

Approved By: Inessa Shapiro	Policy Name: COVID-19 Vaccination
Date Effective: 01/01/2022	Date(s) Revised:
ACHC Standard: HH4-2K	

Policy

New Vision Hospice & Palliative Care will ensure that 100% of all staff are fully vaccinated with one of FDA-approved COVID-19 vaccines or have submitted and been approved for an exemption.

Staff are considered fully vaccinated if it has been two weeks or more since they completed a primary vaccination series for COVID-19. Completion of a primary vaccination series for COVID-19 is defined as the administration of a single-dose vaccine or the administration of all required doses of a multi-dose vaccine.

A. Applying the Policy to Staff

1. Regardless of clinical responsibility or patient contact, this policy applies to the following hospice staff who provide any care, treatment, or other services for the hospice and/or its patients:
 - a. Hospice employees (includes administrative staff, office staff, agency leadership, board members, housekeeping, and food services.)
 - b. Licensed practitioners
 - c. Students, trainees, and volunteers
 - d. Individuals who provide care, treatment, or other services for the hospice and/or its patients, under contract or by other arrangement.
2. The policy does not apply to the following hospice staff:
 - a. Staff who exclusively provide telehealth or telemedicine services outside of the settings where hospice services are provided to patients and who do not have any direct contact with patients, patient families/caregiver(s), or other staff as specified in section A.1, above.
 - b. Staff who provide support services for the hospice that are performed exclusively outside of the settings where hospice services are provided to patients and who do not have direct contact with patients, patient families, and caregivers or other staff as specified in section A.1, above.

B. Exemption Requests and Decisions

1. Medical Exemptions

Requests for medical exemptions must be documented and evaluated. **New Vision Hospice & Palliative Care** will refer to the CDC informational document, [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#). The CDC considers a documented history of severe allergic reaction (e.g., anaphylaxis) after a previous dose of the vaccine, or to a component of the, or an immediate (within 4 hours) allergic reaction of any severity to a previous dose, or known (diagnosed) allergy to a component of the COVID-19 vaccine, to be a contraindication to vaccination with COVID-19 vaccines.

2. Non-Medical Exemptions, including Religious Exemptions

Requests for non-medical exemptions such as a religious exemption must be documented and evaluated. **New Vision Hospice & Palliative Care** will refer to the Equal Employment Opportunity Commission (EEOC) Compliance Manual on Religious Discrimination and specifically the section on [Vaccinations-Title VII and Religious Objections to COVID-19 Vaccine Mandates](#) in the EEOC COVID-19 Guide to evaluate and respond to non-medical exemptions including religious exemptions. **(Agency to further edit as appropriate.)**

3. Temporary Delay of the COVID-19 Vaccination

Temporary delay of vaccination administration is recommended by the CDC due to clinical precautions and considerations including, but not limited to, individuals with acute illness secondary to COVID-19 or individuals who received monoclonal antibodies or convalescent plasma for COVID-19 treatment in the last 90 days.

Procedures

New Vision Hospice & Palliative Care will ensure the following processes are in place.

1. Track 100% of staff specified in the COVID-19 VACCINATION POLICY, section A.1.
2. Document vaccination status in the employee's health information file. Confirm they have received, at a minimum, a single-dose COVID-19 vaccine, or the first dose of the primary vaccination series for a multi-dose COVID-19 vaccine prior to providing any care, treatment, or other services for the agency and/or its patients. Each staff member's vaccination status documentation will include the specific vaccine received and the date of each dose administered, or the date of the next scheduled dose for multi-dose vaccine. Examples of acceptable forms of proof of vaccination include:
 - a. Photocopy of a CDC COVID-19 vaccination record card (or a legible photo of the card).
 - b. Documentation of vaccination from a health care provider or electronic health record, or state immunization information system record.
3. Track and document the COVID-19 vaccination status of all staff who have obtained a booster dose as recommended by CDC. Each staff member's vaccination status will include documentation of any booster doses to include information on the specific vaccine booster received and the date of administration of the booster. Boosters are not required.
4. **New Vision Hospice & Palliative Care** will educate staff on how to request a non-medical/religious or medical exemption and to whom the request must be made. Staff will submit requests for an exemption from the COVID-19 vaccination requirements to **Human Resources or Leadership**. The agency will maintain documentation of information provided by any staff who have requested the exemption, the agency's decision on the request, and any accommodations that are granted. Staff who are unable to furnish proper exemption documentation or for whom an exemption is denied must be vaccinated or the agency must follow the actions for an unvaccinated staff as described in Contingency Plans, below.
5. Track, monitor and document staff who have been granted a temporary delay as defined in the COVID-19 VACCINATION POLICY. Staff granted a temporary delay in vaccination administration must have on record the reason for the delay and supporting documentation. Documentation must include when the waiting period ends and the date by which the individual should be vaccinated.

