

November 28, 2021

Nursing Homes Open Doors Wide to Visitors

The *New York Times* reported yesterday that to the cheering of families, and to the concern of doctors, nursing homes have opened their doors to families and visitors (<https://www.nytimes.com/2021/11/27/health/coronavirus-nursing-homes.html>). Many of the existing restrictions were based on rules, known as “guidance,” mandated by the Centers for Medicare and Medicaid Services (CMS). CMS closed facilities to visitors in March 2020.

On November 12, however, CMS removed virtually all of them and advised the country’s nursing homes to allow visitation “for all residents at all times.” Federal policy, writes author [Paula Span](#), “still encouraged vaccination and emphasized infection control measures, including masks and distancing policies established by the Centers for Disease Control and Prevention.” The update removes all limits on the frequency, time, duration, location or number of visitors. Observers believe that these changes will soon be applied to other forms of assisted living.

Your blogger has spent the last decade thinking about and writing about congregate housing for the elderly. He has met scores of people who earnestly swear that they would “never” put Mom or Dad in a facility. While everyone wants to take care of elderly relatives “at home”, the economic cost of doing so is about \$250,000 per year. Yes ... \$250,000 per year.

How can it be so high? Suppose that Pat and Mike are taking care of parent Tony at home. Even if Pat and Mike are home 24/7, there is a cost to doing this. YB has used the figure of \$25/hour to pay an agency to bring someone in (a colleague tells me that she recently spent \$33/hour). Twenty-five dollars per hour is \$600 per day, leading to total costs of \$219,000 per year. This is for unskilled care. Adding skilled care adds money. Hence \$250,000 per year. Whether Pat and Mike write checks, or do it themselves, they are providing individualized care, instead of doing something else.

People who have taken care of elderly relatives in situ during the pandemic have put their lives on hold, quarantining themselves and their loved ones for months, at enormous costs. Those who cannot or could not do so in their own homes, or who live at distance from elderly relatives, used facilities.

Using a facility can also be costly. Assisted living may cost \$5,000 to \$6,000 per month (or more), and skilled nursing facilities \$10,000 per month (or more), or \$120,000 per year. These are steep costs, but they are less than doing it themselves, and the care is sometimes worse, but also sometimes better. It also costs far less than home care, and it is sometimes the only option for those whose family cannot or will not take care of their elderly relatives.

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As of November 27, CMS reported (<https://data.cms.gov/covid-19/covid-19-nursing-home-data>) 726,304 total resident COVID-19 confirmed cases, with 140,055 total resident COVID-19 deaths. They also reported 677,173 total staff COVID-19 confirmed cases with 2,152 total staff COVID-19 deaths. With close to 800,000 total COVID-19 deaths in the United States since mid-March 2020, this means that about 17.5% (over one in six) of all COVID-19 deaths occurred in skilled nursing facilities. This number is staggering, but hardly surprising. Older people tend to be more at risk for life-threatening conditions. The staff who care for them are also at risk.

Without consistent federal guidance at the beginning of the pandemic on what to do with hospitalized COVID-19 cases, states were left to make their own decisions, which often required (New York) or incentivized (Michigan) (source: <https://www.clickondetroit.com/news/local/2021/03/11/michigan-gov-whitmer-stands-by-covid-nursing-home-policy-amid-threats-of-legal-action/>) facilities to take in residents with COVID-19. Such policies may have increased the number of nursing home COVID-19 deaths, although it is not clear what the impacts of alternative placements would have been. There might have been fewer deaths, or the deaths might have occurred elsewhere.

Understand, please, that facilities had lockdowns before COVID. YB and family were informed of lockdowns in his parents' community due to influenza, years before COVID-19. These were obviously not the length or the severity of the COVID-19 lockdowns, but such restrictions on visiting and on care are not new.

Without question, facility residents suffered from losing the closeness of contact with their families or their social supporters due to lockdowns and quarantines. Many of the perceived failures in care were (again, regrettably) nothing new. Confusion, falls, and bedsores all too commonly occur in understaffed and badly administered facilities, COVID-19 or not.

As we approach the Chanukah and Christmas season of 2021, families want to be together, making up the lost time from last year, and providing a loving sense of community to their older friends and relatives. The new guidance from CMS will make this easier. We can only hope that it will be safe.

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