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SUBMITTED ELECTRONICALLY VIA
ECDem.Comments@mail.house.gov

RE: American Geriatrics Society (AGS) Comments on the Medicare Long-Term Care Services and Supports Act of 2018

The American Geriatrics Society (AGS) appreciates the opportunity to comment on a legislative draft bill addressing long-term care, the Medicare Long-Term Care Services and Supports Act of 2018. The AGS is a nationwide, not-for-profit society of geriatrics healthcare professionals. Our nearly 6,000 members include physicians, nurses, pharmacists, physician assistants, social workers, long-term care and managed care providers, healthcare administrators, and others dedicated to improving the health, independence, and quality of life of older people.

The AGS believes that all Americans should have access to high-quality, affordable healthcare coverage. We are enthusiastic about efforts, such as this proposal, that seek to improve access to long-term care services and supports for older adults and those with disabilities. As geriatrics healthcare professionals, our members help their patients and their families navigate the long-term care system on a daily basis. There is no doubt a huge gap in care for most patients when it comes to the provision of and access to long-term care. We can and should be doing better.

We look forward to working with Ranking Member Frank Pallone and the Energy and Commerce Committee on this important effort. Below we have provided feedback that we hope you consider as you work to further develop this legislation.

BENEFITS

Use of Amounts in Account

We recommend that the Committee add an additional sub-section (IV) under "Section 1860 E-2. Benefits" specifying that cash benefits can be used to pay the premium for enrollment in PACE (Programs of All-Inclusive Care for the Elderly). This issue arises when using long-term care insurance for PACE as it is not a specified benefit and patients often have to jump through hoops to have coverage approved. PACE should be specified in all relevant sections of the discussion draft as it is for nursing homes and assisted living facilities.

Benefit Level Amounts

The minimum benefit (equivalent to five hours per day of home care services) seems very low. We seek clarification regarding the rationale behind this amount.

We also suggest that the Committee explore whether every benefit level could be required to include a comprehensive assessment and care plan as the basis of receiving services.

Benefits-Counselling

Benefits-counselling is a critical function. We recommend that there be specific training requirements to ensure that counsellors are up-to-date and knowledgeable about the full range of programs, resources and options. We also recommend an evaluation to include timeliness, accuracy, and consumer satisfaction.

INTERACTIONS BETWEEN MEDICARE AND MEDICAID

We urge the Committee to specify the parameters to which state Medicaid benefits would be affected and/or curtailed if this benefit is implemented so that it would not worsen disparities across states.

FINANCING

We do not have specific ideas to propose regarding financing at this time. However, we would be interested to know if there is a case to be made and are data to support potential cost savings that this benefit may bring by changing access to long-term care services and supports.

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The AGS greatly appreciates the opportunity to comment on proposals to improve the care of older Americans. Please do not hesitate to contact us, agoldstein@americangeriatrics.org, if we can provide any additional information or assistance.