THE AMERICAN GERIATRICS SOCIETY
40 FULTON STREET, 18TH FLOOR
NEW YORK, NEW YORK 10038
212.308.1414 TEL 212.832.8646 FAX
www.americangeriatrics.org

April 16, 2020

The Honorable Mike Pence
Vice President of the United States
White House Coronavirus Task Force
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Doctor Deborah L. Birx
Response Coordinator
White House Coronavirus Task Force
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear Vice President Pence and Dr. Birx:

As America continues to face an unprecedented and rapid widespread public health emergency with COVID-19, we appreciate the work of Congress and the Administration to expeditiously implement changes, including the most recent stimulus package. However, more can and must be done as there are more than 450,000 COVID-19 cases in the United States and the death toll is estimated to be at least 60,000 by August, which has dire consequences for older adults and those with underlying health conditions. Thirty-one percent of cases, 45 percent of hospitalizations, 53 percent of ICU admissions, and 80 percent of deaths occurred among adults over 65 with the highest percentage of severe outcomes among persons aged 85 years or older. We have outlined below several time-sensitive recommendations that we hope you will consider and stand ready to work with officials as we continue to navigate this crisis together.

Founded in 1942, the AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of older people. Our nearly 6,000 members include geriatricians, geriatric nurses, social workers, family practitioners, physician assistants, pharmacists, and internists. The Society provides leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in clinical care, research, professional and public education, and public policy that can support us all as we age. All of our clinician members are now on the frontlines of the battle against COVID-19 with some of our most vulnerable older Americans.

Ensure Needed Medical Supplies

We appreciate President Trump's most recent invocation of the Defense Production Act on April 2, 2020 to secure supplies from companies such as 3M and others. We know that the Federal Emergency Management Agency's supply-chain task force team is collaborating with private companies to coordinate and disseminate equipment, while the Administration arranges shipments of additional supplies from China. Moreover, the Food and Drug Administration approved certain Personal Protective Equipment (PPE) to be reused with new sterilization techniques. However, there are current and potential shortages of equipment and supplies across settings. A recent national survey of primary care practices with over 1,000 respondents as of April 6, 2020 reported that approximately 58 percent of clinicians remain without FDA-approved PPE and utilizing homemade PPE, and more than 50 percent are

lacking tests for COVID-19.[1] The shortages are reflected in other settings including hospitals, Nursing Homes (NH), Long-Term Care Facilities (LTCF), other congregate living settings (e.g., assisted living), and home health care agencies (e.g., Visiting Nurse Association and individual direct care workers), and must be included as priorities when estimating what is needed for America's coordinated response to COVID-19. The existing and future shortfalls will only be addressed if the President fully exercises his authorities under the Defense Production Act so that we can move quickly to increase production and distribution of:

- PPE: This includes the masks, face shields, gowns, and gloves that all frontline healthcare professionals and direct care workers need in order to protect themselves against becoming infected. PPE protects health workers' own safety, which is key to ensuring we have access to the healthcare workforce we need during this pandemic.
- Testing kits and related laboratory supplies: Supplies for diagnostic and serologic testing are integral to protecting the health and safety of all Americans during a pandemic.
- Supplies for symptom management and end-of-life care: The federal government should proactively monitor the available supply of medications (including opioids) and equipment commonly used in symptom management and at the end of life, particularly for people who develop the distressful and uncomfortable symptoms of respiratory failure. If shortages are imminent, the President should fully exercise his authorities under the Defense Production Act to prevent a gap in the supply of the medicines and equipment critical to symptom management, especially at the end of life.

Further Expansion of Telehealth Services

AGS is appreciative of the waivers and new rules that the Centers for Medicare and Medicaid Services (CMS) has made to expand coverage for Medicare telehealth services. However, we urge CMS to immediately provide waivers to allow for audio-only telehealth services (e.g. telephone calls without the need for video), which should be covered and reimbursed at the same level as in-person visits. Telehealth services via audio-only can allow older Americans, particularly those with multiple chronic conditions, to receive services and care they may not otherwise receive due to hospitals' and other healthcare facilities' lack of capacity to treat non-COVID-19 cases and limitations on access to community-based or in-home care.

This is especially important for older adults, many of whom are not comfortable with or do not have the resources (e.g. do not own a smart phone) or know-how to operate various audio and video capable software and mobile applications. Patients with cognitive impairment and/or low vision face additional barriers that can prevent use of more advanced technology for telehealth services. In a national survey of primary care practices that included AGS member leaders, 73 percent of respondents revealed the challenges of using telehealth services with their patients and noted that it has been a significant stressor in navigating COVID-19.[2]

[1] Primary Care Collaborative & Larry Green Center (2020, April*). Quick COVID-19 Primary Care Survey: Series 4 Fielded April 3-6, 2020.* Retrieved from https://www.pcpcc.org/sites/default/files/news_files/C19%20Series%204%20National%20Executive%20Summary_0.pdf

[2] Ibid.

