

March 23, 2020

The Honorable Mike Pence  
Vice President of the United States  
White House Coronavirus Task Force  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, D.C. 20500

Doctor Deborah L. Birx  
Response Coordinator  
White House Coronavirus Task Force  
The White House  
1600 Pennsylvania Avenue, NW  
Washington, D.C. 20500

Dear Vice President Pence and Dr. Birx:

As America faces an unprecedented public health emergency with COVID-19, we appreciate the work of the Administration and Congress to expeditiously implement changes, including providing patients with greater access to care through telehealth during this crisis. However, more can and must be done as this pandemic continues to unfold, which has seen serious complications for older adults and those with underlying health conditions. We have outlined below several time-sensitive recommendations that we hope you will consider and stand ready to work with officials as we navigate this crisis together.

Founded in 1942, the 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 nearly 6,000 members include geriatricians, geriatric nurses, social workers, family practitioners, physician assistants, pharmacists, and internists. The Society provides leadership to healthcare professionals, policymakers, and the public by implementing and advocating for programs in clinical care, research, professional and public education, and public policy that can support us all as we age. All of our clinician members are now on the frontlines of the battle against COVID-19 with some of our most vulnerable older Americans.

### ***Ensure Needed Medical Supplies***

Our first line of defense is the healthcare professionals who are bravely caring for individuals with COVID-19 and it is of utmost importance that we, as a nation, do all that we can to protect and support this workforce.

We urge the federal government to immediately make use of the Defense Protection Act and move quickly to increase production and distribution of urgently needed supplies, including testing kits, masks, gowns, gloves, and respirators. We must ensure that critical medical supplies are available for healthcare providers, labs, technicians, and facilities, including long-term care facilities with dense populations of older adults. This includes protection for care providers, supplies for testing, and needed respiratory equipment for sick patients. We are hearing from our frontline healthcare workforce that needed supplies are rapidly dwindling and that in some cases providers are reusing masks or using makeshift alternatives.

### ***Further Expansion of Telehealth Services***

AGS is appreciative of the modifications that the Centers for Medicare and Medicaid Services (CMS) has made in recent days to expand coverage for Medicare telehealth services. However, we urge the Administration to consider the following additional changes immediately to further expand telehealth

and telephone services during the COVID-19 emergency. These changes will also allow additional capacity for clinicians to see patients in the office that require immediate medical attention for potential COVID-19 or other issues.

- Require that all telehealth services, including clinicians' telephone calls and real-time audio visits, be covered and reimbursed at the same payment level as in-person visits. Telephone calls with clinicians are especially important for those caring for older adults, many which may not have needed technology or know how to use that technology. Cognitive impairment and low vision are also barriers that may prevent use of more advanced technology for telehealth services.
- Private sector plans should be incentivized to expand telehealth, telephone and real-time audio visits, including parity in coverage.
- End limitations on use of telehealth codes for use by the attending clinician in Skilled Nursing Facilities (SNFs) for mandatory visits. The limitation of 1 telehealth visit every 30 days should also be waived.
- Patients in hospice are among our most vulnerable Americans. We support Section 3706 in the draft "Coronavirus Aid, Relief, and Economic Security Act" ("CARES Act") released by the Senate on March 22, which would allow recertifications of hospice to be conducted as a telehealth visit, and urge immediate waiver by CMS of the face-to-face requirement for recertification.

#### ***Paid Medical and Family Leave, Child Care and Support for Caregivers***

Under current policy, the overwhelming majority of the U.S. workforce is without access to paid family leave. We need to ensure 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. We urge Congress to expand paid family, medical and sick leave so that it is available to all health professionals and direct care workers who are at the front lines of addressing this crisis.

Congress should also ensure that tax relief is provided to clinician practices, hospitals, and post-acute care facilities, skilled nursing homes, and assisted living as well as to home care agencies that provide the workforce for older adults and people with disabilities living in the community. Tax relief would offset the expense of paid family leave for these employers so that they can support the nurses, therapists, and direct care workers who are caring for older adults and people with disabilities. This is particularly important for certified nursing assistants and home care aides who are paid hourly and often do not have paid sick leave. While the recently passed Families First Coronavirus Response Act takes some important steps to support paid leave, it does not provide a way for most providers to offset the costs of providing medical and family leave to their employees. All institutions and clinicians in private practice should have immediate access to federal grants, interest-free loans, or tax relief to help offset these costs.

