AMERICAN GERIATRICS SOCIETY
Written Testimony for the Record
Hearing on "Caring for Seniors Amid the COVID-19 Crisis"
Special Committee on Aging
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Written Testimony on "Caring for Seniors Amid the COVID-19 Crisis"

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The American Geriatrics Society (AGS) greatly appreciates the opportunity to submit this testimony. We are a national non-profit organization of geriatrics healthcare professionals dedicated to improving the health, independence, and quality of life of all older Americans. Our 6,000+ members include geriatricians, geriatrics nurse practitioners and advanced practice nurses, 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. Our members are on the frontlines of caring for medically complex older adults during the COVID-19 crisis, and teaching others to do the same and more for us all as we age. That work remains critical to ensuring we all have access to high-quality, person-centered, affordable, and age-friendly care as we grow older.

The AGS has published several sets of COVID-19 recommendations and other, even broader best-practice guidelines for policymakers.[1][2][3][4] All are guided by the principle that advancing supports serving the most vulnerable, including older people, is foundational to prevention and treatment protocols for all Americans. We hope the Committee will consider our recommendations as you work on policies to improve care access and outcomes for older Americans.

This unprecedented public health emergency has had a substantial and disproportionate physical and emotional toll on older people and the frontline health workers who care for them. Older adults remain at substantially higher risk for serious complications and death compared with other population groups. People age 65 and older account for approximately 80 percent of reported deaths in the U.S. with confirmed COVID-19, and account for at least 45 percent of COVID-19 hospitalizations.[5] At the same time, concerns about potential shortages of healthcare professionals and health supplies to

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[1] D'Adamo, H., Yoshikawa, T., & Ouslander, J. G. Coronavirus disease 2019 in geriatrics and long-term care: the ABCDs of COVID-19. *J Am Geriatrics Soc*. 2020. https://doi.org/10.1111/jgs.16445.
[2] American Geriatrics Society. American Geriatrics Society (AGS) Policy Brief: COVID-19 and Nursing Homes. *J Am Geriatrics Soc*. 2020. https://doi.org/10.1111/jgs.16477.
[3] American Geriatrics Society. American Geriatrics Society (AGS) Policy Brief: COVID-19 and Assisted Living Facilities. *J Am Geriatrics Soc*. 2020. https://doi.org/10.1111/jgs.16510.
[4] Farrell, T.W. et al. Rationing Limited Health Care Resources in the COVID-19 Era and Beyond: Ethical Considerations Regarding Older Adults. *J Am Geriatrics Soc.* 2020. https//doi.org/10.1111/jgs.16539
[5] Centers for Disease Control and Prevention. (2020). People Who Need Extra Precautions: Older Adults. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html

address care needs for the whole of our population have focused attention on how resources are ultimately allocated and used.

The AGS is deeply concerned, as but one example, about the potential long-term consequences of emergency rationing strategies implemented to address COVID-19 and we articulated our concerns in our May 2020 position statement, "Resource Allocation Strategies and Age-Related Considerations during the COVID-19 Era and Beyond." We believe rationing strategies solely or predominantly based on age cutoffs could engender beliefs—and thus action—that treats older Americans as less valuable than others or even expendable. This misguided ideology would only exacerbate existing ageism, which prevents us and our communities from achieving our fullest potential as we age. We believe federal, state, and local governments have a responsibility to implement equitable emergency resource allocation strategies that do not discriminate against any American. This avoids future discriminatory language and practice, and provides appropriate guidance to develop national frameworks for emergent resource allocation decisions.[6]

To ensure we remain as safe, healthy, independent, and engaged as possible, the AGS urges federal, state, and local authorities to anchor plans for a phased reopening of the U.S. in better health and care for us all, keeping in mind that a just society is one that treats everyone fairly. To that end, the AGS urges the committee to focus on three critical areas where attention can help achieve our vision for a United States where we are all able to contribute to our communities and maintain our health, safety, and independence as we age; and older people have access to high-quality, person-centered care informed by geriatrics principles. These areas include:

A. Investing in programs that support Americans of all ages to engage in conversations about what matters to them, to select surrogate decision-makers, and to engage in advance care planning so that personal preferences for end-of-life care are known and can be respected.
B. Ensuring access to geriatrics health professionals. This includes increasing reimbursement for primary care services, increasing funding for geriatrics health professions programs under Title VII, and investing in the direct care workforce, which is the backbone of our health and long-term care system.
C. Enacting federal and state policies that support American families. This includes requiring all employers to offer up to 12 weeks of paid family and medical leave for every employee and focusing on opportunities to end discrimination based on gender, age, or other personal characteristics beyond our control.

A. Investing in programs that support Americans of all ages to engage in conversations about what matters to them, to select surrogate decision-makers, and to engage in advance care planning so that personal preferences for end-of-life care are known and can be respected.

The current emergency underscores the widespread and urgent need for all adults to engage in carefully considered advance care planning discussions and create an advance directive. These discussions are of the utmost importance to achieve ethical care decisions based on a person's values, preferences, and goals. They represent the core of geriatrics expertise and the care we all deserve as we

[6] American Geriatrics Society. American Geriatrics Society (AGS) Position Statement: Resource Allocation Strategies and Age-Related Considerations in the COVID-19 Era and Beyond. *J Am Geriatr Soc.* 2020; https://doi.org/10.1111/jgs.16537.

age because they help focus attention on the "4Ms" of age-friendly care: Care (and care preferences) which are the mind, mobility, medication, and—critically—what matters most to us as individuals. Age-friendly care not only improves satisfaction with the health system but is also key to ensuring resources are utilized effectively and matched to what we want and need from care, especially when faced with difficult care decisions.