Finally, the importance of telehealth during this pandemic cannot be understated and providers and patients have been utilizing these services in overwhelming numbers. We believe that telehealth services, when appropriate, should continue to play an important role in expanding access to health care services once the COVID-19 pandemic ends. We urge CMS and Congress to work together to make the recent temporary telehealth expansions permanent.

Further Expansion of Paid Family, Medical and Sick Leave

We recognize that Congress has taken steps to address access to paid family leave for all Americans. However, more remains to be done to ensure that all health professionals and direct care workers on the frontlines of addressing this crisis have access to paid family, medical and sick leave. For example, workers employed by a business with fewer than 50 employees may be excluded from receiving paid family and medical leave benefits under the recently passed bills. This is likely to impact frontline health-related workers, including caregivers, certified nursing assistants, urgent care providers, and home healthcare professionals caring for older and disabled Americans during this crisis.

Congress should also ensure academic institutions, hospitals, clinicians in private practice, urgent care centers, emergency physician groups, NHs, LTCFs, other congregate living settings (e.g., assisted living), and home health agencies have immediate access to federal grants, interest-free loans, or tax relief to help offset these costs. We urge you to ensure that the formulas used to calculate taxpayer relief account for the low-income realities of certain segments of the healthcare workforce. Direct care workers, for example, earn a median hourly wage of $12.37 and should not be penalized with lower levels of tax relief simply because they earn less than their peers. In addition, the federal government should ensure there is quality childcare universally available during the current public health emergency.

Financial Relief for Healthcare Professionals

We commend Congress for the provision of financial relief for clinicians in the CARES Act through the Economic Injury Disaster Loan (EIDL) and Health and Human Services grants for lost revenue or healthcare-related expenses. However, we believe more can and should be done to assist healthcare professionals, including residents and early graduated medical students that are also making significant contributions to the pandemic response. During these challenging times, it is critical that our healthcare professionals and facilities are financially equipped to operate and continue operations during and after the public health emergency. Many frontline healthcare professionals caring for patients with COVID-19 may experience additional financial strain to protect their loved ones, such as staying in hotels. We are also concerned that smaller medical practices are at greater risk of economic distress with less access to capital and lean margins while larger practices with 500+ employees will not qualify for the financial relief loan provided through CARES leading to furloughing of staff and clinicians or closing business. Given the current shortage of primary care clinicians, we are concerned that absent this critical support, states that are already experiencing critical shortages of primary care clinicians will have even larger gaps in access to care due to the economic impact of this pandemic on their practices.[3][4][5]

[3] Ibid.

[4] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. 2017. National and Regional Projections of Supply and Demand for Geriatricians: 2013-2025. Rockville, Maryland.

[5] U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. Projecting the Supply and Demand for Primary Care Practitioners Through 2020. Rockville, Maryland: U.S. Department of Health and Human Services, 2013.

Health care professionals working in hospitals are also facing unique challenges. There is anecdotal data emerging that hospitals are cutting the salaries of their employees in light of strong and ongoing efforts from HHS to support hospitals. HHS must also make it clear to hospitals that grants and other financial support being offered needs to be passed on to the clinician organizations that they contract with and that hospitals should not be cutting the salaries of their own employees.

Support for Charitable Nonprofits

We appreciate the provision to Section 501(c)(3) charitable nonprofit organizations through the Paycheck Protection Program (CARES Act; Section 1102), an expanded charitable giving incentive (Section 2205) and the employer payroll tax deferment (Section 2302), among others through the CARES Act. However, it does not provide sufficient and critical emergency funds for the charitable nonprofits who are on the frontlines of serving older adults and other vulnerable populations in need, often providing food, transportation, and medical and social services, to name a few.

These organizations are crucial as America navigates this crisis and will continue to be essential to recover from this emergency and need all the support possible to ensure proper nutrition, security, and economical rights. We need to ensure that these organizations can continue operations, meet increased demands, and are provided relief from losses due to required closures. Charitable nonprofits anticipate that contributions will substantially decrease as they did following the 2008 recession. Congress can help by including an increase in available funding for nonprofit organizations, and by allowing 501(c)(6) organizations to be eligible to receive funds from the next package currently being considered as part of the country's economic response to COVID-19. We expect the volume of requests for payroll assistance will far exceed the funding that is available under the CARES Act.

Workforce Issues

Now more than ever, we need to provide more guidance and instruction so that all health professionals—not just geriatrics experts—understand how the range of health conditions among older adults may impact COVID-19 diagnosis, treatment and care. The American health workforce receives little training in geriatrics, which leaves us ill-prepared to care for older Americans as health needs evolve especially during a public health emergency.

Title VII Geriatrics Health Professions Programs

The AGS appreciates the recent actions of Congress and President Trump supporting critical efforts to expand geriatrics expertise through Section 3401 of the CARES Act (S. 3548) signed into law on March 27, 2020. The proposals included in S. 3548 reauthorize the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs) administered by the Health Resources and Services Administration (HRSA). The GWEPs are serving on the front lines of the COVID-19 pandemic. Due to their partnerships with primary care and community-based organizations, GWEPs are uniquely positioned to rapidly address the needs of older adults and their caregivers.

