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June 5, 2019

The Honorable Lamar Alexander
Chairman, Committee on Health, Education, Labor, and Pensions
United States Senate
Washington, D.C. 20510

Dear Chairman Alexander:

The American Geriatrics Society ("AGS") appreciates the work of the Senate Committee on Health, Education, Labor, and Pensions ("HELP") to address America's rising healthcare costs with the *Lower Health Care Costs Act of 2019* discussion draft. While we appreciate the Committee's focus on patients and increasing transparency, we were disappointed to see little focus on the care needs of older Americans. We understand that HELP is addressing issues within the scope of the Committee and have highlighted a few recommendations below that we hope you will consider in the next legislative draft.

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 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. 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.

Older persons with chronic illnesses and geriatric conditions frequently do not receive optimal care and account for a disproportionate share of healthcare expenditures. Improved care for patients with multiple chronic conditions has been identified as one approach that has high potential for cost savings by reducing preventable hospitalizations as well as helping older adults with multiple chronic conditions have a higher quality of life and age in place. We believe there are changes the Committee can make now that would not only improve the quality of care that these individuals receive, but will increase beneficiary satisfaction and reduce costs.

We have outlined our recommendations for consideration below:

The AGS urges the Committee to support and advance the Geriatrics Workforce Improvement Act (S. 299), legislation that authorizes key geriatrics workforce training programs to address the shortage of health professionals expertly trained to care for older people.

To address the care needs of Medicare beneficiaries, especially those with complex and chronic conditions, it is imperative that sufficient federal resources be dedicated to increasing the number of

physicians, including geriatricians, and other health professionals with the knowledge and skills to meet the unique care needs of older adults.

In January, Senators Susan Collins (R-ME) and Bob Casey (R-PA) introduced the *Geriatrics Workforce Improvement Act* (S. 299)—legislation that would authorize the Geriatrics Workforce Enhancement Program ("GWEP") and the Geriatrics Academic Career Awards ("GACAs") administered by HRSA. Together, these programs aim to address the shortage of health professionals expertly trained to care for older people, and also advance supports for older adults, caregivers, and the interprofessional teams responsible for their care. Sustained and enhanced federal investments in these initiatives are essential to delivering high quality, better coordinated, and more cost effective care to older Americans, whose numbers are projected to increase dramatically in the coming years. We urge the HELP Committee to support this important legislative proposal and help move the bill through the legislative process.

The AGS asks Congress to encourage use of the advance care planning codes and to educate patients about the importance of discussing care preferences before the onset of a serious illness or medical crisis. Further education for providers about how to utilize the codes is equally important and necessary.

Advance care planning ("ACP") is a critical tool for helping individuals articulate and document their care values and preferences as they age, to ensure that the care they receive matches their wishes, particularly near the end of life. ACP involves early and ongoing discussions among healthcare professionals, family members, friends, caregivers, or other designated decision-makers. ACP conversations that document care preferences using advance directives have been shown to result in care that reflects personal preferences.[1] Also, research has shown that ACP improves care and quality of life, while increasing satisfaction with the healthcare system and reducing stress, anxiety, and depression for older adults, family caregivers, and other relatives.[2,3] Finally, emerging data shows that ACP reduces the cost of end-of-life care without increasing mortality.[4] In fact, in one prospective randomized, controlled clinical trial, relative to patients receiving usual care, patients receiving palliative care in addition to usual care were shown to have a 25 percent longer survival.[5]

In 2016, Medicare began payment for billing codes that cover ACP services. This was an important first step but more is needed to educate patients about the importance of having these conversations. National and state policies should encourage older adults and those who care for them to have confidential, voluntary ACP discussions before the onset of a serious illness or medical crisis. These discussions play a vital role in developing legal advance directives and appointing surrogate decision-makers before older people are no longer able to make their care preferences known. Additionally, as the codes for ACP have been covered by Medicare for only a few years,

