

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

July 31, 2020

The Honorable Nancy Pelosi Speaker U.S. House of Representatives U.S. Capitol Building, H---222 Washington, DC 20515

The Honorable Kevin McCarthy Republican Leader U.S. House of Representatives U.S. Capitol Building, H---204 Washington, DC 20515 The Honorable Mitch McConnell Majority Leader U.S. Senate U.S. Capitol Building, S---230 Washington, DC 20510

The Honorable Charles E. Schumer Democratic Leader U.S. Senate U.S. Capitol Building, S---221 Washington, DC 20510

Dear Speaker Pelosi, Leader McConnell, Leader McCarthy and Leader Schumer:

We greatly appreciate the efforts of Congress and the Administration to respond to the COVID-19 public health emergency (PHE). We agree with Congressional leaders that more must be done to address the ongoing increase in new COVID-19 cases, hospitalizations, and deaths, and to prepare the nation for the convergence of the flu season and the pandemic this fall.

We outlined several recommendations in <u>our previous letter</u> on April 16, and were pleased to see a number of those recommendations included in the House-passed HEROES Act and the HEALS Act introduced on July 27. We provide additional recommendations below that we hope you will consider as Congress resolves differences between the HEROES and HEALS Acts and provides additional relief for the nation.

Founded in 1942, the American Geriatrics Society (AGS) is a not-for-profit organization comprised of nearly 6,000 geriatrics health professionals who are devoted to improving the health, independence, and quality of life of all older adults. Our members include geriatricians, geriatrics nurse practitioners, social workers, family practitioners, physician assistants, pharmacists, and internists who are pioneers in advanced-illness care for older individuals, with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. We provide leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in patient care, research, professional and public education, and public policy.

### Summary of Previous Recommendations

- Ensure needed medical supplies and coordinated distribution of an adequate supply of personal protective equipment (PPE), testing kits, and vaccines for the institutions, facilities, and community partners that comprise the healthcare system and all settings in which essential health care workers care for individuals.
- Provide additional funding for the Geriatrics Health Professions programs under Title VII of the Public Health Service Act to ensure more guidance and instruction is available so that all health professionals—not just geriatrics experts—understand how the range of health conditions among older adults may uniquely impact COVID-19 diagnosis, treatment, and care.

- Invest in training and recruitment programs for direct care workers who assist older adults in their homes and communities, and ensure these workers have access to PPE, infection prevention and control supplies, and educational materials.
- Long-term care facilities (e.g. nursing homes, residential care facilities for older adults, continuing care retirement communities), congregate living settings, and home healthcare agencies must be included as priorities when estimating what is needed for a coordinated federal response. This will only be addressed if the President fully exercises his authorities under the Defense Production Act.
- Ensure that all health professionals and direct care workers have access to paid family, medical and sick leave, including immediate access to federal grants, interest-free loans, or tax relief for academic institutions, hospitals, and other employers of health professionals to help offset these costs.
- Make consistent and adequate investments in public health so we can meet the challenges of new disease outbreaks; address the drivers of mortality and morbidity risk in the American population, including social determinants of health; and break the cycle of responding only after emergencies arise. Expertise must embrace unique attention to age and shifting demographics for a U.S. that will continue to evolve—and improve—as we grow older.

## Additional Recommendations

## Long-Term Care Facilities

The AGS appreciates the inclusion in the HEROES and HEALS Acts of important reporting and transparency components of the *Quality Care for Nursing Home Residents and Workers During COVID-19 Act of 2020* (H.R. 6698/ S. 3644). The pandemic has taken an unconscionable toll on many older adults and their loved ones living in nursing facilities. AGS urges the Senate to bolster the reporting requirements in HEALS, and, consistent with Section 30211 of HEROES, specifically require facilities to report COVID-19 cases, including demographic information, and fatalities (COVID-19 and non-COVID-19-related) and require the Centers for Medicare and Medicaid Services (CMS) to post such data on Nursing Home Compare. We also believe this data should be reported to the Centers for Disease Control and Prevention (CDC), as proposed in the *Quality Care for Nursing Home Residents and Workers During COVID-19 Act*, and that facilities should report PPE availability and projected need, staffing and testing data on a frequent basis. In addition, we believe it is vitally important for surviving loved ones and the public health that facilities inform residents, their representatives, and workers within 12 hours of a death or confirmed case of COVID-19. Facilitating this transparency will allow quick responses in order to provide quality care for residents as well as safer communities.

