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

February 5, 2021

Mr. Joseph R. Biden Jr.
President of the United States
The White House
1600 Pennsylvania Avenue, NW
Washington, D.C. 20500

Dear President Biden:

We write to you on behalf of our nearly 6,000 members and the older Americans for whom they serve. The American Geriatrics Society (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 members are geriatricians, geriatric nurses, nurse practitioners, social workers, family physicians, physician assistants, pharmacists, internists, and specialty physicians 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.

AGS Vision for the Future

- We are all able to contribute to our communities and maintain our health, safety, and independence as we age.
- We all have access to high-quality, person-centered care informed by geriatrics principles and free of ageism.
- We all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers.

Discrimination in Health Care

The AGS believes in a just society where all people are full members of our communities and entitled to equal protection and treatment. A just society is key to improving the health, independence, and quality of life of all older people. Unfortunately, our society marginalizes older people, particularly older people of color and women. AGS opposes discrimination or disparate treatment of any kind in any healthcare setting because of age, ancestry, cultural background, disability, ethnic origin, gender, gender identity, immigration status, nationality, marital and/or familial status, primary language, race, religion, socioeconomic status, and/or sexual orientation. We believe that ageism and other forms of discrimination need to be addressed across health care and we are currently launching a multi-year, multi-pronged initiative that is focused on understanding and addressing the intersection of structural racism and ageism. We look forward to working with your administration to address these complex issues by implementing policies that support all of us to age well in our own communities.

In this letter, we address federal programs and policies that are important to the health, independence, and quality of life of older adults and their families. We have organized this letter into three topics:

COVID-19 and disaster preparedness, healthcare workforce, and improving care for complex older adults. We sent a similar letter to Congressional leadership for consideration.

COVID-19 AND DISASTER PREPAREDNESS

The AGS greatly appreciates the intense focus on tackling the COVID-19 pandemic at the beginning of the administration. We believe the focus should be on increasing our nation's capacity to rapidly vaccinate Americans and are grateful that the President has invoked the Defense Production Act to increase the supply and distribution of protective equipment, diagnostics, and equitable allocation of vaccines. These are critical tools for quelling the pandemic and putting the United States on the road to economic recovery following the COVID-19 pandemic. Given the negative impact of the COVID-19 pandemic and natural disasters (e.g., hurricanes) on older adults, we believe it is important that the administration review disaster planning at the federal level to ensure that guidance to the states encompasses the unique needs of older adults, particularly frail older adults residing in nursing homes, during federal and state emergencies.

- ***Preparing for Future Pandemics, Public Health Emergencies (PHEs), and Disasters:*** One critical area of focus should be to ensure we have plans for how to protect the health and safety of all Americans in the event of a future pandemic, PHE, or other natural disaster. This should include assurance that Crisis Standards of Care that dictate allocation of scarce resources do not include discriminatory policies that are based on age alone.[1] The current COVID-19 PHE underscored the gaps in our planning for a pandemic resulting in a disproportionate impact on older Americans, particularly older Americans of color. In this regard, it is critically important that the federal government review and revise PHE and disaster guidance related to health care settings to ensure that such guidance identifies all essential health care workers (e.g., certified nursing assistants, social workers, and dietary aides) and settings (e.g., nursing homes and other congregate housing) so that they also receive assistance and resources. It is important that work groups tasked with developing guidance include geriatrics health professionals, nursing home and long-term care leadership teams, and hospice and palliative care experts. Furthermore, it will be vital to invest in solutions that address the health, social, and economic disparities that contributed to people of color and older adults being among the hardest hit by the COVID-19 pandemic.

