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January 10, 2017

Mr. Donald J. Trump
President-Elect of the United States
Presidential Transition Headquarters
1800 F Street, NW, Room G117
Washington, DC 20270–0117

Dear President-Elect Trump:

We write to you on behalf of our 6,000 members and the older Americans for whom they serve. The members of the American Geriatrics Society (AGS) include geriatricians, nurse practitioners, pharmacists, and social workers who work across diverse care settings. The AGS mission is to improve the health, independence, and quality of life of older people. We believe that doing so will ensure that older Americans continue to make meaningful contributions to their communities. Our vision for the future is that every older American will receive high-quality, person-centered care.

We believe that to achieve our vision, federal and state policies must:

- Expand older adults' healthcare options to include in-home and other care that enable us to live independently as long as possible; help older adults and caregivers better understand healthcare needs and make the most of Medicare and other benefits; and provide caregivers with adequate resources and support.
- Ensure that value-based purchasing and other quality initiatives take into account the unique healthcare needs of all older people.
- Strengthen primary and preventive care and care coordination.
- Address the acute and growing nationwide shortage of geriatricians (physicians with advanced training in the care of older people) and all geriatrics healthcare professionals; and ensure that other healthcare providers have training that prepares them to meet the unique healthcare needs of older people.
- Step-up research concerning healthy aging, the prevention, diagnosis and treatment of age-related health problems, and the cost-effectiveness of various approaches to care; and ensure that older adults are adequately represented in research trials.

In this letter, we address federal programs and policies that are important to the health, independence, and quality of life of older Americans and their families.

Health Reform: We believe that all Americans should have access to high-quality, affordable healthcare coverage. The Patient Protection and Affordable Care Act (ACA) improved access to such coverage for over 20 million Americans. It is essential that we maintain the gains in the number of Americans who are covered by health insurance achieved under the ACA, with the proportion of Americans lacking health insurance now at a historic low of 8.6%. Further, according to the 2016 Medicare Trustees Report, the ACA is the primary driver of the Medicare Part A trust fund solvency through 2028, a gain of 11 years. **We urge you to work with Congress to lay out replacement plans for the ACA in sufficient detail so that the American public has the opportunity to**

compare proposed policies with current policies in order to make informed decisions about whether the new proposal is an improvement over the existing policy. Any replacement plan should reduce regulatory burdens that detract from care and increase costs. We discuss elements of the ACA that are important to older Americans, Medicare, and Medicaid beneficiaries below.

Medicare: The AGS appreciates your stated commitment to preserving and strengthening Medicare for current and future generations of older Americans. **We oppose any changes to Medicare that would increase costs, reduce coverage, or cut benefits under Medicare.** Further, we believe it is critically important to maintain these elements of the ACA that have benefited older Americans:

- ***Closing the Medicare Part D Coverage Gap (the "donut hole[1]):*** The ACA is closing the Medicare Part D coverage gap, with some 11 million Medicare beneficiaries seeing an average savings of $2,127 while in the coverage gap.

- ***Promoting Preventive Services:*** The ACA also dramatically improved Medicare beneficiaries' access to preventive services via an Annual Wellness Visit (AWV), which includes Personalized Prevention Plan Services (PPPS). The law also requires that insurers provide recommended preventive services to adults and children (e.g., mammograms, colorectal screening, immunizations).[2] Regular exams and screenings are important as they identify problems or identify diseases (such as cancer) earlier, improving survival rates.

Medicaid: Some six million older Americans and some 10 million Americans with disabilities are supported by Medicaid. For some two million older Americans who have spent their own assets and whose income is insufficient to cover the cost of long-term care, Medicaid is the primary payer for nursing homes (covering one million older Americans) and home and community-based services (covering an additional million beneficiaries).[3] In 1983, Congress added Section 1915(c) to the Social Security Act, which offers states flexibility in how they use federal Medicaid funds to meet the needs of their population by waiving the rules regarding institutional care. **We are opposed to any changes to Medicaid that would reduce access to necessary services for older Americans and those with disabilities.** Further, we believe it is critically important to maintain the following elements of the ACA that have benefited older Americans:

- ***Medicaid Expansion:*** The ACA offered full federal financing to states for the first three years to support expansion of eligibility for Medicaid to nearly all low-income adults with incomes at or below 138% of the federal poverty level (FPL, $16,242 per year for an individual in 2015). The Supreme Court effectively made expansion a state option, and 31 states plus the District of Columbia have taken advantage of the expansion. A number of states achieved expansion using Medicaid waiver authority, which allowed them to tailor

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[1] The "donut hole" refers to a gap in prescription drug coverage under Medicare Part D. This means that after beneficiaries and their drug plans have spent a certain amount of money for covered drugs, beneficiaries have to pay all costs out-of-pocket for their prescriptions up to a yearly limit. Once they have spent up to the yearly limit, their coverage gap ends and their drug plan helps pay for covered drugs again.

[2] https://www.hhs.gov/healthcare/facts-and-features/fact-sheets/preventive-services-covered-under-aca/#CoveredPreventiveServicesforAdults

[3] Musumeci M, Kaiser Commission on Medicaid and the Uninsured, *Rebalancing in Capitated Medicaid Managed Long-Term Services and Supports Programs: Key Issues from a Roundtable Discussion on Measuring Performance*. February, 2015. http://files.kff.org/attachment/issue-brief-rebalancing-in-capitated-medicaid-managed-long-term-services-and-supports-programs-key-issues-from-a-roundtable-discussion-on-measuring-performance

programs according to population needs and state priorities. Repealing expansion would leave states with fewer resources and likely mean discontinuation of coverage for people living below the FPL.

