

**AMERICAN GERIATRICS SOCIETY**  
40 Fulton St., 18<sup>th</sup> Floor, New York, NY 10038  
**Written Statement for the Record Submitted on March 31, 2021**  
**Hearing on “A National Tragedy: COVID-19 in the Nation’s Nursing Homes”**  
Committee on Finance  
United States Senate

Date of Hearing: March 17, 2021

**Written Statement on “A National Tragedy: COVID-19 in the Nation’s Nursing Homes”**

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The American Geriatrics Society (AGS) would like to thank Chairman Wyden, Ranking Member Crapo, and the Senate Finance Committee for their attention to addressing the devastating impact of COVID-19 on nursing homes and for your ongoing efforts to improve nursing home safety now and in the future. The AGS greatly appreciates the opportunity to submit this statement and be part of this important conversation. 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. All of our clinician members have been 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 ongoing public health emergency (PHE) has had a disproportionate physical and emotional toll on older people, including nursing home and other long-term care residents, and the frontline health workers who care for them. Older adults and nursing home and long-term care residents have been at substantially higher risk for serious complications and death compared with other population groups.<sup>1,2</sup> As we move forward from the COVID-19 pandemic, we must address the healthcare workforce shortages and improve the public health system to address care needs for the whole of our population.

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 the direct care workforce, which is the backbone of our health and long-term care system.

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<sup>1</sup> Centers for Disease Control and Prevention. (2021). People at Increased Risk: Older Adults. Available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/older-adults.html>.

<sup>2</sup> Centers for Disease Control and Prevention. (2020). People at Increased Risk: People Who Live in a Nursing Home or Long-Term Care Facility. Available at <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-in-nursing-homes.html>.

- B. Expanding support for the geriatrics health professions programs under Title VII: Increasing funding for the geriatrics health professions programs and ensuring that these programs are included in public health planning efforts.
  - C. Investing in public health: Preparing for future pandemics, PHEs, and disasters and ensuring public health planning involve subject matter experts and stakeholders.
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## **A. Investing in the Direct Care Workforce**

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.<sup>3</sup> Congress must enact federal and state policies that support the largely female and women of color direct care workforce by increasing compensation and benefits, strengthening training requirements and opportunities, and creating advanced roles. Congress must also ensure that all health professionals and direct care workers on the frontlines have access to paid family, medical, and sick leave.

Direct care workers are vital to supporting older adults and their caregivers at home and in congregate living settings (e.g., long-term care and assisted living). They provide hands-on care at the bedside that is physically and emotionally demanding to millions of older Americans. At present, women account for nearly 90 percent of the direct care workforce<sup>4</sup> and women of color account for 48 percent of this workforce in the United States.<sup>5</sup> Hourly rates are low (often \$12 or less per hour),<sup>6</sup> and direct care workers often lack paid family leave, and other benefits.<sup>7</sup> Currently, the demand for direct care workers exceeds the supply and this gap is only expected to grow. Investing in building the direct care workforce should be a priority for the United States as a part of investments in the infrastructure that is needed to care for us all as we age.

## **B. Expanding Support for the Geriatrics Health Professions Programs**

### *Increasing Funding for the Geriatrics Health Professions Programs*

Currently, too few health workers receive adequate, if any, training in providing the highly skilled and complex services that make care different for older people. Furthermore, staff recruitment and retention is particularly difficult due to the medically complex nature of care for us all as we age. The Geriatrics Workforce Enhancement Programs (GWEPs) and the Geriatrics Academic Career Awards (GACAs) are the only federal mechanism for supporting geriatrics health professions education and training. The GWEPs educate and engage the broader frontline workforce, including family caregivers and direct care workers, and focus on opportunities to improve the quality of care delivered to older

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<sup>3</sup> American Geriatrics Society. American Geriatrics Society (AGS) Policy Brief: COVID-19 and Assisted Living Facilities. *J Am Geriatr Soc.* 2020;68(6):1131-1135. <https://doi.org/10.1111/jgs.16510>.

<sup>4</sup> PHI National. (2020). Direct Care Workers in the United States: Key Facts. Available at <https://phinational.org/wp-content/uploads/2020/09/Direct-Care-Workers-in-the-United-States-2020-PHI.pdf>.

<sup>5</sup> PHI National. (2017). Issue Brief: Racial and Gender Disparities Within the Direct Care Workforce: Five Key Findings. Available at <https://phinational.org/wp-content/uploads/2017/11/Racial-and-Gender-Disparities-in-DCW-PHI-2017.pdf>.

<sup>6</sup> Raghu, M. & Tucker, J. National Women's Law Center. (2020). Low-paid Women Workers on the Front Lines of COVID-19. Available at <https://nwlc.org/blog/the-wage-gap-has-made-things-worse-for-women-on-the-front-lines-of-covid-19/>.

<sup>7</sup> PHI National. (2021). Caring for the Future: The Power and Potential of America's Direct Care Workforce. Available at <https://phinational.org/wp-content/uploads/2021/01/Caring-for-the-Future-2021-PHI.pdf>.

adults. The GACA program develops the next generation of innovators to improve care outcomes and care delivery.

