

American Geriatrics Society
ON THE GROUND IN WASHINGTON, DC: ADVOCACY IN ACTION

November 2023 Update

OPPORTUNITIES FOR AGS MEMBERS TO TAKE ACTION

Visit our Health in Aging Advocacy Center where you can [quickly and easily take action on variety of issues impacting geriatrics healthcare professionals and the patients you care for.](#)

OUR ADVOCACY FOCUS

The AGS believes in a just society where all people are full members of our communities and entitled to equal protection and treatment, and advocates for federal policies that will improve the health and well-being of all older adults. We look for opportunities to draw attention to discrimination—with a focus on the intersection of structural racism and ageism—across AGS statements, recommendations, and in comment letters as appropriate. We leverage our relatively modest resources by working in coalition with other organizations and leading on the issues central to our mission and support our members. We are supported by Arnold & Porter (a DC-based firm) for both our regulatory and advocacy work. Below we highlight several key updates and efforts from May 2023 through October 2023.

Workforce

The AGS continues to engage in ongoing conversations, both individually and in coalition, around bolstering the work and reach of the Geriatrics Workforce Enhancement Programs (GWEPs) and Geriatrics Academic Career Awards (GACAs) beyond the status quo. The AGS has been collaborating with the Eldercare Workforce Alliance (EWA) and the National Association for Geriatric Education (NAGE) to secure increased funding for Fiscal Year (FY) 2024. As of October 2023, Congress has yet to pass appropriations for FY 2024 which began October 1, 2023. The Continuing Appropriations Act, 2024 and Other Extensions Act ([H.R.5860](#)) was signed into law to provide continuing appropriations to federal agencies through November 17, 2023, and funds most programs, including the GWEPs and GACAs, at the FY 2023 levels. To date, only the Senate has released their respective appropriation bill which includes \$48.245 million for the GWEPs and GACAs. AGS, EWA, and NAGE continue to work together to advocate for a higher overall funding level. We have also developed grasstops messaging for leaders in the geriatrics community to use for outreach to their members of Congress.

Comment Letter on Ways and Means Committee Request Around Rural Health Care

In October 2023, the AGS submitted recommendations in response to a [request](#) from the House Committee on Ways and Means on improving access to health care in rural and underserved areas. In [our letter](#), the AGS offered support and feedback as the Committee looks to identify solutions to reshape our nation's health care system and improve our nation's health for future generations. We asked the Committee to consider several potential solutions, including restoration of the primary care bonus payment, opportunities for loan repayment and forgiveness for those entering geriatrics, support for legislation focused on enhancing the healthcare workforce, and other improvements such as access to telehealth services and Medicare payment system reform.

Appropriations

In May 2023, the AGS [submitted a written testimony](#) for the record to the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies requesting increased funding in Fiscal Year (FY) 2024 for the geriatrics education and training programs, the GWEP and GACA Program, and aging research within the National Institutes of Health (NIH). Also in May, the AGS sent multiple letters ([here](#) and [here](#)) to House and Senate appropriations leadership on FY 2024 funding for GWEPs, GACAs, and NIA and VA aging research initiatives. As Congress works to finalize appropriations for the remainder of the year, the AGS will continue its advocacy in support of these initiatives, emphasizing the increasing need for training in

geriatrics and gerontology and fostering groundbreaking medical research on aging.

Coding and Payment

Comments on CY 2024 Medicare Physician Fee Schedule

In September 2023, the AGS [submitted extensive comments](#) in response to the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2024 proposed rule updating the Medicare Physician Fee Schedule (PFS) and Quality Payment Program (QPP). In our letter, we urged CMS to finalize the proposed payment for caregiver training services and the implementation of the complexity add-on code (G2211) effective January 1, 2024. We also urged CMS to finalize payment for Community Health Integration (CHI) Services, Social Determinants of Health Risk Assessment, and Principal Illness Navigation Services. We were also pleased to see that CMS is proposing to extend the additional payment for COVID-19 vaccines furnished in the home and to expand its application to other Part B preventive vaccines. AGS commented on several telehealth provisions including audio-only services which we urged CMS to finalize the proposed coverage and payment for. We supported CMS' delay of its split (or shared) visits policy and recommended that CMS extend its shared visit policy to certain home visits. We also commented on CMS' proposed changes to Medicare and Medicaid Provider and Supplier Enrollment, noting that AGS does not support finalizing the changes to the enrollment processes and suggests that CMS solicit feedback on the changes from interested stakeholders. For additional details and comments, please review the full letter [here](#). A final rule will be issued in early November and take effect on January 1, 2024.

The AGS also continues to comment on and track opportunities to reform the budget neutrality policies applied to the Medicare Physician Fee Schedule. Most recently, the AGS signed a letter spearheaded by the American Medical Association (AMA) offering options to improve and stabilize the physician payment system.

Comments to CMS on Geriatrics Measures for Hospital IQR Program

In June 2023, the AGS [submitted comments](#) in response to the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2024 proposed rule updating the Inpatient Prospective Payment Systems (IPPS) and Hospital Inpatient Quality Reporting (IQR) program. We expressed our support for the inclusion of the Geriatrics Hospital Measure and the Geriatrics Surgical Measure in the CMS Hospital IQR program. We highlighted that these measures encourage hospital systems to take into consideration core geriatrics concepts and may be a building block in improving care for older patients with a more holistic approach to create a quality program that better serves the needs of this unique population.

Coding Updates

Earlier this year, the AGS was involved in surveying through the AMA RUC survey process new telemedicine CPT codes. There are 16 codes in total and they are modeled after the office visit codes. The codes will be available for payment beginning in 2025.

Additional Comment Letters

Comment Letter on Minimum Staffing Standards for Long-Term Care Facilities

In September 2023, CMS issued the Minimum Staffing Standards for Long-Term Care (LTC) [proposed rule](#), which seeks to establish comprehensive nurse staffing requirements. CMS is seeking feedback on the rule which proposes three main staffing proposals: 1) hardship exemption, 2) a staggered implementation timeline for facilities, and 3) Medicaid institutional payment reporting and transparency requirements for states. AGS plans to submit comments by the November 6th deadline.

Comment Letter on Strengthening Protections Against Discrimination Based on Disability

In September 2023, the Health and Human Services through its Office for Civil Rights, announced a [proposed rule](#) that prohibits discrimination on the basis of disability. The proposed rule updates, clarifies, and strengthens

the implementing regulation for Section 504 of the Rehabilitation Act of 1973, the statute that prohibits discrimination against otherwise qualified individuals on the basis of disability in programs and activities that receive Federal financial assistance or are conducted by a Federal agency. AGS plans to submit comments by the November 13th deadline.

Comment Letter on Standards for Accessible Medical Diagnostic Equipment

In July 2023, the AGS commented on the Architectural and Transportation Barriers Compliance Board Standards for Accessible Medical Diagnostic Equipment. In our [letter](#), the AGS noted its appreciation of the Access Board's efforts to ensure access to medical diagnostic equipment and improve provider and patient safety, including for the older population. Considering the unique healthcare needs of older adults, access to medical services and proper medical diagnostic care by transferring onto exam and procedure tables, imaging equipment, weight scales, and other medical diagnostic equipment safely and effectively is critically important for this growing population.

Work Related to Alzheimer's Disease and Anti-Amyloid Monoclonal Antibodies

Since the Food and Drug Administration (FDA) approval of aducanumab in June 2021 and lecanemab in January 2023, the AGS has been engaged in numerous activities including [professional](#) and [public education](#) work that has been in parallel to our policy comments outlined below.

Comments on NIA-AA Revised Clinical Criteria for Alzheimer's Disease

In August 2023, the AGS [submitted comments](#) on the draft National Institute on Aging-Alzheimer's Association (NIA-AA) Revised Clinical Criteria for Alzheimer's Disease (AD), an update of the [2018 NIA-AA Revised Clinical Guidelines for Alzheimer's](#). AGS expressed concern about the proposal to expand the guidelines to include usage in clinical care and highlighted that the current evidence base is underdeveloped to support the expansion. We believe the guidelines disregard important distinctions across fields of clinical practice and expanding to clinical use may lead to unintended harms, such as placing many older and multimorbid people at risk of overdiagnosis of AD. AGS also commented on biomarker-based diagnosis as a single criterion for AD diagnosis given the potential exacerbation of inequities of care that might result from this approach. While we agree that there is an emerging understanding of the biological basis associated with characteristic brain pathology, there is no evidence to guide how biomarker-based diagnosis of AD should be handled in all clinical populations. In October 2023, the Alzheimer's Association released [revised criteria](#), which staff are reviewing with a team of AGS leaders. We plan to submit comments by the November 16th deadline.

Comments on Coverage of PET Scans

In July 2023, the AGS commented in support of a CMS proposal to remove the national coverage determination (NCD) at § 220.6.20, ending coverage with evidence development (CED) for positron emission tomography (PET) beta amyloid imaging and permitting Medicare coverage determinations for PET beta amyloid imaging to be made by the Medicare Administrative Contractors (MACs). We urged CMS to finalize this proposal and retire NCD 220.6.20 in its entirety. The AGS believes that this NCD inappropriately limits coverage of beta amyloid PET for Medicare beneficiaries, including beneficiaries who may be candidates for monoclonal antibodies (mAbs) directed against amyloid for the treatment of Alzheimer's Disease. In October 2023, CMS [finalized](#) its proposal, removing the NCD, ending CED, and leaving coverage to the MACs.

Statement in Support of CMS Decision to Require Real-World Data for Monoclonal Antibodies

In July 2023, the AGS released a [statement](#) supporting a decision from CMS to require the collection of real-world information via a registry to study monoclonal antibodies directed against amyloid for the treatment of Alzheimer's disease. This decision applies to monoclonal antibodies that receive traditional approval from the Food and Drug Administration (FDA). Currently, lecanemab (trade name Leqembi™) is the only monoclonal antibody with this approval.

Legislation We Support

- *Conrad State 30 and Physician Access Reauthorization Act (S. 665)* - would extend the authorization of the Conrad 30 program that allows international doctors to remain in the United States upon completing their residencies under the condition that they practice in areas experiencing doctor shortages.
- *Fair Access in Residency (FAIR) Act (H.R. 751)*- would address unfair exclusion and burdensome testing requirements faced by Doctors of Osteopathic Medicine (DOs) applying to residency by bringing transparency to the residency application process and requiring programs to affirm that they accept DO and MD applicants as well as scores from the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and the United States Medical Licensing Exam (USMLE).
- *Home and Community-Based Services (HCBS) Access Act (S. 762/H.R. 1493)* – would make HCBS a mandatory benefit within Medicaid and strengthen supports for family caregivers, providing respite, creating jobs and revenue, and increasing wages for home care providers.
- *Better Care Better Jobs Act (H.R.547 / S. 100)* – would provide funds for the Centers for Medicare & Medicaid Services to award planning grants, develop quality measures, and provide technical assistance to states regarding specified HCBS improvements as well as increase the Federal Medical Assistance Percentage for HCBS in states that develop plans and meet specified benchmarks.
- *Resident Physician Shortage Reduction Act of 2023 (H.R. 2389)* – would increase the number of residency positions eligible for graduate medical education payments under Medicare providing an additional 2,000 positions per fiscal year from FY 2025 to FY 2031.
- *Strengthening Medicare for Patients and Providers Act (H.R. 2474)* – would provide for an update to a single conversion factor under the Medicare physician fee schedule that is based on the Medicare economic index.
- *Palliative Care and Hospice Education and Training Act (PCHETA) (S. 2243)* – would require HHS to support Palliative Care and Hospice Education Centers, AHRQ to provide a national education and awareness campaign, and NIH to expand national research programs in palliative care.
- *Disability and Age in Jury Service Nondiscrimination Act (H.R. 2442 / S. 1086)* – would ensure that disabled jurors who are over the age of 18 are able to perform their duties with reasonable accommodations.
- *Chronic Care Management (CCM) Improvement Act (H.R. 2829)* – would eliminate cost-sharing for chronic care management services under Medicare.
- *Improving Access to Mental Health Act (H.R. 1638 / S. 838)* – would allow allowing clinical social workers (CSWs) to bill Medicare Part B independently for services provided in skilled nursing facilities (SNFs), allowing CSWs to bill Part B for Health and Behavior Assessment and Intervention (HBAI) services, and improving Part B reimbursement for CSWs.
- *The Nursing Home Disclosure Act (H.R. 177)* – would authorize CMS to include information about every nursing home medical director, a position required by statute, on Nursing Home Compare.

- *Improving Access to Medicare Act (H.R. 5138)* – would deem an individual receiving outpatient observation services in a hospital as an inpatient for purposes of satisfying the three-day inpatient hospital-stay requirement with respect to Medicare coverage of skilled nursing facility (SNF) services.
- *Healthcare Workforce Resilience Act (last introduced as H.R. 2255/S. 1024 in the 117th Congress)* – would enhance our nurse and physician workforce by recapturing unused immigrant visas as we continue to face challenges from the COVID-19 crisis.
- *Rural Health Workforce Pathway Act (not yet introduced)* – would support underserved rural communities in addressing long-term health workforce shortages by encouraging K-12 students to explore careers in health care.
- *Welcome Back to the Healthcare Workforce Act (not yet introduced)* – would assist internationally educated health care professionals overcome common barriers to entering the health care workforce.

SUPPORTING OTHER ORGANIZATIONS

The AGS participates in multiple coalitions through sign-on letters, campaigns, and other relevant public policy efforts to support key legislation affecting older adults. The 118th Congress legislation that we support can be found on the [AGS Health in Aging Advocacy Center](#) webpage. Additionally, AGS has signed on to 21 letters since our last report on a wide range of issues, including nursing home reform, Medicare payment updates, public health workforce, and FY 2024 funding recommendations.

MEMBERS TAKING ACTION

AGS frequently updates our [Health in Aging Advocacy Center](#) allowing members to take action on key issues as they arise, including funding for key workforce and research programs in FY 2024 and advocating for a more stable Medicare payment system.

COMMUNICATING WITH MEMBERS

We have worked with the communications team to continue promoting AGS policy briefs, position statements, and comment letters to our members and the geriatrics community at large via the AGS listserv, the MyAGSOnline member-forum, the “Where We Stand” section of the AGS website, and social media. Over the past year, we have highlighted AGS’s concerns around the healthcare workforce and our support for such ongoing policy priorities as the need for increased funding for the Title VII Geriatrics Health Professions Programs. We have achieved this by showcasing existing AGS resources—like video interviews, data sets, and infographics—and coordinating with Congressional champions on press releases, editorials, and other updates.

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