At this time, they are in need of additional resources to expand these efforts to improve care and support for older adults and their caregivers, including funds for technology/equipment; webpage and materials conversion; expanding Project ECHO/telehealth; expanding community, hospital, long term care, and community programs and education; staff support for phone reassurance with patients/caregivers including homebound older adults; rural community outreach; management of

psychosocial issues such as anxiety and depression among older adults; and dementia-friendly resources and programs.

The Geriatrics Academic Career Awardees (GACAs) are also on the frontlines of caring for older adults and redirecting their clinical and educational work to address the critical needs for solutions-based guidance within their own institutions and in their communities. Changes that both GWEPs and GACAs are making include focusing on supporting older adults and their caregivers through advance care planning that identifies what matters most to the older adult within the context of COVID-19. They are also leading the way in educating the larger community about how to conduct telehealth visits within the framework of the new guidance from CMS. It is critical that Congress provide expanded resources to the GWEPs and GACAs and specifically urge Congress to provide: $10.99 million in additional funding to HRSA in order to ensure that these two critical resources are maximally deployed to serve older Americans across the United States:

- Supplemental funding of $8.64 million ($180,000 for each of the 48 GWEP sites) to support necessary staff, technology, training, and materials.
- Supplemental funding of $1.7 million for current and prior GWEP sites in key COVID-19 crisis areas to be determined by HRSA.
- Supplemental funding of $650,000 for GACA awardees ($25,000 for each of the 26 GACA awardees) many who are redirecting their clinical and education work to address solutions-based guidance for their institutions during the pandemic.

Support for Loan Forgiveness for Geriatrics Professionals

In its June 2019 report, the Medicare Payment Advisory Commission (MedPAC) recommended that federal and state governments create loan repayment, scholarship and financial incentive programs for professionals who enter geriatrics. Legislation that offers loan repayment for health professionals who agree to specialize in the care of older Americans would help encourage future healthcare professionals, burdened with school loans, to consider a career in geriatrics. In most fields of medicine, additional training results in higher income, which is not the case in geriatrics. The AGS also supports loan repayment for public health professionals who agree to serve two years in a local, state, or tribal health department.

Utilizing Other Health Professionals

Before COVID-19 completely overwhelms our health care system, we urge you to consider alternative strategies to supplement and extend the workforce as healthcare providers in certain areas are already in short supply. According to a national survey, there are substantial outages due to illness and/or being quarantined, 48 percent of clinicians and nearly half of the nursing staff, leaving primary care practices with minimal to no capacity for COVID-19 testing.[6] Clinical pharmacists, for example, can help during this emergency with point-of-care testing, ordering and administering vaccinations and immunizations, and initiating time-sensitive therapies such as antivirals for Medicare beneficiaries. As a part of this consideration, CMS would need to address reimbursement for these services.

[6] Ibid.

Supporting the Direct Care Workforce

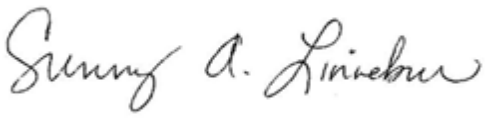
Direct care workers are essential to assist older adults and ensure overall well-being, especially during public health crises. As the priority for PPEs and funding is given to other frontline staff caring for COVID-19 patients, support for direct care workers is forgotten. Jobs in aging services are highly skilled and complex, a fact not recognized in pay scales or reimbursement rates, while the work in these settings is physically and emotionally demanding. The emergence of this new and deadly coronavirus significantly exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older Americans particularly for the direct care workforce.

As we continue to learn and grow from this emergency, we urge Congress to provide educational and grant opportunities for direct care workers and enhance the profession. The following actions would strengthen the pipeline of individuals to work in aging service: 1) Implement immediate recruitment campaigns, particularly targeting displaced workers; (2) Provide funding for online training (including entry-level and COVID-19 content) and competency evaluations; (3) Increase funding to direct care training providers to enhance the training infrastructure; and (4) Provide funding for in-person training following the public health emergency to increase and maintain direct care workforce capacity.

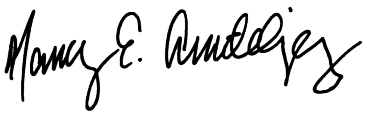
***

Thank you for all you are doing to support healthcare professionals and patients during this challenging time. We stand ready to support you and provide guidance as the situation continues to evolve. Thank you for your consideration of the above recommendations. For additional information or if you have questions, please contact Alanna Goldstein by emailing agoldstein@americangeriatrics.org.

Sincerely,



Sunny Linnebur, PharmD, FCCP, BCPS, BCGP
President



Nancy E. Lundebjerg
Chief Executive Officer