6. Document staff with clinical contraindications (including a temporary delay or a medical exemption). Ensure that documentation is signed and dated by a licensed practitioner acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws, and who is not the individual requesting the exemption. Documentation contains:
 - a. All information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual and the recognized clinical reasons for the contraindication(s) or temporary delay.
 - b. A statement by the authenticating practitioner recommending that the staff member be exempted from the agency's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.
7. Document staff granted non-medical exemptions the accommodations and/or mitigation actions to be followed. (See **Accommodations for Unvaccinated Staff with a Qualifying Exemption/Contingency Plan**, below.)
8. Additional precautions intended to mitigate the transmission and spread of COVID-19 are taken for all staff who are not fully vaccinated for COVID-19. **New Vision Hospice & Palliative Care** will reference and follow CDC resources as guidance for mitigation strategies:

[Infection Control Guidance for Healthcare Professionals about Coronavirus \(COVID-19\)](#)

[Workplace Prevention Strategies](#)

New Vision Hospice & Palliative Care will also consult as needed with local health departments to identify other actions that can potentially reduce the risk of COVID-19 transmission from unvaccinated staff.

Accommodations for Unvaccinated Staff with a Qualifying Exemption/Contingency Plan

Staff who are not yet fully vaccinated, or who have been granted an exemption or accommodation as authorized by law, or who have a temporary delay, must adhere to additional precautions. The actions or job modifications that may be implemented to support risk reduction of COVID-19 transmission include, but are not limited to:

- Reassigning staff who have not completed their primary vaccination series to:
 - » nonpatient care areas
 - » duties that can be performed remotely (i.e., telework)
 - » duties which limit exposure to those most at risk (e.g., assign to patients who are not immunocompromised, unvaccinated).
- Requiring staff who have not completed their primary vaccination series to follow additional, CDC-recommended precautions, such as adhering to universal source control and physical distancing measures in areas that are restricted from patient access (e.g., staff meeting rooms, kitchen), even if the facility or service site is located in a county with low to moderate community transmission.
- Requiring at least weekly testing for exempted staff and staff who have not completed their primary vaccination series, until the regulatory requirement is met, regardless of whether the facility or service site is located in a county with low to moderate community transmission, in addition to following CDC recommendations for testing the unvaccinated in facilities located in counties with substantial to high community transmission.

- Requiring staff who have not completed their primary vaccination series to use a NIOSH-approved N95 or equivalent or higher-level respirator for source control, regardless of whether they are providing direct care to or otherwise interacting with patients.

Resources: For Medicare-certified Hospice Agencies: The Hospice Agency must comply with CFR 418.60(L-900). See Medicare Conditions of Participation for the full text of the regulation.

COVID-19 VACCINATION POLICY

TIP SHEET: EVALUATING EXEMPTION REQUESTS



When a staff member requests an exemption, it is critical to apply consistent, validated criteria to the decision-making process. This document summarizes the approach used for each of three potential exemption types.

Exemption Type 1: Temporary Delay in Vaccination

Reference resource: [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) (CDC)

Criteria:

1. Acute illness secondary to COVID-19.

Per the CDC, it is safe for individuals with prior or current COVID-19 to receive the vaccination once there is recovery from the acute illness and they have met the criteria for discontinuation of isolation.