Medicare and Medicaid Delivery System Reform: Under the ACA, the Centers for Medicare and Medicaid Services (CMS) has been testing innovations in healthcare delivery and finance with a focus on improving the quality of care for Medicare, Medicaid, and dually eligible (both Medicare and Medicaid) beneficiaries. This work has been overseen by the Center for Medicare and Medicaid Innovations (CMMI). As an example, through the Partnership for Patients, CMS has achieved reductions in "never events" and lowered readmission rates. For dual-eligible beneficiaries (a particularly costly population), CMS is testing innovative payment models focused on dual-eligible beneficiaries and approaches that support providing high-quality care at a lower cost. **We support continuation of efforts to test innovations focused on improving coordination and quality of care for Medicare and Medicaid beneficiaries.** We believe that it is particularly important that CMS support health professionals in providing quality care to frail older adults, many of whom have multiple chronic conditions.

Veterans Health: We believe that we must do all we can to care for our veterans. We recognize the leadership the Department of Veterans Affairs (VA) has taken in providing care for some four million veterans aged 65 and older in the Veterans Health Administration (VHA)—the nation's largest managed healthcare system. A substantial number of AGS members work on the front lines to improve the quality of life for our nation's veterans by directly providing health care and services or working on medical innovations to address service-related injuries or conditions. The Geriatrics and Extended Care Services (GEC) and Geriatric Research Education and Clinical Centers (GRECCs) have been central in developing innovations in coordinated home and community-based care that benefit older veterans, advancing access to quality health care for aging veterans and the U.S. population overall. **We believe that the VHA should prioritize increasing recruitment, retention, and training of healthcare professionals, including those serving older veterans; expanding access to community-based long-term services and supports; intensifying the testing of innovative models of care (including medical foster home and Geri-PACT); and expanding the use of tele-health services.** We are opposed to any efforts to privatize the VHA, given that the system provides comprehensive services to veterans extending beyond the provision of medical care. We also urge your Administration to continue to provide the resources essential to making high-quality health care accessible to all veterans, including the 700,000 "greatest generation" veterans who served in World War II.

Healthcare Workforce: The AGS has long advocated for federal programs and policies that support creating a healthcare workforce with the skills and competence to meet the unique healthcare needs of older Americans, many of whom have multiple chronic conditions requiring coordination of care across settings and specialties. To that end, geriatrics health professionals have lead development of care coordination, care transition, and other delivery models and have worked with CMS on creating payment mechanisms that support healthcare professionals who are primarily responsible for delivering these services. We look forward to working with your Administration to:

- ***Expand and Improve Title VII and VIII Geriatrics Health Professions Programs:*** Title VII and VIII geriatrics health professions funding is administered by the Health Resources and Services Administration(HRSA) and supports the **Geriatrics Workforce Enhancement Program (GWEP)**. There are currently 44 GWEP centers in 29 states providing education to primary care physicians, nurses, and other members of the healthcare team, as well as

direct-care workers and family caregivers. Enhanced federal investments in the GWEP will allow for training more providers within existing programs and providing additional grants to cover several large geographic areas that lack programs. It will also help create a separate funding stream for junior geriatrics faculty pursuing academic careers to ensure that we are able to train future providers in the principles of geriatric medicine.

- ***Improve Reimbursement for Primary Care:*** One key provision of the ACA was the primary care incentive payment that has been, and remains, critical to addressing the shortage of physicians who specialize in family, internal, geriatric, and pediatric medicine, as well as the shortage of nurse practitioners, clinical nurse specialists, and physician assistants. We recommend that consideration be given to re-instating this payment as America continues to face a critical shortage of professionals in these disciplines—a shortage further compounded by geographic maldistribution.[4]

- ***Preserve Important Federal Funding for Geriatrics Training:*** Funding for training the next generation of geriatricians is provided under Graduate Medical Education (largely Medicare funds), the VA, and the National Institute on Aging (NIA). Together, they fund fellowship training for geriatricians who will go on to care for older Americans, serve as health systems leaders, and become faculty who train other health professionals in the care of older Americans, many of whom have complex needs due to multiple chronic conditions.

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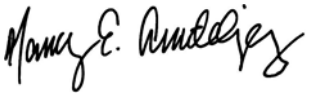
In this letter, we have focused on programs that are critical to the clinical care of older Americans and their families, and to ensuring that America has a workforce with the skills and competence to care for all of us as we age. Other important federal programs serving older Americans include community-based services and workforce development programs funded under the Older Americans Act (OAA). In addition, older Americans benefit from research that is administered through the NIA, Agency for Health Care Quality and Research (AHRQ), VA, and Patient-Centered Outcomes Research Institute (PCORI).

We look forward to working with your Administration and Congress on public policy solutions that will achieve our vision of a future when every older American receives high-quality, person-centered care. Please do not hesitate to contact Anna Mikhailovich (amikhailovich@americangeriatrics.org) if we can provide any additional information or assistance.

Sincerely,

Ellen Flaherty, PhD, APRN, AGSF
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

[4] Petterson SM, Phillips RL Jr, Bazemore AW, Koinis GT. Unequal Distribution of the U.S. Primary Care Workforce. *Am Fam Physician*. 2013;87(11): http://www.aafp.org/afp/2013/0601/od1.pdf.