Most recently, the GWEPs and GACAs have been on the frontlines of the COVID-19 PHE, ensuring clinical and educational training can enhance their communities' response to the pandemic and its impacts on older adults. The GWEPs and the GACAs are the only federal programs that focus on training the workforce to care for older Americans and investing in these programs is imperative to maintaining the health and quality of life for us all as we age. At minimum, Congress should increase annual appropriations to \$51 million given the essential role awardees play in their states.

#### *Ensuring that Planning Bodies Include the GWEPs and GACAs in Public Health Planning Efforts*

These programs are also playing a key role in public health planning efforts. The GWEPs and GACAs have been an asset for states especially as many states and localities grapple with the rollout of the COVID-19 vaccine and address vaccine hesitancy. GWEPs have been staffing call lines to assist older adults to register for the vaccine, advising local authorities on making the sign-up websites age-friendly, and working with health systems in the rollout of vaccines and outreach to vulnerable and hard-to-reach populations (e.g., homebound older Americans and Americans with disabilities). Through Project ECHO, a telelearning and telementoring program, they have been working with nursing homes to train staff on how to use personal protective equipment (PPE) and on infection prevention protocols. This effort is consistent with CMS's overall priority to reduce COVID-19 infections in nursing homes and keep residents and staff safe during the pandemic. Looking ahead, these programs will be critical in providing assistance for proactive public health planning with their geriatrics expertise and knowledge of long-term care and can help ensure states and local governments have improved plans for older adults in disaster preparedness for future pandemics and natural disasters. To assume these roles, there would need to be additional investments by Congress in both programs to ensure that states have access to the expertise of GWEPs and GACAs. One avenue for ensuring that access is for the Health Resources and Services Administration (HRSA) to include attention to expertise in geriatrics and gerontology in its planning for rebuilding the public health workforce as called for in the American Rescue Plan Act of 2021. One way to accomplish that objective is to increase funding to the GWEP and GACA programs with the specific goal of ensuring that all states have access to the geriatrics education and training that these programs provide to the healthcare workforce.

The reality is that our current healthcare workforce is ill-prepared to care for older adults given the paucity of required training in geriatrics across disciplines. Although AGS does not specifically track the public health workforce, we believe it is critical that investments be made in ensuring that this workforce understand the needs of older Americans so that we can ensure that agencies and organizations focused on the health of the public are meeting the needs of this large and growing demographic group. With funding from the John A. Hartford Foundation, Inc., the Trust for America's Health is exploring the public health needs of older Americans with the goal of ensuring that we are developing age-friendly public health systems.<sup>8</sup> Given their focus on developing age-friendly health systems, focus on transforming primary care, and partnerships with community-based organizations, the GWEPs are well-positioned to assume a greater role ensuring that as we build up our public health workforce we are doing so in a way that supports an age-friendly public health system.

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<sup>8</sup> Trust for America's Health. (2018). Creating an Age-Friendly Public Health System: Challenges, Opportunities, and Next Steps. Available at <https://www.tfah.org/wp-content/uploads/2018/09/Age-Friendly-Public-Health-Convening-Report-FINAL-1-1.pdf>.

## C. Investing in Public Health

### *Preparing for Future Pandemics, PHEs, and Disasters*

A 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 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.<sup>9</sup> The current COVID-19 PHE underscored the gaps in our planning specific to older adults which, as in natural disasters like Hurricane Katrina, resulted in the pandemic having a disproportionate impact on older Americans, particularly older Americans of color. It is critically important that the federal government review and revise PHE and disaster guidance related to this population to provide guidance for state and local planning.

### *Ensuring Public Health Planning Involve Subject Matter Experts and Stakeholders*

Public health planning will necessitate coordination with several important stakeholders and across several different priorities.<sup>10</sup> We recommend that public health planning involve subject matter experts and stakeholders including:

- a. Geriatrics health professionals should be recruited to serve on pandemic and disaster response and planning teams, given their expertise in caring for older people with medical complexity or advanced illness, leading interprofessional collaboration, implementing knowledge of long-term care across settings and sites, and leading advance care planning. This unique skillset is essential for community-level planning.
- b. Nursing homes and other long-term care settings leadership teams (e.g., administrators, medical directors, and directors of nursing) are vital for planning how resources can be best deployed during a pandemic. These teams have expertise in allocating resources within their own facilities; developing community-wide plans in collaboration with acute care hospitals and other post-acute care institutions in their communities; and building understanding of staffing needs, as well as federal and state regulations.
- c. Hospice and palliative care experts should be recruited to serve as members of pandemic planning teams, given the need to ensure hospitals and other facilities have access to expertise in advance care planning, symptom management, and end-of-life care, where available.

We encourage you to consider focusing on the three critical areas while examining COVID-19 in the nation's nursing homes.

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Thank you again for the opportunity to submit this statement and for your attention to these concerns. The AGS looks forward to continuing to work closely with the Committee as you work to improve the lives of all Americans.

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<sup>9</sup> Farrell TW, 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>.

<sup>10</sup> American Geriatrics Society. American Geriatrics Society (AGS) Policy Brief: COVID-19 and Nursing Homes. *J Am Geriatr Soc.* 2020;68(5):908-911. <https://doi.org/10.1111/jgs.16477>.