We urge you to ensure that the formulas used to calculate taxpayer relief account for the low-income realities of certain segments of the healthcare workforce. Direct care workers, for example, earn a median hourly wage of \$12.37 and should not be penalized with a smaller tax relief simply because they earn less than their peers.

Finally, we urge the federal government to ensure that there is quality childcare available for all front-line health professionals and direct care workers. Some states have already done this by funding and

partnering with schools and daycare centers but it must be universally available during the current public health emergency.

### ***Ensure Access to Needed Medications***

We must ensure that drug manufacturers can continue to provide medically necessary prescription drugs to those in need. This is especially important for older adults with chronic conditions who often take multiple medications. Flexibility is key to avoid supply-chain disruptions while also allowing for safe and efficient access to prescriptions through home delivery and early refills when needed. Safeguards are also needed to avoid unnecessary stockpiling of drugs that could lead to shortages.

### ***Support for Charitable Nonprofits***

Charitable nonprofits are on the frontlines of serving older adults and other vulnerable populations in need, often providing food, transportation, and medical and social services, to name a few. We need to ensure that these organizations can continue operations, meet increased demands, and are provided relief from losses due to required closures. COVID-19 is already impacting our economy and many charitable nonprofits are anticipating that contributions will substantially decrease as they did following the 2008 recession. Congress can help by including the following provisions in the \$1 trillion plus package that is currently being considered as part of the country's economic response to COVID-19:

- Charitable nonprofits of all sizes should be able to participate in the emergency Small Business Loan Program by using the tax-law definition of charitable organizations (Sec. 501(c)(3) public charities) and removing the language that excludes nonprofits that are eligible to receive Medicaid reimbursements.
- Charitable nonprofits should also be included in the \$200 billion loan fund for businesses. The charitable sector needs an immediate infusion of \$60 billion and the loan program is a fast way to get cash in the hands of organizations serving immediate needs in communities, many which are facing lost and reduced revenue due to COVID-19.

### ***Utilizing Other Health Professionals***

As COVID-19 continues to put strain on our health care system, we urge CMS to consider additional ways to utilize other healthcare professionals, such as clinical pharmacists, as healthcare providers in certain areas are already in short supply. Pharmacists can help during this emergency with point-of-care testing, ordering and administering vaccinations and immunizations, and initiating time sensitive therapies such as antivirals for Medicare beneficiaries. As a part of this consideration, CMS would need to address reimbursement for these services.

### ***Title VII Geriatrics Health Professions Programs***

Now more than ever, we need to provide more guidance and instruction so that all health professionals—not just geriatrics experts—understand how the range of health conditions older adults may have impact COVID-19 diagnosis, treatment and care. The American health workforce receives little training in geriatrics, which leaves us ill-prepared to care for older Americans as health needs evolve. Too many older Americans receive uncoordinated care that leads to adverse outcomes. These gaps in expertise and service delivery challenged our delivery system before the emergence of a new and deadly pathogen, which now exacerbates these systemic weaknesses.

The federally supported Geriatrics Workforce Enhancement Program (GWEP) is a prime example of a program that is forging important connections with communities and primary care providers. Maximal

funding for the GWEPs is urgently needed as “hospital at home” and new care delivery models are being rapidly deployed as nationwide programs through Congress’s coronavirus relief packages and the Administration’s exercise of its emergency waiver authorities. GWEP awardees educate and engage the broader frontline workforce, including family caregivers, and focus on improving the quality of care delivered to older adults. An essential complement to the GWEP, the Geriatrics Academic Career Awards (GACAs) support professional development for clinician-educators training the future workforce we need. Legislators need to ensure these programs are authorized and that funding is increased, since both have contributed to demonstrable gains across clinical care, research, and professional education with respect to the unique health care needs of older, medically complex patient populations. While we appreciate inclusion of reauthorization language for the GWEP and GACA programs in the current draft of the “CARES Act,” the authorization level remains at \$40,737,000. We urge that these programs be fully funded in 2021 appropriations at \$51 million to address the current workforce shortages and training program gaps in the country resulting from inadequate funding.

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Thank you for all you are doing to support clinicians and patients during this challenging time. We stand ready to support you and provide guidance as the situation continues to evolve. Thank you for your consideration of the above recommendations. For additional information or if you have questions, please contact Alanna Goldstein by emailing [agoldstein@americangeriatrics.org](mailto:agoldstein@americangeriatrics.org).

Sincerely,



Sunny Linnebur, PharmD, FCCP, BCPS, BCGP  
President



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