HEALTHCARE WORKFORCE

Building our Healthcare Workforce

AGS has long advocated for creating a healthcare workforce with the skills and competence to meet the unique healthcare needs of older Americans while also addressing the current and growing shortage of geriatricians. The Health Resources and Services Administration (HRSA) forecasts that by 2025, there will be thousands of older adults left without access to geriatrics care due to an insufficient number of geriatricians to meet the needs of the United States population.[2] There are similar shortages of health professionals specializing in geriatrics across other disciplines. We believe it is critically important that you work to:

[1] Farrell TW, Ferrante LE, Brown T, et al. AGS position statement: Resource Allocation strategies in the COVID-19 era and beyond. J Am Geriatr Soc.2020;68(6):1143-1149. https://doi.org/10.1111/jgs.16537

[2] Health Resources & Services Administration. (2017). National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf

- ***Increase Access to Geriatrics Health Professionals:*** Geriatrics health professionals focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. When there is an insufficient workforce of these professionals, well-coordinated care for older Americans is difficult, leading to adverse outcomes for us all as we age. In large part, this shortage is the result of underfunding of primary care, which has made careers in primary care less attractive to graduating physicians because of the relatively low incomes they generate compared to other medical fields. Congress could restore the Medicare primary care bonus payment indefinitely, which would help create a more stable environment and provide an incentive for new clinicians, including physicians, advanced practice nurses (APNs), and physician assistants (PAs) to enter and stay in primary care, including geriatrics. We also urge the federal government to create loan forgiveness, scholarship, and financial incentive programs for professionals who enter geriatrics as recommended by MedPAC in its June 2019 report.[3]

- ***Increase Funding for Title VII Geriatrics Training Programs:*** The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting geriatrics health professions education and training. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults. Due to their partnerships with primary care and community-based organizations, GWEPs have been uniquely positioned to rapidly address the needs of older adults and their caregivers during the COVID-19 pandemic. An essential complement to the GWEP, the GACA program supports professional development for clinician-educators who are training the future workforce we need and who will become future leaders of GWEPs and other geriatrics programs. Currently, there are 48 GWEP centers and 26 GACAs in 35 states, Guam, and Puerto Rico providing education to primary care physicians, nurses, and other members of the healthcare team such as direct care workers and family caregivers. Sustained and enhanced investment will ensure that these two critical resources are maximally deployed to serve older Americans across the United States.

- ***Ensure Competence of Our Workforce Caring for Older Americans:*** We greatly appreciate that the recently passed Consolidated Appropriations Act, 2021 included authorization for Medicare to support 1,000 new Graduate Medical Education (GME) slots. However, funding for GME, while supported by the Medicare program, does not require that hospitals and other sites provide training that leads to a health professional workforce that is able to care for older adults with multiple complex and/or chronic conditions. GME reform is needed to address the gap between training requirements and our country's need for a workforce that is prepared to care for us all as we age. In a 2010 report, MedPAC stated that institutions using Medicare dollars to support GME should be providing training to enable health professionals to develop competency in the care of older adults.[4] Furthermore, the Institute of Medicine ("IOM") has said that a geriatrics competent workforce will contribute to higher quality, safer, and more cost

[3] Medicare Payment Advisory Commission. 2019. Report to the Congress: Medicare and the Health Care Delivery System. Washington, DC: MedPAC. Available at http://medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf (pages 126-127)
[4] Medicare Payment Advisory Commission. 2010. Report to Congress: Aligning Incentives in Medicare. Washington, DC: MedPAC. Available at http://medpac.gov/docs/default-source/reports/Jun10_EntireReport.pdf (page 111)

effective care for patients.[5] We believe that it is vital to mandate all Medicare-supported training to include geriatrics principles for all appropriate trainees in order to prepare a workforce that is competent to care for older people. Our healthcare system, across all specialties, need to keep pace as more of us grow older.

Supporting the Healthcare Workforce

The current healthcare workforce faces challenges that lead to inequity – particularly for the direct care workforce and women – which has been highlighted by the ongoing COVID-19 PHE. Gender-related wage gaps exist for direct care workers, who provide the majority of the hands-on care for older people. Of home care workers, 87 percent, and 91 percent of nursing assistants in nursing homes are women.[6] Our healthcare workforce must be protected, and we call on you to:

- ***Support Direct Care Workers:*** Direct care workers are essential to assist older adults and ensure overall well-being, especially during public health crises. 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 COVID-19 pandemic significantly exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older Americans particularly for the direct care workforce. We call on you to enact federal policies that support the direct care workforce by increasing compensation and benefits, strengthening training requirements and opportunities, and creating advanced roles.