The individual's physician would decide (by date or time frame, e.g., xx weeks post diagnosis) when vaccination is appropriate and supply documentation per the policy.

2. Monoclonal antibodies or convalescent plasma for COVID-19 treatment received in the last 90 days.

CDC recommendation for post-exposure prophylaxis is to defer COVID-19 vaccination for 30 days; for COVID-19 treatment, defer COVID-19 vaccination for 90 days.

Documentation requirements:

- A statement by the authenticating practitioner recommending that the staff member be temporarily exempted from the organization's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.
- Information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual and the recognized clinical reasons for the temporary delay.
- Clinical contraindication is signed and dated by the licensed practitioner acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws, and who is not the individual requesting the exemption.

Exemption Type 2: Medical Exemption from Vaccination

Reference resource: [Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States](#) (CDC)

Criteria:

1. Documented history of a severe allergic reaction (e.g., anaphylaxis) after a previous dose or to a component of the COVID-19 vaccine.
2. Immediate (within 4 hours) allergic reaction of any severity to a previous dose.
3. Known (diagnosed) allergy to a component of the COVID-19 vaccine.
4. Certain recognized medical conditions.

Documentation requirements:

- A statement by the authenticating practitioner recommending that the staff member be exempted from the organization's COVID-19 vaccination requirements for staff based on the recognized clinical contraindications.
- Information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the individual and the recognized clinical reasons for the contraindication.
- Clinical contraindication is signed and dated by the licensed practitioner acting within their respective scope of practice as defined by, and in accordance with, all applicable state and local laws, and who is not the individual requesting the exemption.

Exemption Type 3: Non-Medical or Religious Exemptions

Reference resource: Equal Employment Opportunity Commission Compliance Manual on Religious Discrimination section on [Vaccinations-Title VII and Religious Objections to COVID-19 Vaccine Mandates](#) (EEOC)

Summary:

- Definition of religion - Title VII of the Civil Rights Act defines "religion" to include "all aspects of religious observance and practice as well as belief," not just practices that are mandated or prohibited by a tenet of the individual's faith. Religion includes not only traditional, organized religions such as Christianity, Judaism, Islam, Hinduism, Sikhism, and Buddhism, but also religious beliefs that are new, uncommon, not part of a formal church or sect, only subscribed to by a small number of people, or that seem illogical or unreasonable to others. Further, a person's religious beliefs "need not be confined in either source or content to traditional or parochial concepts of religion."
 - » Generally, under Title VII, an employer should assume that a request for religious accommodation is based on sincerely held religious beliefs. However, if an employer has an objective basis for questioning either the religious nature or the sincerity of a particular belief, the employer would be justified in making a limited factual inquiry and seeking additional supporting information. An employee who fails to cooperate with an employer's reasonable request for verification of the sincerity or religious nature of a professed belief risks losing any subsequent claim that the employer improperly denied an accommodation.

- » While the employer should not assume that a request is invalid simply because it is based on unfamiliar religious beliefs, employees may be asked to explain the religious nature of their belief. They should not assume that the employer already knows or understands it.
 - » Objections to COVID-19 vaccination based on social, political, or personal preferences or nonreligious concerns about the vaccine's possible effects do not qualify as "religious beliefs" under Title VII.
- If an employer demonstrates that it cannot reasonably accommodate an employee's religious belief without an "undue hardship" on its operations, Title VII does not require the employer to provide the accommodation.

COVID-19 VACCINATION QUICK FACTS:

As of November 5, 2021 the White House issued an interim final rule requiring all Medicare and Medicaid-certified providers clinical staff to be vaccinated for COVID-19. The rule applies to home health and hospice.

