

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

April 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 October 2022 through April 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) on funding for Fiscal Year (FY) 2024. Most recently, we have been working with Rep. Schakowsky in the House and Senator Reed in the Senate on Dear Colleague letters to encourage other members to support increased funding for these programs. AGS, with EWA and NAGE, also hosted a Virtual Advocacy Week with 21 offices of members in Congress and met with four offices in person to advocate for increased funding of the GWEPs and GACAs.

Comment Letter on Request for Information – Recommendations to Address the Healthcare Workforce Crisis

In March 2023, AGS submitted recommendations in response to a request from the Senate Health, Education, Labor and Pensions (HELP) Committee to address the healthcare workforce crisis. [In our letter](#), the AGS offered our support and feedback as the committee looks to identify bipartisan solutions to remedy our nation's health care workforce shortages. We asked the committee to consider several potential solutions including restoring the primary care bonus payment indefinitely, creating or increasing loan forgiveness opportunities for those entering geriatrics, geriatrics curricula requirements for the graduate medical education (GME) program, and improvements such as access to permanent telehealth services made to the Medicare program.

In follow-up to our letter, AGS leaders Drs. Michael Harper, Peter Hollmann, and Ellen Flaherty met with the Senate HELP Committee staff to further highlight our recommendations and emphasized the support needed for the geriatrics workforce programs as well as direct care workers.

Comments on Request for Information – Make Your Voice Heard

In November 2022, AGS [submitted comments](#) to the Centers for Medicare and Medicaid Services (CMS) in response to the [Request for Information \(RFI\) – Make Your Voice Heard](#) seeking comments on promoting efficiency, reducing burden, and advancing equity within CMS Programs. We commented on four areas including accessing healthcare and related challenges; understanding provider experiences; advancing health equity; and assessing the impact of waivers and flexibilities provided in response to COVID-19. We emphasized the critical importance of addressing the healthcare workforce shortages and need to close geographic and demographic

gaps to increase access for historically marginalized communities as well as providing coordinated and interdisciplinary geriatrics team-based care, especially for people with multiple chronic conditions.

Appropriations

In March 2023, AGS [submitted a written testimony](#) for the record to the House 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). On March 9, 2023, the President released his budget request, which serves as a blueprint for Congress, detailing the Administration’s proposals to advance the agenda for FY 2024. As Congress starts work on its appropriations bills, 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

Physician Fee Schedule

On November 1, 2022, CMS released the calendar year (CY) 2023 Medicare Physician Fee Schedule [Final Rule](#), which outlines updates to Medicare reimbursement and payment policies for the next CY. Notably, CMS has adopted the revised CPT codes and RUC recommended values for additional E/M visit code families, including home and nursing facility visits, hospital visits and emergency department visits. AGS was involved in revising these codes in collaboration with the American Medical Association (AMA) and other medical societies that utilize these services and urged CMS to finalize these updates. These changes allow time or medical decision-making to be used to select the E/M visit level. The final rule also includes clarifications regarding split (or shared) E/M visits and telehealth status. Prior to the release of the final rule, the AGS [submitted extensive comments](#) on the proposed rule in September 2022.

In February 2023, AGS [shared a letter](#) with CMS in follow-up to a meeting we had with CMS in January to further outline our recommendations for the 2024 fee schedule proposed rule around visit complexity, caregiver training codes, “incident to” visits for new patients, identification of substantive portion of split (or shared) visits, prolonged services, and specialty classification for non-physician practitioners (NPPs).

Coding Updates

AGS was recently involved in the surveying of the new telemedicine CPT codes. There are 16 codes in total and they are modeled after the office visit codes. The codes will be presented to the AMA RUC in late April.

Recommendations to CMS on Revisions to the Geriatrics Specialty Measure Set

In February 2023, AGS [submitted comments](#) to CMS on revising the existing geriatrics specialty measure set for the Quality Performance Category for Performance Year (PY) 2024 of the Merit-based Incentive Payment System (MIPS) Program to ensure that the proposed geriatrics measure set for PY 2024 best addresses the unique healthcare needs of the geriatric population and reflects the most relevant measures appropriate for the geriatrics specialty.

Additional Comment Letters

Comment Letter on Physical Activity Guidelines Midcourse Report for Older Adults

In March 2023, the AGS [submitted comments](#) to the U.S. Department of Health and Human Services (HHS) on the draft Physical Activity Guidelines Midcourse Report on Older Adults to ensure the report reflects the most relevant and appropriate considerations for older Americans and best supports all of us as we age. Given the

important health benefits of physical activity and small sample of older adults meeting recommendations for physical activity, it is crucial to support the promotion and implementation of physical activity among older people in diverse settings as well as in an equitable manner.