- ***Ensure Equal Pay for Equal Work for Women:*** Across the U.S. workforce, including in geriatrics and health care, women continue to earn 85 percent of the compensation provided to men in similar positions.[7] The AGS believes that supporting gender equity for women working in geriatrics is important to the growth of geriatrics across disciplines and is critical in achieving our vision for a future in which we are all able to contribute to our communities and maintain our health, safety, and independence as we age. To achieve this, discriminatory practices, pay discrepancies, and family and medical leave must be addressed, while also advancing women in leadership positions. We call on you to enact federal policies that require employers to offer up to 12 weeks of paid family and medical leave for all employees when they take time for their own serious health conditions or to provide care to a family member.

- ***Ensure Access to Paid Family Leave:*** Approximately 40 percent of workers are ineligible for leave under the federal Family and Medical Leave Act (FMLA) and millions of those who are eligible cannot afford unpaid time off.[8] Just 17 percent of the workforce has paid family leave through their employers, and less than 40 percent has personal medical leave through an employer-provided short-term disability program.[9] To build a system that better serves us all as

[5] Institute of Medicine. 2008. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: The National Academies Press. https://doi.org/10.17226/12089

[6] GV X. Can we talk about the gender pay gap? The Washington Post (online). Available at https://www.washingtonpost.com/graphics/2017/business/women-pay-gap/?noredirect=onandutm_term=.6079b9cb745e

[7] Graf N, Brown A, Patten E. The Narrowing, But Persistent, Gender Gap in Pay. Pew Research Center (online). Available at https://www.pewresearch.org/fact-tank/2019/03/22/gender-pay-gap-facts/

[8] Family and Medical Leave Act. National Partnership for Women & Families. Available at http://www.nationalpartnership.org/our-work/workplace/fmla.html

[9] National Compensation Survey. Employee Benefits in the United States, March 2018 (Tables 16 and 32). U.S. Bureau of Labor Statistics. Available at https://www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf

we age, we urge you to assure that federal protections can empower employees to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member.

IMPROVING CARE FOR COMPLEX OLDER ADULTS

AGS believes that both the quality and efficiency of care delivered to the increasing number of older Americans with multiple chronic and complex conditions must be improved. Older people with chronic illnesses and complex conditions often do not receive optimal care which reduces overall well-being and contributes to disproportionately high healthcare costs for these individuals. We support delivering high-quality, effective, efficient, and coordinated care for older adults and all Americans as we age. We urge you to:

- ***Support Innovative Models of Care:*** Studies have shown that models providing coordinated and interdisciplinary geriatrics team-based care can make a critical difference, especially for persons with multiple chronic conditions, by preventing complications and enhancing the quality and efficiency of care provided across the healthcare continuum. We must incentivize innovative care models that value and support teams for complex high cost patients. Many existing programs (Comprehensive Primary Care Plus (CPC+), Hospital at Home (HaH), and Programs for All-Inclusive Care for the Elderly (PACE)) show great promise but are limited in scope and not universally available. We need to support expanding existing programs shown to improve care while also continuing to learn about best practices in providing quality care for older adults with complex needs.

- ***Strengthen Long-Term Care Services and Supports (LTSS):*** Ensuring older adults' access to a wider range of high quality and affordable long-term care options, including those that enable them to "age in place" in their own homes and communities, must be a priority. The overwhelming majority of older Americans want to remain in their homes as long as possible, but many lack needed home and community-based services, or are unaware of these services. Even when long-term care services are available, many older adults lack the financial resources to pay out-of-pocket for these services for any extended period of time. Medicare covers very few such services (and provides no coverage for assisted living or non-skilled nursing home services). Medicaid remains the primary payer for both institutional and community-based LTSS, however in order to qualify for Medicaid many older Americans must "spend down" their assets. Family caregivers continue to provide the majority of long-term care for older Americans – often without sufficient training or support. We support policies to expand access to long-term care options, including in-home and other care that enables older adults to live independently as long as possible. We also support policies to better support and train family members caring for older loved ones.

