



Center for Public
Representation

December 2, 2020
By Electronic Mail

Governor Charles Baker
Lt. Gov. Karyn Polito
Secretary Marylou Sudders
Commissioner Monica Bharel
Senate President Karen Spilka
Speaker of the House Robert DeLeo

Dear Governor Baker and other distinguished State officials:

Our organizations represent a broad cross section of the disability, aging, and civil rights communities. Over the past six months, we have worked on a range of health equity issues related to the COVID-19 pandemic, including collaborating with the Administration on the issuance and revision of Massachusetts' Crisis Standards of Care.

More recently, we have [commented](#) on federal vaccine allocation recommendations, emphasizing the need to prioritize individuals with disabilities and older adults with co-morbid conditions, particularly those residing in congregate, long-term, and institutional settings, and the essential health care workers on whom they rely for the delivery of hands on personal care services and supports.

We have reviewed Massachusetts' draft plan for vaccine allocation, distribution, and community outreach, and we are supportive of the Commonwealth's plans to prioritize:

- 1) health care personnel likely to be exposed to or treat people with COVID-19;
- 2) people at increased risk for severe illness from COVID-19, including those with underlying medical conditions and people 65 years of age and older; and
- 3) other essential workers.

Consistent with the ACIP's recent recommendations, we see the importance of prioritizing residents and staff in long term care settings hard hit by the virus. We also understand that additional specificity is needed to identify other critical populations and workforce infrastructure, to plan for and organize vaccine delivery methods, and to generate accessible communications, outreach and education strategies for these communities and the broader public. For instance, it will be necessary to identify the range of front line health care workers at risk of exposure to, and

likely to further transmit, the virus, and to establish a broad and equitable definition of essential workers, keeping in mind that these employees often come from communities of color heavily impacted by COVID-19.

As organizations that include and represent individuals with disabilities, older adults, and others at higher risk of death from the virus,¹ we urge you to partner with us and to include our constituencies in these critical decisions over the coming days and weeks.

We bring considerable expertise in aging, civil rights, and disability systems, as well as knowledge of reasonable accommodations and accessible service delivery. We are familiar with the congregate, long-term and institutional care settings where our constituents reside, and the unique barriers they and their families have faced in combatting the virus, including their reliance on essential health care workers like Personal Care Attendants (PCAs), Home Health Aides, and Direct Support Professionals (DSPs) to deliver hands-on assistance and supports. Our networks can assist with effective communication strategies, while providing the credibility that comes with deep connections to affected communities.

We understand the Governor's State Vaccine Advisory Group is expected to meet again this week to review federal guidance from the CDC's Advisory Committee on Immunization Practices (ACIP) and to make further revisions to the Massachusetts Plan. As part of those deliberations, and given reports that the Commonwealth will have access to more vaccine doses than previously anticipated,² we urge the Administration and DPH to take the following next steps during phase one of vaccine allocation:

- 1) make express reference to including individuals with disabilities, and particularly those with mental illness, intellectual and developmental disabilities, autism, and other serious comorbid conditions, among the populations at increased risk for severe illness and death from COVID-19;

¹ Several recent studies have identified heightened risk of death from COVID-19 infection in specific populations, including individuals with intellectual and developmental disabilities, and those with serious mental illness. See, e.g., [Risk Factors for COVID-19 Mortality among Privately Insured Patients - A Claims Data Analysis - A FAIR Health White Paper.pdf](#), in Collaboration with the West Health Institute and Marty Makary, MD, MPH, November 11, 2020; [Intellectual and developmental disability and COVID-19 case-fatality trends: TriNetX analysis - ScienceDirect](#), Margaret A. Turk, MD, Scott D. Landes, PhD, Margaret K. Formica, MSPH, PhD, Katherine D. Goss, MPH, Disability and Health Journal, July 2020; [Increased risk of COVID-19 infection and mortality in people with mental disorders: analysis from electronic health records in the United States](#), QuanQui Wang, Rong Xu, and Nora D. Volkow, World Psychology, October 7, 2020.

² *'Time is of the essence here': High-risk groups await state vaccine plan*, Boston Globe, Robert Weisman and Deanna Pan, December 1, 2020, available at https://www.bostonglobe.com/2020/12/01/metro/time-is-essence-here-high-risk-groups-await-state-vaccine-plan/?s_campaign=breakingnews:newsletter

- 2) use distribution models that prioritize people in settings that increase risk – including elderly/disabled housing, congregate group homes, institutions, long term care, and carceral settings where we have already seen heightened risk of transmission and death from COVID-19;
- 3) include PCAs, DSPs, and other providers of home and community-based services among the critical workforce infrastructure – either in their roles as health care professionals facing exposure to the virus, or as essential workers whose own health is critical to protecting communities who cannot social distance because of disability or the settings in which they reside;
- 4) to the greatest extent possible, prioritize communities that are hardest hit by the virus, as reflected in the incidence of COVID-19 and COVID-19 related deaths; and
- 5) ensure accessible communications about the vaccine, its availability, and delivery methods.

Thank you in advance for your consideration, and for your long-standing commitment to Massachusetts' most vulnerable residents. Our coalition can be reached by contacting Kathryn Rucker at krucker@cpr-ma.org or (617) 821-7496.

Sincerely,

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