE. Even with vaccines, we know that PPE and regular testing are still needed to stop the spread of coronavirus and other pathogens.
- Requiring facilities to provide clear guidance in advance to visitors about what is required for visitation, including relevant infection prevention measures. We encourage CMS to include guidance to facilities on what information should be provided in such a notice and in what manner, such as a simple, easy-to-understand one pager for visitors and a poster in the facility. All communications should also be made available in appropriate languages.
- Prioritizing virtual visitation, including ensuring access to facilitated virtual visits. While not a replacement for in-person visits, virtual visits can be an important lifeline for families, friends,

and residents. In 2021, there is no excuse for this widely available and increasingly affordable technology to still not be available to residents of long-term care facilities and their loved ones. As [we](#) have [written](#) to CMS before, family visitors are an important set of eyes and ears to ensure their family members are getting the care they deserve and need.

- Ensuring that facilities are in full compliance with CMS guidance allowing in-person visitation, including compassionate care visits. Most residents and families are unaware of the opportunity to obtain compassionate care visits, and we have heard many instances of compassionate care visits being denied. Residents and families should be advised of the circumstances under which compassionate care visits may be had and the means of obtaining such visits. Residents must be able to exercise their rights to visitation, and facilities should be held accountable for ensuring such visits occur. Nursing homes that do not accommodate visitation in accordance with CMS guidance should face appropriate enforcement action from states and CMS, including penalties. Furthermore, we encourage CMS to take its learnings from compassionate care visits to expand visitation to other families and friends, when those visits can be done safely.

In addition to updated guidance, we urge you to increase publicly available information to provide greater transparency on the COVID status in nursing homes. While some information around cases and deaths is now available, we urge that information be reported on a daily basis, as well as demographic information, including race and ethnicity. Furthermore, separate [information](#) about the number and percentage of residents and staff who have been vaccinated should be available by facility and state. If a family member or friend plans to visit their loved one, they should have a clear picture of the relative risk.

While vaccines have given us all great hope of returning to normalcy, vaccines only work when they have been administered. We are deeply concerned about reports of vaccine hesitancy among long-term care staff. Policymakers at the federal and state level need to urgently focus their attention on this critical population to communicate clearly and credibly with these staff about the vaccines.

We appreciate your attention to the health, safety, and well-being of long-term care facility residents and staff who have been so devastated by this pandemic, and of the many families who are desperate to once again reconnect in person with their loved ones. These are challenging issues and we remain ready to work with you, including to protect residents and promote safe visitation between them and their loved ones. If you have any questions, please contact me or have your staff contact Rhonda Richards on our Government Affairs staff at [r-richards@aarpp.org](mailto:r-richards@aarpp.org).

Sincerely,



Nancy A. LeMond

Executive Vice President and Chief Advocacy and Engagement Officer

cc: Acting HHS Secretary Norris Cochran

cc: CDC Director Dr. Rochelle Walensky