- ***Further Expand Telehealth Services:*** AGS is appreciative of the waivers and new rules that the Centers for Medicare and Medicaid Services (CMS) has made since the start of the COVID-19 pandemic to expand coverage for Medicare telehealth services. As part of this effort, CMS provided waivers to allow for audio-only telehealth services (e.g. telephone calls without the need for video) and to have these services be covered at the same level as in-person visits. 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.[10] 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 allow audio-only telehealth services to continue after the pandemic and to consider making other temporary telehealth expansions permanent when appropriate.

- ***Prioritize Aging Research in Diverse Populations Across Federal Agencies:*** Eighty percent of people 65 and older are affected by chronic diseases related to aging, such as diabetes, heart disease, and cancer.[11] At the same time, recent analysis of research found that 33 percent of federally funded clinical trials had an upper age limit, with one-quarter of the studies not allowing people 65 and older to participate.[12] In addition to the lack of age diversity, there is all too often a lack of racial, ethnic, and gender diversity.[13,14] When medical evidence is generated from study populations that do not resemble most of the people who need the care, we miss opportunities to learn how to optimize health and resilience and avoid suffering. Removal of artificial and arbitrary upper age limits and meaningful inclusion of diverse older adults in clinical trials will begin to address the toll and impact of chronic diseases. We also support increased investment in aging research across federal agencies, including the National Institute on Aging (NIA) and the Department of Veterans Affairs (VA) to ensure the implementation of whole-person-focused studies of the diseases and conditions that diverse older adults face.

- ***Champion Frail Older Americans Living with Advanced Illness:*** Pain management is a key concern for older adults, particularly those 80 and older, who are at the highest risk for multiple health problems and comprise the fastest growing age group in the U.S. Older people are also more likely to have chronic conditions with persistent pain such as arthritis and cancer. Undertreatment of pain has serious medical consequences including depression, impaired mobility, and increased costs associated with healthcare utilization. We believe that all health professionals – and in particular professionals in primary care – should have training in geriatrics and palliative care to competently perform comprehensive evaluation and treatment of diverse older people with complex medical histories, comorbidities, and multiple pain problems.

---

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

[11] National Prevention Council. (2016). Health Aging in Action: Advancing the National Prevention Strategy. Available at https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf (page 11)

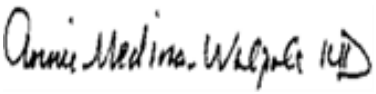
[12] Lockett J, Sauma S, Radziszewska B, Bernard MA. Adequacy of inclusion of older adults in NIH-funded phase III clinical trials. J Am Geriatr Soc. 2019. https://doi.org/10.1111/jgs.15786

[13] Clark, LT, Watkins, L, Pina, IL, et al. Increasing diversity in clinical trials: overcoming critical barriers. Current Problems in Cardiology. 2019. https://doi.org/10.1016/j.cpcardiol.2018.11.002

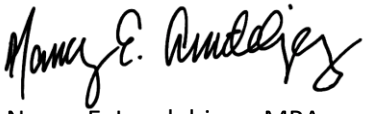
[14] Oh SS, Galanter J, Thakur, N, et al. Diversity in Clinical and Biomedical Research: A Promise Yet to be Fulfilled. 2015. https://doi.org/10.1371/journal.pmed.1001918

In this letter, we have focused on policies and programs that are critical to the care of older Americans and their families, and to ensure that America has a workforce with the skills and competence to care for all of us as we age. We look forward to working with your Administration and Congress on these public policy solutions that will achieve our vision of a future when every older person receives high-quality, person-centered care. Please do not hesitate to contact Anna Kim, akim@americangeriatrics.org, if we can provide any additional information or assistance.

Sincerely,



Annette Medina-Walpole, MD, AGSF
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

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

February 5, 2021

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

The Honorable Mitch McConnell
Majority Leader
U.S. Senate
U.S. Capitol Building, S---230
Washington, DC 20510

The Honorable Kevin McCarthy
Republican Leader
U.S. House of Representatives
U.S. Capitol Building, H---204
Washington, DC 20515

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 write to you on behalf of our nearly 6,000 members and the older Americans for whom they serve. The American Geriatrics Society (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 members are geriatricians, geriatric nurses, nurse practitioners, social workers, family physicians, physician assistants, pharmacists, internists, and specialty physicians 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.