[1] Silveira MJ, Kim SY, Langa KM. Advance directives and outcomes of surrogate decision making before death. *N Engl J Med*. 2010;362(13),1211–1218.
[2] Detering KM, Hancock AD, Reade MC, Silvester W. The impact of Advance Care Planning on end of life care in elderly patients: Randomised controlled trial. *BMJ*. 2010;340, c1345.
[3] Schwartz CE, Wheeler HB, Hammes B, et al. Early intervention in planning end-of-life care with ambulatory geriatric patients: Results of a pilot trial. *Arch Intern Med*. 2002;162(14):1611–1618.
[4] *See* Zhang B, Wright AA, Huskamp HA, et al. Health care costs in the last week of life: associations with end-of-life conversations. *Arch Intern Med*. 2009;169(5):480–488.
[5] Temel JS, Greer JA, Muzikanski A, et al. Early palliative care for patients with metastatic non-small lung cancer. *N Engl J Med*. 2010;363(8):733–742.

further education for providers is equally important and necessary.

The AGS supports efforts to enhance electronic health record ("EHR") interoperability and address inclusion of assessment tools and templates specific to care of older adults. The AGS asks that Congress require the Office of the National Coordinator ("ONC") to assess EHR content and structure for geriatric care by convening an expert panel.

The AGS supports efforts to enhance EHR interoperability among multiple providers and across different settings so that care coordination is more efficient, effective, and accurate. We also encourage innovations in health information technology (e.g., assessment tools and templates) that are specific to older adult care. EHRs have the potential to improve care of frail, older adults with multiple chronic conditions. To fulfill that potential, EHRs must have the capacity to capture key issues that affect care and well-being of older adults with chronic conditions, including, but not limited to, function, cognition and patient's goals of care over time. This will aid providers in focusing on issues that address the overall goals of the patient, including function and maintaining independence. We ask that Congress require ONC to assess EHR content and structure for geriatric care by convening an expert panel.

The AGS supports efforts to make EHRs accessible to the beneficiary/surrogate.

We believe a beneficiary and/or authorized caregiver must have access to their records. This is a safety, engagement, and empowerment issue. Additionally, it would allow patients to share information with other providers in those cases where information has not otherwise been shared. We ask that this be a standard for electronic record systems and value-based payment criteria, with appropriate exceptions.

Finally, the AGS appreciates the Committee's efforts to address unanticipated/surprise medical bills and would like to bring to your attention another surprise billing issue that affects Medicare patients in hospitals.

The Observation Stays Coalition, which the AGS participates in, came together to address a surprise medical billing issue that affects Medicare patients in hospitals who are called "observation status" patients or outpatients, although the medically necessary care they need and receive is no different from the medically necessary care provided to formally admitted inpatients. The classification as "observation" or outpatient is significant, however, because the Medicare statute covers a post-hospital stay in a skilled nursing facility only if the patient was hospitalized for three consecutive days as an *inpatient*. This issue is resulting in a significant negative impact on the patient's out-of-pocket-costs and the patient-provider relationship. Patients are being transferred post-hospitalization to a skilled nursing facility for necessary care and notified later that their stay was not covered because one of the prerequisite three consecutive days was labeled "observation." The "observation status" matter is one such area that should be addressed as part of comprehensive efforts to eliminate surprise medical bills.

Bipartisan legislation, the *Improving Access to Medicare Coverage Act* (S. 753/H.R. 1682), sponsored by Senators Sherrod Brown (D-OH), Susan Collins (R-ME), Sheldon Whitehouse (D-RI), and Shelley

Moore Capito (R-WV), and Representatives Joe Courtney (D-CT) and 'GT' Thompson (R-PA), would update this loophole in Medicare policy to help protect seniors from high -- and often -- surprise medical costs for the skilled nursing facility care they require after hospitalization. The *Improving Access to Medicare Coverage Act* would allow for the time patients spend in the hospital under "observation status" to count toward the requisite three-day hospital stay for coverage of skilled nursing care.

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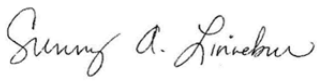
Thank you for the opportunity to submit these comments. We would be pleased to answer any questions you may have. Please contact Alanna Goldstein at agoldstein@americangeriatrics.org.

Sincerely,



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