"Currently, the United States (U.S.) is responding to a public health emergency (PHE) of respiratory disease caused by a novel coronavirus that has now been detected in more than 190 countries internationally, all 50 States, the District of Columbia, and all U.S. territories...As of mid-October 2021, over 44 million COVID-19 cases, 3 million new COVID-19 related hospitalizations, and 720,000 COVID-19 deaths have been reported in the U.S.[2] Indeed, COVID-19 has overtaken the 1918 influenza pandemic as the deadliest disease in American history...Fear of exposure to and infection with COVID-19 from unvaccinated health care staff can lead patients to themselves forgo seeking medically necessary care...Illnesses and deaths associated with COVID-19 are exacerbating staffing shortages across the health care system. Over half a million COVID-19 cases and 1,900 deaths among health care staff have been reported to CDC since the start of the PHE [Public Health Emergency]... these numbers are likely gross underestimates of true burden in this population...It is essential to reduce the transmission and spread of COVID-19, and vaccination is central to any multi-pronged approach for reducing health system burden, safeguarding health care workers and the people they serve, and ending the COVID-19 pandemic." [\(1\)](#)

Requirements:

All staff must have received a single dose COVID-19 vaccine or the initial dose of a primary series by January 27, 2022. In a newsletter put out by ACHC, they stated that all staff must be fully vaccinated (meaning having **both doses**) by **February 26, 2022**. Based on this new rule that is being enforced by ACHC, The Joint Commission and CMS, agencies will need proof of vaccination from **all employees**. Smart Business Solutions will need one of the following forms of proof of vaccination for all staff for your agency:

- CDC COVID-19 vaccination record card (or a legible photo of the card),
- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record.

Exemption:

"Workers may be exempt from the vaccination requirements under section (1) only upon providing the operator of the facility a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on Religious Beliefs, or (2) the worker is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

a. To be eligible for a Qualified Medical Reasons exemption the worker must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate).

If an operator of a facility listed above under section (1) deems a worker to have met the requirements of an exemption pursuant to section (2), the unvaccinated exempt worker must meet the following requirements when entering or working in such facility:

a. Test for COVID-19 with either PCR or antigen test that either has Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services. Testing must occur twice weekly for unvaccinated exempt workers in acute health care and long-term care settings, and once weekly for such workers in other health care settings.

b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the facility."⁽²⁾

Helpful Links:

[Interim Rule Text](#)

[CMS Newsletter](#)

[FAQ](#)

[CDPH COVID-19 Site](#)

[COVID-19 Vaccine Development and Approval](#)

[What to do if someone tests positive for COVID-19](#)

[Medical Exemption Information](#)

Medicare and Medicaid Programs; Omnibus COVID-19 Health Care Staff Vaccination

A Rule by the [Centers for Medicare & Medicaid Services](#) on [11/05/2021](#)

AGENCY:

Centers for Medicare and Medicaid Services (CMS), HHS.

ACTION:

Interim final rule with comment period.

SUMMARY:

This interim final rule with comment period revises the requirements that most Medicare- and Medicaid-certified providers and suppliers must meet to participate in the Medicare and Medicaid programs. These changes are necessary to help protect the health and safety of residents, clients, patients, PACE participants, and staff, and reflect lessons learned to date as a result of the COVID-19 public health emergency. The revisions to the requirements establish COVID-19 vaccination requirements for staff at the included Medicare- and Medicaid-certified providers and suppliers.

DATES:

Effective date: These regulations are effective on November 5, 2021.

BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) establishes health and safety standards, known as the Conditions of Participation, Conditions for Coverage, or Requirements for Participation for 21 types of providers and suppliers, ranging from hospitals to hospices and rural health clinics to long term care facilities (including skilled nursing facilities and nursing facilities, collectively known as nursing homes). Most of these providers and suppliers are regulated by this interim final rule with comment period (IFC). Specifically, this IFC directly regulates the following providers and suppliers, listed in the numerical order of the relevant CFR sections being revised in this rule:

- Ambulatory Surgical Centers (ASCs) (§ 416.51)
- Hospices (§ 418.60)
- Psychiatric residential treatment facilities (PRTFs) (§ 441.151)
- Programs of All-Inclusive Care for the Elderly (PACE) (§ 460.74)
- Hospitals (acute care hospitals, psychiatric hospitals, hospital swing beds, long term care hospitals, children's hospitals, transplant centers, cancer hospitals, and rehabilitation hospitals/inpatient rehabilitation facilities) (§ 482.42)

- Long Term Care (LTC) Facilities, including Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs), generally referred to as nursing homes (§ 483.80)
- Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICFs-IID) (§ 483.430)
- Home Health Agencies (HHAs) (§ 484.70)
- Comprehensive Outpatient Rehabilitation Facilities (CORFs) (§§ 485.58 and 485.70)
- Critical Access Hospitals (CAHs) (§ 485.640)
- Clinics, rehabilitation agencies, and public health agencies as providers of outpatient physical therapy and speech-language pathology services (§ 485.725)
- Community Mental Health Centers (CMHCs) (§ 485.904)
- Home Infusion Therapy (HIT) suppliers (§ 486.525)
- Rural Health Clinics (RHCs)/Federally Qualified Health Centers (FQHCs) (§ 491.8)
- End-Stage Renal Disease (ESRD) Facilities (§ 494.30)

This IFC directly applies only to the Medicare- and Medicaid-certified providers and suppliers listed above.

INFECTION PREVENTION AND CONTROL

We require through this IFC that all applicable providers and suppliers have a process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19. While every health care facility should be following recommended infection control and prevention measures as recommended by CDC as part of their provision of safe health care services, not all of the providers and suppliers subject to the requirements of this IFC have specific infection control and prevention regulations in place. Specifically, there are no infection prevention and control requirements for PRTFs, RHCs/FQHCs, and HIT suppliers. Therefore, for PRTFs, RHCs/FQHCs, and HIT suppliers, we require that they have a process for ensuring that they follow nationally recognized infection prevention and control guidelines intended to mitigate the transmission and spread of COVID-19. This process must include the implementation of additional precautions for all staff who are not fully vaccinated for COVID-19. For the providers and suppliers included in this IFC that are already subject to meeting specific infection prevention and control requirements on an ongoing basis, we require that they have a process for ensuring the implementation of additional precautions, intended to mitigate the transmission and spread of COVID-19, for all staff who are not fully vaccinated for COVID-19.

DOCUMENTATION OF STAFF VACCINATIONS

In order to ensure that providers and suppliers are complying with the vaccination requirements of this IFC, we are requiring that they track and securely document the vaccination status of each staff member, including those for whom there is a temporary delay in vaccination, such as recent receipt of monoclonal antibodies or convalescent plasma. Vaccine exemption requests and outcomes must also be documented, discussed further in section II.A.5. of this IFC. This documentation will be an ongoing process as new staff are onboarded.

While provider and supplier staff may not have personal medical records on file with their employer, all staff COVID-19 vaccines must be appropriately documented by the provider or supplier. Examples of appropriate places for vaccine documentation include a facilities immunization record, health information files, or other relevant documents. All medical records, including vaccine documentation,

must be kept confidential and stored separately from an employer's personnel files, pursuant to ADA and the Rehabilitation Act.

Examples of acceptable forms of proof of vaccination include:

- CDC COVID-19 vaccination record card (or a legible photo of the card),
- Documentation of vaccination from a health care provider or electronic health record, or
- State immunization information system record.

If vaccinated outside of the U.S., a reasonable equivalent of any of the previous examples would suffice.

Providers and suppliers have the flexibility to use the appropriate tracking tools of their choice. For those who would like to use it, CDC provides a staff vaccination tracking tool that is available on the NHSN website (<https://www.cdc.gov/nhsn/hps/weekly-covid-vac/index.html>). This is a generic Excel-based tool available for free to anyone, not just NHSN participants, that facilities can use to track COVID-19 vaccinations for staff members.