AGS Vision for the Future

- We are all able to contribute to our communities and maintain our health, safety, and independence as we age.
- We all have access to high-quality, person-centered care informed by geriatrics principles and free of ageism.
- We all are supported by and able to contribute to communities where ageism, ableism, classism, homophobia, racism, sexism, xenophobia, and other forms of bias and discrimination no longer impact healthcare access, quality, and outcomes for older adults and their caregivers.

Discrimination in Health Care

The AGS believes in a just society where all people are full members of our communities and entitled to equal protection and treatment. A just society is key to improving the health, independence, and quality of life of all older people. Unfortunately, our society marginalizes older people, particularly older people of color and women. AGS opposes discrimination or disparate treatment of any kind in any healthcare setting because of age, ancestry, cultural background, disability, ethnic origin, gender, gender identity, immigration status, nationality, marital and/or familial status, primary language, race, religion, socioeconomic status, and/or sexual orientation. We believe that ageism and other forms of discrimination need to be addressed across health care and we are currently launching a multi-year,

multi-pronged initiative that is focused on understanding and addressing the intersection of structural racism and ageism. We look forward to working with Congress to address these complex issues by implementing policies that support all of us to age well in our own communities.

In this letter, we address federal programs and policies that are important to the health, independence, and quality of life of older adults and their families. We have organized this letter into three topics: COVID-19 and disaster preparedness, healthcare workforce, and improving care for complex older adults. We sent a similar letter to the administration for consideration.

COVID-19 AND DISASTER PREPAREDNESS

The AGS greatly appreciates the intense focus on tackling the COVID-19 pandemic at the beginning of the 117th Congress. We believe the focus should be on increasing our nation's capacity to rapidly vaccinate Americans and are grateful that the President has invoked the Defense Production Act to increase the supply and distribution of protective equipment, diagnostics, and equitable allocation of vaccines. These are critical tools for quelling the pandemic and putting the United States on the road to economic recovery following the COVID-19 pandemic. Given the negative impact of the COVID-19 pandemic and natural disasters (e.g., hurricanes) on older adults, we believe it is important that Congress review disaster planning at the federal level to ensure that guidance to the states encompasses the unique needs of older adults, particularly frail older adults residing in nursing homes, during federal and state emergencies.

- ***Preparing for Future Pandemics, Public Health Emergencies (PHEs), and Disasters:*** One critical area of focus should be to ensure we have plans for how to protect the health and safety of all Americans in the event of a future pandemic, PHE, or other natural disaster. This should include assurance that Crisis Standards of Care that dictate allocation of scarce resources do not include discriminatory policies that are based on age alone.[1] The current COVID-19 PHE underscored the gaps in our planning for a pandemic resulting in a disproportionate impact on older Americans, particularly older Americans of color. In this regard, it is critically important that the federal government review and revise PHE and disaster guidance related to health care settings to ensure that such guidance identifies all essential health care workers (e.g., certified nursing assistants, social workers, and dietary aides) and settings (e.g. nursing homes and other congregate housing) so that they also receive assistance and resources. It is important that work groups tasked with developing guidance include geriatrics health professionals, nursing home and long-term care leadership teams, and hospice and palliative care experts. Furthermore, it will be vital to invest in solutions that address the health, social, and economic disparities that contributed to people of color and older adults being among the hardest hit by the COVID-19 pandemic.

HEALTHCARE WORKFORCE

Building our Healthcare Workforce

AGS has long advocated for creating a healthcare workforce with the skills and competence to meet the unique healthcare needs of older Americans while also addressing the current and growing shortage of geriatricians. The Health Resources and Services Administration (HRSA) forecasts that by 2025, there will

[1] Farrell TW, Ferrante LE, Brown T, et al. AGS position statement: Resource Allocation strategies in the COVID-19 era and beyond. J Am Geriatr Soc.2020;68(6):1143-1149. https://doi.org/10.1111/jgs.16537

be thousands of older adults left without access to geriatrics care due to an insufficient number of geriatricians to meet the needs of the United States population.[2] There are similar shortages of health professionals specializing in geriatrics across other disciplines. We believe it is critically important that you work to:

- ***Increase Access to Geriatrics Health Professionals:*** Geriatrics health professionals focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. When there is an insufficient workforce of these professionals, well-coordinated care for older Americans is difficult, leading to adverse outcomes for us all as we age. In large part, this shortage is the result of underfunding of primary care, which has made careers in primary care less attractive to graduating physicians because of the relatively low incomes they generate compared to other medical fields. Congress could restore the Medicare primary care bonus payment indefinitely, which would help create a more stable environment and provide an incentive for new clinicians, including physicians, advanced practice nurses (APNs), and physician assistants (PAs) to enter and stay in primary care, including geriatrics. We also urge the federal government to create loan forgiveness, scholarship, and financial incentive programs for professionals who enter geriatrics as recommended by MedPAC in its June 2019 report.[3]

- ***Increase Funding for Title VII Geriatrics Training Programs:*** The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs), administered by HRSA, are the only federal mechanism for supporting geriatrics health professions education and training. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults. Due to their partnerships with primary care and community-based organizations, GWEPs have been uniquely positioned to rapidly address the needs of older adults and their caregivers during the COVID-19 pandemic. An essential complement to the GWEP, the GACA program supports professional development for clinician-educators who are training the future workforce we need and who will become future leaders of GWEPs and other geriatrics programs. Currently, there are 48 GWEP centers and 26 GACAs in 35 states, Guam, and Puerto Rico providing education to primary care physicians, nurses, and other members of the healthcare team such as direct care workers and family caregivers. Sustained and enhanced investment will ensure that these two critical resources are maximally deployed to serve older Americans across the United States.

- ***Ensure Competence of Our Workforce Caring for Older Americans:*** We greatly appreciate that the recently passed Consolidated Appropriations Act, 2021 included authorization for Medicare to support 1,000 new Graduate Medical Education (GME) slots. However, funding for GME, while supported by the Medicare program, does not require that hospitals and other sites provide training that leads to a health professional workforce that is able to care for older adults with multiple complex and/or chronic conditions. GME reform is needed to address the gap between training requirements and our country's need for a workforce that is prepared to care for us all as we age. In a 2010 report, MedPAC stated that institutions using Medicare dollars to support GME should be providing training to enable health professionals to develop

[2] Health Resources & Services Administration. (2017). National and Regional Projections of Supply and Demand for Geriatricians: 2013-2015. Available at https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/geriatrics-report-51817.pdf
[3] Medicare Payment Advisory Commission. 2019. Report to the Congress: Medicare and the Health Care Delivery System. Washington, DC: MedPAC. Available at http://medpac.gov/docs/default-source/reports/jun19_medpac_reporttocongress_sec.pdf (pages 126-127)

competency in the care of older adults.[4] Furthermore, the Institute of Medicine ("IOM") has said that a geriatrics competent workforce will contribute to higher quality, safer, and more cost effective care for patients.[5] We believe that it is vital to mandate all Medicare-supported training to include geriatrics principles for all appropriate trainees in order to prepare a workforce that is competent to care for older people. Our healthcare system, across all specialties, need to keep pace as more of us grow older.

Supporting the Healthcare Workforce

The current healthcare workforce faces challenges that lead to inequity – particularly for the direct care workforce and women – which has been highlighted by the ongoing COVID-19 PHE. Gender-related wage gaps exist for direct care workers, who provide the majority of the hands-on care for older people. Of home care workers, 87 percent, and 91 percent of nursing assistants in nursing homes are women.[6] Our healthcare workforce must be protected, and we call on you to:

- ***Support Direct Care Workers:*** Direct care workers are essential to assist older adults and ensure overall well-being, especially during public health crises. 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 COVID-19 pandemic significantly exacerbated existing gaps in expertise and systemic weaknesses in health care service delivery for older Americans particularly for the direct care workforce. We call on you to enact federal policies that support the direct care workforce by increasing compensation and benefits, strengthening training requirements and opportunities, and creating advanced roles.