Comment Letter on USPSTF Draft Research Plan on Chronic Kidney Disease Screening

In February 2023, the AGS [submitted comments](#) to the U.S. Preventive Services Task Force on the draft research plan on Screening for Chronic Kidney Disease. Among several comments, we expressed concern about the lack of disaggregated information by age given the heterogeneity of the adult population and recommended the consideration of challenges faced by older adults as well as racially/ethnically minoritized adults and/or with lower socioeconomic status.

Comment Letter on USPSTF Research Plan on Vitamin D and Calcium Supplementation to Prevent Fractures and Falls

In February 2023, the AGS [submitted comments](#) to the U.S. Preventive Services Task Force on the research plan for Vitamin D and Calcium Supplementation to Prevent Fractures and Falls. We recommended refining systematic reviews to focus on older adults more likely to have Vitamin D deficiency and including discussion specific to findings on the diversity of the study populations that is inclusive of age diversity.

Comment Letter on Request for Information on Person-Centered Care Planning for Multiple Chronic Conditions

In November 2022, AGS [submitted comments](#) in response to a [Request for Information \(RFI\) from the Agency for Healthcare Research and Quality \(AHRQ\)](#) seeking public comment on the current state of comprehensive, longitudinal, person-centered care planning for people at risk for or living with multiple chronic conditions (MCC) across settings of care, including innovative models and promising solutions. Among other items, the AGS commented on supporting the healthcare workforce and geriatrics workforce training programs as well as the challenges and best practices for electronic health records. We highlighted promising approaches to meet the needs of diverse older adults, many of whom have MCC, including the 4Ms of age-friendly care and addressing social determinants of health.

COVID-19 Policy Activities

AGS has been engaged in ongoing conversations with the White House and other government agencies on COVID-19 response and vaccine dissemination with a focus on older patients who are at highest risk of severe COVID-19 getting treatments they need to stay safe and avoid unnecessary hospitalizations.

Following AGS President Dr. Michael Harper's participation in a roundtable discussion at the White House that focused on how the medical societies can come together to lead the charge on getting patients vaccinated, tested, and treated to minimize hospitalizations and deaths this winter, the twelve participating organizations, led by the Council of Medical Specialty Societies (CMSS), collaborated on the development of a [joint statement](#) to align guidance across the societies on bivalent boosters and use of therapeutics, including use of antiviral treatments, such as Paxlovid, for patients at highest risk.

Work Related to 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.

Statement on CMS Decision to Maintain National Coverage Determination for Monoclonal Antibodies

In March 2023, the AGS [released a statement](#) supporting CMS' decision to maintain the current national coverage determination (NCD) for FDA-approved monoclonal antibodies directed against amyloid for the

treatment of Alzheimer's disease, including aducanumab and lecanemab. We expressed appreciation for CMS' commitment to expeditiously review any new evidence that comes available that could lead to a reconsideration and change in the NCD such as evidence that answers the Coverage with Evidence Development (CED) questions or approval by the FDA based upon evidence of clinical benefit.

Comment Letter to FDA on Review of Eisai's Drug Lecanemab for Alzheimer's Disease

In December 2022, AGS [wrote a letter](#) to the FDA expressing our concern around the upcoming review and potential approval of Eisai's lecanemab for use in treating patients with mild cognitive impairment and mild dementia due to Alzheimer's disease. We understand the heavy toll of Alzheimer's disease on patients, caregivers, and their families and are fully supportive of the FDA approving safe and effective new treatments. However, based on the available evidence, the AGS believes it is unclear whether lecanemab meaningfully reduces the progression of Alzheimer's disease and if the potential benefits outweigh the potential harms. We believe that longer trials are warranted to determine the efficacy and safety of lecanemab. On January 6th, 2023, the FDA granted lecanemab accelerated approval. On March 13th, Eisai announced that the U.S. Veterans' Health Administration (VHA) will provide coverage of lecanemab (Leqembi™) to veterans.

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.

- *Disabled Jurors Nondiscrimination Act (last introduced as H.R. 7278/S. 3942 in the 117th Congress)* - would add disability to the list of protected identities from discrimination in federal jury service and ensure that disability would not disqualify jurors for the English proficiency requirements.
- *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.
- *Palliative Care and Hospice Education and Training Act (PCHETA) (last introduced as S. 4260 in the 117th Congress)* – 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.

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 18 letters since our last report on a wide range of issues, including nursing home reform, Medicare payment updates, funding for long COVID-19 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. Since October, there have been 8 opportunities to take action either via sending a letter or a tweet on a variety of issues:

- Stand with the LGBTQ+ Community and Speak Out Against Hate
- Support Increased Funding for Geriatrics Education and Training in FY 2024
- Support Increased Funding for NIH and NIA Research in FY 2024
- Support Increased Funding for VA Research in FY 2024
- Prevent Medicare Cuts Effect January 1, 2023 (no longer active)

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.

QUESTIONS? Contact Alanna Goldstein at agoldstein@americangeriatrics.org or Anna Kim at akim@americangeriatrics.org