VACCINE EXEMPTIONS

While nothing in this IFC precludes an employer from requiring employees to be fully vaccinated, we recognize that there are some individuals who might be eligible for exemptions from the COVID-19 vaccination requirements in this IFC under existing Federal law. Accordingly, we require that providers and suppliers included in this IFC establish and implement a process by which staff may request an exemption from COVID-19 vaccination requirements based on an applicable Federal law. Certain allergies, recognized medical conditions, or religious beliefs, observances, or practices, may provide grounds for exemption. With regard to recognized clinical contraindications to receiving a COVID-19 vaccine, facilities should refer to the CDC informational document, Summary Document for Interim Clinical Considerations for Use of COVID-19 Vaccines Currently Authorized in the United States, accessed at <https://www.cdc.gov/vaccines/covid-19/downloads/summary-interim-clinical-considerations.pdf> .

As described in section I.I. of this IFC, there are Federal laws, including the ADA, section 504 of the Rehabilitation Act, section 1557 of the ACA, and Title VII of the Civil Rights Act, that prohibit discrimination based on race, color, national origin, religion, disability and/or sex, including pregnancy. We recognize that, in some circumstances, employers may be required by law to offer accommodations for some individual staff members. Accommodations can be addressed in the provider or supplier's policies and procedures.

Applicable staff of the providers and suppliers included in this IFC must be able to request an exemption from these COVID-19 vaccination requirements based on an applicable Federal law, such as the Americans with Disabilities Act (ADA) and Title VII of the Civil Rights Act of 1964. Providers and suppliers must have a process for collecting and evaluating such requests, including the tracking and secure documentation of information provided by those staff who have requested exemption, the facility's decision on the request, and any accommodations that are provided.

Requests for exemptions based on an applicable Federal law must be documented and evaluated in accordance with applicable Federal law and each facility's policies and procedures. As is relevant here, this IFC preempts the applicability of any State or local law providing for exemptions to the extent such law provides broader exemptions than provided for by Federal law and are inconsistent with this IFC.

For staff members who request a medical exemption from vaccination, all documentation confirming recognized clinical contraindications to COVID-19 vaccines, and which supports the staff member's request, must be signed and dated by a licensed practitioner, who is not the individual requesting the exemption, and who is acting within their respective scope of practice as defined by, and in accordance with, all applicable State and local laws. Such documentation must contain all information specifying which of the authorized COVID-19 vaccines are clinically contraindicated for the staff member to receive and the recognized clinical reasons for the contraindications; and a statement by the authenticating practitioner recommending that the staff member be exempted from the facility's COVID-19 vaccination requirements based on the recognized clinical contraindications.

Under Federal law, including the ADA and Title VII of the Civil Rights Act of 1964 as noted previously, workers who cannot be vaccinated or tested because of an ADA disability, medical condition, or sincerely held religious beliefs, practice, or observance may in some circumstances be granted an exemption from their employer. In granting such exemptions or accommodations, employers must ensure that they minimize the risk of transmission of COVID-19 to at-risk individuals, in keeping with their obligation to protect the health and safety of patients. Employers must also follow Federal laws protecting employees from retaliation for requesting an exemption on account of religious belief or disability status. For more information about these situations, employers can consult the Equal Employment Opportunity Commission's website at <https://www.eeoc.gov/wysk/what-you-should-know-about-covid-19-and-ada-rehabilitation-act-and-other-eeo-laws> .

We also direct providers and suppliers to the Equal Employment Opportunity Commission (EEOC) Compliance Manual on Religious Discrimination [160] for information on evaluating and responding to such requests. While employers have the flexibility to establish their own processes and procedures, including forms, we point to The Safer Federal Workforce Task Force's "request for a religious exception to the COVID-19 vaccination requirement" template as an example. This template can be viewed at <https://www.saferfederalworkforce.gov/downloads/RELIGIOUS%20REQUEST%20FORM%20-%2020211004%20-%20MH508.pdf>

Citation: <https://www.federalregister.gov/documents/2021/11/05/2021-23831/medicare-and-medicaid-programs-omnibus-covid-19-health-care-staff-vaccination>