- ***Ensure Equal Pay for Equal Work for Women:*** Across the U.S. workforce, including in geriatrics and health care, women continue to earn 85 percent of the compensation provided to men in similar positions.[7] The AGS believes that supporting gender equity for women working in geriatrics is important to the growth of geriatrics across disciplines and is critical in achieving our vision for a future in which we are all able to contribute to our communities and maintain our health, safety, and independence as we age. To achieve this, discriminatory practices, pay discrepancies, and family and medical leave must be addressed, while also advancing women in leadership positions. We call on you to enact federal policies that require employers to offer up to 12 weeks of paid family and medical leave for all employees when they take time for their own serious health conditions or to provide care to a family member.

- ***Ensure Access to Paid Family Leave:*** Approximately 40 percent of workers are ineligible for leave under the federal Family and Medical Leave Act (FMLA) and millions of those who are eligible cannot afford unpaid time off.[8] Just 17 percent of the workforce has paid family leave through their employers, and less than 40 percent has personal medical leave through an

[4] Medicare Payment Advisory Commission. 2010. Report to Congress: Aligning Incentives in Medicare. Washington, DC: MedPAC. Available at http://medpac.gov/docs/default-source/reports/Jun10_EntireReport.pdf (page 111)
[5] Institute of Medicine. 2008. Retooling for an Aging America: Building the Health Care Workforce. Washington, DC: The National Academies Press. https://doi.org/10.17226/12089
[6] GV X. Can we talk about the gender pay gap? The Washington Post (online). Available at https://www.washingtonpost.com/graphics/2017/business/women-pay-gap/?noredirect=onandutm_term=.6079b9cb745e
[7] Graf N, Brown A, Patten E. The Narrowing, But Persistent, Gender Gap in Pay. Pew Research Center (online). Available at https://www.pewresearch.org/fact-tank/2019/03/22/gender-pay-gap-facts/
[8] Family and Medical Leave Act. National Partnership for Women & Families. Available at http://www.nationalpartnership.org/our-work/workplace/fmla.html

employer-provided short-term disability program.[9] To build a system that better serves us all as we age, we urge you to assure that federal protections can empower employees to recover from a serious illness or care for a newborn, newly adopted child, or seriously ill family member.

IMPROVING CARE FOR COMPLEX OLDER ADULTS

AGS believes that both the quality and efficiency of care delivered to the increasing number of older Americans with multiple chronic and complex conditions must be improved. Older people with chronic illnesses and complex conditions often do not receive optimal care which reduces overall well-being and contributes to disproportionately high healthcare costs for these individuals. We support delivering high-quality, effective, efficient, and coordinated care for older adults and all Americans as we age. We urge you to:

- ***Support Innovative Models of Care:*** Studies have shown that models providing coordinated and interdisciplinary geriatrics team-based care can make a critical difference, especially for persons with multiple chronic conditions, by preventing complications and enhancing the quality and efficiency of care provided across the healthcare continuum. We must incentivize innovative care models that value and support teams for complex high cost patients. Many existing programs (Comprehensive Primary Care Plus (CPC+), Hospital at Home (HaH), and Programs for All-Inclusive Care for the Elderly (PACE)) show great promise but are limited in scope and not universally available. We need to support expanding existing programs shown to improve care while also continuing to learn about best practices in providing quality care for older adults with complex needs.

- ***Strengthen Long-Term Care Services and Supports (LTSS):*** Ensuring older adults' access to a wider range of high quality and affordable long-term care options, including those that enable them to "age in place" in their own homes and communities, must be a priority. The overwhelming majority of older Americans want to remain in their homes as long as possible, but many lack needed home and community-based services, or are unaware of these services. Even when long-term care services are available, many older adults lack the financial resources to pay out-of-pocket for these services for any extended period of time. Medicare covers very few such services (and provides no coverage for assisted living or non-skilled nursing home services). Medicaid remains the primary payer for both institutional and community-based LTSS, however in order to qualify for Medicaid many older Americans must "spend down" their assets. Family caregivers continue to provide the majority of long-term care for older Americans – often without sufficient training or support. We support policies to expand access to long-term care options, including in-home and other care that enables older adults to live independently as long as possible. We also support policies to better support and train family members caring for older loved ones.