To increase meaningful advance care planning across health systems, our country must intensify efforts to ensure the planning is preferably done before a time of crisis and revisited across our lifespan so that we capture what matters to us in a continuous fashion. We urge Congress to consider:

- Supporting advance care planning for older adults in all settings before patients are in crisis as part of every individualized care plan. This can be achieved through enhanced means of communication with appropriate documentation, including audio-only telephone or telehealth visits with payment parity for in-person visits.
- Making funding support for intensive outreach efforts to community dwelling older adults to: (1) Identify highly vulnerable patients, such as older adults who are living alone or cognitively impaired; and (2) Obtain reliable contact information for decision makers, including surrogates.

B. **Ensuring access to geriatrics health professionals. This includes increasing reimbursement for primary care services, increasing funding for geriatrics health professions programs under Title VII, and investing in the direct care workforce, which is the backbone of our health and long-term care system.**

Funding for Geriatrics Health Professions

This Committee has a longstanding legacy leading and championing the healthcare and caregiver workforce issues our country faces. To support continued momentum for the Committee's current and future work, the U.S. needs to address several challenges and opportunities that will influence the availability and expertise of the workforce we need as we age.

Staff recruitment and retention is particularly difficult due to the medically complex nature of care for us all as we age. Furthermore, too few health workers receive adequate, if any, training in providing the highly skilled and complex services that make care different for older people. The AGS is grateful to Senator Collins and Senator Casey for their leadership in introducing S. 299, the Geriatrics Workforce Improvement Act, which was included in the CARES Act and authorizes funding for geriatrics workforce training programs under Title VII: The Geriatrics Workforce Enhancement Program (GWEP) and the Geriatric Academic Career Awards (GACAs). The GWEPs educate and engage the broader frontline workforce and family caregivers, and focus on opportunities to improve the quality of care delivered to older adults. As a program rooted in sustaining geriatrics education, the GACAs represent an essential complement to the GWEP. By supporting time for professional development and instructional advancement, the GACAs ensure we can equip early career clinician-educators to become leaders in geriatrics training and research. Ensuring annual appropriations of no less than $51 million is essential to the success of these the GWEP and GACA programs.

The AGS believes Congress should focus further efforts on:

- Ensuring accessible and increased support for primary care practices by passing the Medicare and Accelerated Advance Payment Program Improvement Act and increasing access to the Provider Relief Fund for primary care.
- Including the Healthcare Workforce Resilience Act (S. 3599) in the next COVID-19 stimulus package, thus expanding the number of International Medical Graduates and other qualified health care workers available to care for older Americans during the current unprecedented crisis and beyond.
- Changing Graduate Medical Education (GME) training requirements so that we are creating a health profession workforce that has the requisite baseline skills, competence, and knowledge to care for older adults. Medicare is the largest funder of GME, spending an estimated $10.3 to $12.5 billion annually on training the next generation of health professionals. Yet there are no federal requirements that training funded with Medicare dollars prepare trainees to care for older people.

Investing in the Direct Care Workforce

Direct care workers are vital to supporting older adults and caregivers in at home, in assisted living, and in acute, post-acute, and long-term care. They are on the frontlines, providing physically and emotionally demanding hands-on care to millions of older Americans. At present, women account for two-thirds of the low-paid workforce—including the healthcare workforce—in the country, routinely earning $12 or less per hour.[7] Studies outside the U.S. also estimate that the coronavirus crisis is likely to widen the gender pay gap in developed countries, as more women cut back on work hours in response to other family and household needs. In Germany, for example, 27% of women (compared with 16% of men) in households with at least one child under the age of 14 have cut their work hours.[8] Additionally, men in direct care receive higher earnings than women, a $1,500 difference in median personal earnings.[9] Congress must enact federal and state policies that support the largely female direct care workforce by increasing compensation and benefits, strengthening training requirements and opportunities, creating advanced roles, and improving equity and access to long-term care.

C. Enacting federal and state policies that support American families. This includes requiring all employers to offer up to 12 weeks of paid family and medical leave for every employee and focusing on opportunities to end discrimination based on gender, age, or other personal characteristics beyond our control.

Under current policy, most of the U.S. workforce is without access to paid family leave for children and other loved ones. Even new legislation that extended parental leave benefits to federal employees fell short, since it does not allow care for other family members such as parents—a key

[7] Raghu, M. & Tucker, J. National Women's Law Center. Low-paid Women Workers on the Front Lines of COVID-19. (2020). Retrieved from: https://nwlc.org/blog/the-wage-gap-has-made-things-worse-for-women-on-the-front-lines-of-covid-19/

[8] Reuters. (May 2020). Coronavirus to Exacerbate Gender Pay Gap: German Study. Retrieved from: https://www.nytimes.com/reuters/2020/05/14/world/europe/14reuters-health-coronavirus-germany-women.html

[9] PHI National. (2017). Issue Brief: Racial and Gender Disparities Within the Direct Care Workforce: Five Key Findings. Retrieved from: https://phinational.org/wp-content/uploads/2017/11/Racial-and-Gender-Disparities-in-DCW-PHI-2017.pdf

consideration as our country continues to age. A lack of federal protections for all forms of family leave remains a barrier to recruiting geriatrics health professionals to serving older adults.

Congress must ensure that all health professionals and direct care workers on the frontlines of this crisis have access to paid family, medical, and sick leave, including paid time when isolating due to exposure. Ensuring access to paid leave is particularly important for long-term care and congregate living staff, including certified nursing assistants, personal care assistants, dietary staff, direct care workers, and environmental support staff, as well as home care workers who are paid hourly, often lack paid sick leave, and commonly have marginal financial resources at baseline.

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Thank you for the opportunity to submit this testimony. The AGS looks forward to continuing to work closely with the Committee as you work to improve the lives of older Americans.