We also support measures to ensure that nursing home residents have access to telephones and internet services so they can have "tele-visitation" with loved ones while in-person visits are not possible during the pandemic. We note that Section 30202 of HEROES includes such a provision, although we would urge Congress to further define what they mean by "reasonable access" to the use of a telephone, including TTY and TDD services. Efforts to ensure successful tele-visitation must also include facility access to devices and broadband internet access as well as available and trained staff to assist residents that would like to connect to a loved one.

# Financial Relief for Primary Care Practices

Our primary care geriatrics workforce is essential to preventing disease and coordinating care given the increased disease burden (many older adults have multiple chronic conditions) and complex social and medical care needs of the population we serve. In a 2017 report, the Health Resources and Services

Administration (HRSA) documented the current shortage of geriatricians and projected increased regional shortages by 2025.<sup>1</sup> Additionally, 52 percent of respondents to a recent survey reported that they lacked PPE and 27 percent of respondents skipped or deferred clinician pay, while 35 percent have furloughed staff.<sup>2</sup>

We appreciate that some primary care providers received funding via the CARES Act, but the resources provided to date are not reaching all primary care clinicians and practice revenues are not enough to sustain these practices while the volume of visits and procedures -- which are essential to keeping older individuals in their homes and communities—continue to be depressed because of the pandemic. We welcome the increases to the Provider Relief Fund in both the HEROES and HEALS Acts and urge you to expressly direct the U.S. Department of Health and Human Services (HHS) to prioritize distribution of a sufficient portion of these funds to prevent primary care practices from closing.

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Thank you for all you are doing to support our frontline workforce, patients, and older Americans. We stand ready to support you and provide guidance as the situation continues to evolve. For additional information or if you have questions, please contact Anna Kim by emailing <a href="mailto:akim@americangeriatrics.org">akim@americangeriatrics.org</a>.

Sincerely,

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Annette Medina-Walpole, MD, AGSF President

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Nancy É. Lundebjerg, MPA Chief Executive Officer

<sup>&</sup>lt;sup>1</sup> Health Resources & Services Administration. (2017). National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. Available at: <u>https://bhw.hrsa.gov/sites/default/files/bhw/health-workforce-analysis/research/projections/GeriatricsReport51817.pdf</u>.

<sup>&</sup>lt;sup>2</sup> Primary Care Practice Collaborative & Larry Green Center. (June 2020). Quick COVID-19 Primary Care Survey: Series 12 Fielded May 29 – June 1, 2020. Available at:

https://www.pcpcc.org/sites/default/files/news\_files/C19%20Series%2012%20National%20Executive%20Summary%20with%20comments.pdf.



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The Honorable Jan Schakowsky U.S. House of Representatives

The Honorable Richard Blumenthal U.S. Senate

The Honorable Cory Booker U.S. Senate

The Honorable Kirsten Gillibrand U.S. Senate

Dear Representative Schakowsky, Senator Booker, Senator Blumenthal, and Senator Gillibrand:

We greatly appreciate the efforts of Congress and the Administration to respond to the COVID-19 public health emergency (PHE). We agree with Congressional leaders that more must be done to address the ongoing increase in new COVID-19 cases, hospitalizations, and deaths, and to prepare the nation for the convergence of the flu season and the pandemic this fall.

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Sincerely,

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Annette Medina-Walpole, MD, AGSF President

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