- ***Further Expand Telehealth Services:*** AGS is appreciative of the waivers and new rules that the Centers for Medicare and Medicaid Services (CMS) has made since the start of the COVID-19 pandemic to expand coverage for Medicare telehealth services. As part of this effort, CMS provided waivers to allow for audio-only telehealth services (e.g. telephone calls without the

[9] National Compensation Survey. Employee Benefits in the United States, March 2018 (Tables 16 and 32). U.S. Bureau of Labor Statistics. Available at https://www.bls.gov/ncs/ebs/benefits/2018/employee-benefits-in-the-united-states-march-2018.pdf

need for video) and to have these services be covered at the same level as in-person visits. 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.[10] 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 allow audio-only telehealth services to continue after the pandemic and to consider making other temporary telehealth expansions permanent when appropriate.

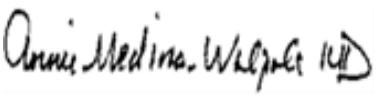
- ***Prioritize Aging Research in Diverse Populations Across Federal Agencies:*** Eighty percent of people 65 and older are affected by chronic diseases related to aging, such as diabetes, heart disease, and cancer.[11] At the same time, recent analysis of research found that 33 percent of federally funded clinical trials had an upper age limit, with one-quarter of the studies not allowing people 65 and older to participate.[12] In addition to the lack of age diversity, there is all too often a lack of racial, ethnic, and gender diversity.[13,14] When medical evidence is generated from study populations that do not resemble most of the people who need the care, we miss opportunities to learn how to optimize health and resilience and avoid suffering. Removal of artificial and arbitrary upper age limits and meaningful inclusion of diverse older adults in clinical trials will begin to address the toll and impact of chronic diseases. We also support increased investment in aging research across federal agencies, including the National Institute on Aging (NIA) and the Department of Veterans Affairs (VA) to ensure the implementation of whole-person-focused studies of the diseases and conditions that diverse older adults face.

- ***Champion Frail Older Americans Living with Advanced Illness:*** Pain management is a key concern for older adults, particularly those 80 and older, who are at the highest risk for multiple health problems and comprise the fastest growing age group in the U.S. Older people are also more likely to have chronic conditions with persistent pain such as arthritis and cancer. Undertreatment of pain has serious medical consequences including depression, impaired mobility, and increased costs associated with healthcare utilization. We believe that all health professionals – and in particular professionals in primary care – should have training in geriatrics and palliative care to competently perform comprehensive evaluation and treatment of diverse older people with complex medical histories, comorbidities, and multiple pain problems.

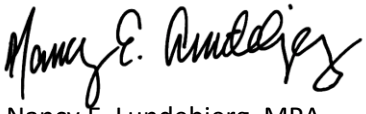
[10] Primary Care Collaborative & Larry Green Center. April 2020. Quick COVID-19 Primary Care Survey: Series 4 Fielded April 3-6, 2020. Available at https://www.pcpcc.org/sites/default/files/news_files/C19%20Series%204%20National%20Executive%20Summary_0.pdf
[11] National Prevention Council. (2016). Health Aging in Action: Advancing the National Prevention Strategy. Available at https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf (page 11)
[12] Lockett J, Sauma S, Radziszewska B, Bernard MA. Adequacy of inclusion of older adults in NIH-funded phase III clinical trials. J Am Geriatr Soc. 2019. https://doi.org/10.1111/jgs.15786
[13] Clark, LT, Watkins, L, Pina, IL, et al. Increasing diversity in clinical trials: overcoming critical barriers. Current Problems in Cardiology. 2019. https://doi.org/10.1016/j.cpcardiol.2018.11.002
[14] Oh SS, Galanter J, Thakur, N, et al. Diversity in Clinical and Biomedical Research: A Promise Yet to be Fulfilled. 2015. https://doi.org/10.1371/journal.pmed.1001918

In this letter, we have focused on policies and programs that are critical to the care of older Americans and their families, and to ensure that America has a workforce with the skills and competence to care for all of us as we age. We look forward to working with Congress and the administration on these public policy solutions that will achieve our vision of a future when every older person receives high-quality, person-centered care. Please do not hesitate to contact Anna Kim, akim@americangeriatrics.org, if we can provide any additional information or assistance.

Sincerely,



Annette Medina-Walpole, MD, AGSF
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer