American Geriatrics Society

ON THE GROUND IN WASHINGTON, DC: ADVOCACY IN ACTION

October 2024 Update

OPPORTUNITIES FOR AGS MEMBERS TO TAKE ACTION

Visit our Health in Aging Advocacy Center where you can quickly and easily take action on variety of issues impacting geriatrics healthcare professionals and the patients you care for.

OUR ADVOCACY FOCUS

AGS believes in a just society where all people are full members of our communities and entitled to equal protection and treatment, and advocates for federal policies that will improve the health and well-being of all older adults. We look for opportunities to draw attention to discrimination—with a focus on the intersection of structural racism and ageism—across AGS statements, recommendations, and in comment letters as appropriate. We leverage our relatively modest resources by working in coalition with other organizations and leading on the issues central to our mission and support our members. We are supported by Arnold & Porter (a DC-based firm), Kristine Blackwood LLC, and Paul Rudolf LLC, for our regulatory and advocacy work. Below we highlight several key updates and efforts from May 2024 through October 2024.

When considering new policy areas, we use the following framework:

AGS Framework for Considering New Policy Areas		
Question	**Litmus Test**	**Example(s)**
Where should we lead?	If AGS was not leading this, would it get done?	• Coding and payment work • Geriatrics Health Professions • COVID-19 rationing framework • Aducanumab/lecanemab/donanemab
Where should we be engaged as a follower?	Can we have an impact on the work of others?	• Nominations to Technical Expert Panels (quality) • Coalition participation • Legislative and regulatory comments in response to RFIs
Where should we review and sign on to work of others?	Is it an issue that aligns with AGS priorities?	Sign-on letters on a host of issues, including Social Security, immigration, Older Americans Act, paid family and medical leave. Big topics where organizations with much larger budgets are working (the potential Medicare fee cut is a good example of this given that we are aligning our own letters with AMA's).
Since 2017, we have been asking ourselves this question…		
When do we have a responsibility to speak out?	Is this an issue where we have a moral or ethical responsibility to speak out?	• Discriminatory Policies • Murder of George Floyd • Anti-Asian hate crimes • Incursions into the doctor/patient relationship

Workforce

GWEP and GACA Related Efforts

AGS continues to engage in ongoing conversations, both individually and in coalition, around bolstering the work and reach of the Geriatrics Workforce Enhancement Programs (GWEPs) and Geriatrics Academic Career Awards (GACAs) beyond the status quo. AGS has been collaborating with the Eldercare Workforce Alliance (EWA) and the National Association for Geriatric Education (NAGE) to secure increased funding for Fiscal Year (FY) 2025. Most recently, we sent joint letters to House and Senate appropriations leadership urgently requesting additional funds in the FY 2025 budget for the 20 GWEPs that were not funded in the new cohort of GWEPs in order to keep them operating. Additionally, it is unlikely that we will see reauthorization of the GWEP/GACA programs during the current Congress due to the election. For the next Congress, we are working on identifying a Republican Sponsor in the House as Representative Burgess is retiring and may need to identify a lead Democratic sponsor in the Senate (pending outcome of the 2024 election).

Appropriations

In May 2024, AGS submitted written testimonies for the record to the House and Senate Appropriations Subcommittees on Labor, Health and Human Services, Education, and Related Agencies requesting increased funding in FY 2025 for the geriatrics education and training programs, the GWEP and GACA Program, and aging research within the National Institutes of Health (NIH) and National Institute on Aging (NIA) as well as the Veterans Affairs (VA) Office of Research and Development. In June, AGS sent multiple letters to House and Senate appropriations leadership on FY 2025 funding for GWEPs, GACAs, and NIA and VA aging research initiatives. In September, Congress passed and President Biden signed a continuing resolution (H.R. 9747, Continuing Appropriations and Extensions Act, 2025) to keep the government funded at current levels for federal agencies and programs through December 20, 2024. The temporary funding measure will give Congress time to complete work on its annual spending bills. Congress is currently in recess and expected to return to Capitol Hill on November 12. As Congress works to finalize appropriations for FY 2025, AGS will continue its advocacy in support of these initiatives, emphasizing the increasing need for training in geriatrics and gerontology and fostering groundbreaking medical research on aging.

Payment and Coding

Medicare Physician Fee Schedule

In September 2024, AGS submitted extensive comments in response to the Centers for Medicare and Medicaid Services (CMS) Calendar Year (CY) 2025 proposed rule updating the Medicare Physician Fee Schedule (PFS) and other payment and coding policies. In our letter, we applauded CMS' proposal to provide payment for advanced primary care management (APCM) services, which recognizes elements that AGS considers to be vital components of primary care, including team-based care and an ongoing, longitudinal relationship with the patient. AGS urged CMS to implement the proposal in 2025 to advance better care now, without delay. We also suggested some refinements and clarifications to the proposal to ensure that those services are correctly reported. CMS included an extensive request for information around hybrid payments for primary care, which we responded to here.

AGS also addressed several other proposals in the PFS rule, including support for CMS' proposed expansion of the caregiver training codes. We were pleased that CMS is proposing to allow for payment of the visit complexity add-on code (G2211) when an office/outpatient E/M service is furnished on the same day as an Annual Wellness Visit, vaccine administration or Medicare Part B preventive service. As we did in last year's rule, AGS continued to urge CMS to allow G2211 to be reported when an E/M service is provided in a patient's home

or residence. Lastly, we were pleased that CMS is proposing to maintain current billing rules for telemedicine services and pay for E/M services at the same rate regardless of the modality in which the visit is conducted. A final rule will be issued in early November and take effect on January 1, 2025.

Most recently, we set up several meetings with other primary care organizations to discuss the advanced primary care hybrid payment model proposed by CMS. The groups discussed ways in which we could collaborate moving forward in support of the proposal and work with CMS on refining the program.

AGS will continue to comment on and track opportunities to reform the budget neutrality policies applied to the Medicare Physician Fee Schedule.

Senate Finance Committee White Paper on Bolstering Chronic Care through Medicare Payment
In June 2024, AGS submitted feedback in response to a Senate Committee on Finance white paper, "Bolstering Chronic Care through Physician Payment: Current Challenges and Policy Options in Medicare Part B." In our letter, we outlined our goals which reflect the importance of healthcare that is person-centered, team-based, and grounded in strong primary care. A transformed payment system must reflect and most importantly sustain this type of care. Our response also answered questions in the white paper on various topics including participation in Alternative Payment Models, reducing physician reporting burden related to the Merit-based Incentive Payment System (MIPS), supporting chronic care in primary care settings, and ensuring integrity in the PFS.

Addressing the High-Cost of Prescription Drugs
AGS is one of five amici contributing to amicus briefs in support of the Department of Health and Human Services (HHS), the defendant-appellee, in appeals that are wending their way through the courts on Medicare's new authority to negotiate drug prices.An example of these briefs can be found here. Led by Democracy Forward (pro bono), the focused of these briefs is to underscore how lower prescription prices benefit older Americans and public health writ large. The plaintiff-appellants are the drug companies arguing that this program will undermine public health and harm older Americans while only serving to benefit Medicare. AGS, along with the other amici (American Public Health Association, American College of Physicians, Society of General Internal Medicine, American Society of Hematology), believes that allowing CMS to negotiate drug prices for Medicare is vital to maintaining and strengthening patient care and the Medicare program and that the drug companies' assertions regarding the negative effects of these new rules on public health are exaggerated.

Additional Comment Letters

Comments on FDA Draft Guidance for Enrollment of Participants from Underrepresented Populations in Clinical Studies
In September 2024, AGS submitted comments to the Food and Drug Administration (FDA) on its draft guidance document, "Diversity Action Plans to Improve Enrollment of Participants from Underrepresented Populations in Clinical Studies: Guidance for Industry," which outlines the requirements for research sponsors conducting certain clinical studies involving drugs, biological products, and devices to increase enrollment of participants from historically underrepresented populations for improved strength and generalizability of the evidence. As part of our letter, AGS highlighted the importance of ensuring sponsors and manufacturers are accountable in complying with the requirements. We also recommended that FDA expand its guidance on collecting detailed sociodemographic factors beyond race, ethnicity, sex, and age to determine whether the evidence on drugs, products, and devices can be generalized to different underrepresented, disproportionately affected, or understudied populations, including older age subgroups and older adults in multiple care settings.

Comment Letter on Aging in the United States: A Strategic Framework for a National Plan on Aging
In September 2024, AGS submitted comments on the Aging in the United States: A Strategic Framework for a National Plan on Aging document that was developed by the Interagency Coordinating Committee on Healthy Aging and Age-Friendly Communities to create a national set of recommendations for advancing healthy aging and age-friendly communities for older adults. Among other items, AGS recommended addressing critical gaps in the Strategic Framework with a focus on preparing the healthcare workforce to care for all of us as we age and embedding a health equity approach throughout to acknowledge the various marginalized communities for whom challenges to successful aging cut across the Strategic Framework's four domains: 1) Age-Friendly Communities, 2) Coordinated Housing and Supportive Services, 3) Increased Access to Long-Term Services and Supports, and 4) Aligned Health Care and Supportive Services.

Comments on NIA Strategic Directions for Research, 2026-2030
In September 2024, AGS submitted comments in response to the NIA's request for information (RFI) on its Strategic Directions for Research document for 2026-2030 which serves as a statement for NIA's scientific priority areas within aging research and provides a framework for systematic analysis of NIA's scientific portfolio. We provided input on revisions to the current document The National Institute on Aging: Strategic Directions for Research, 2020-2025, and suggestions for topics that NIA should consider as it develops the document for 2026-2030, including research that advances our current understanding of brain health biomarkers, supporting the aging research workforce, and encouraging coordination and collaboration across the Institutes and Centers within the NIH as well as other agencies and research organizations.

Letter of Support on the WISH Act
In September 2024, AGS shared a letter with Representative Thomas Suozzi on the Well-Being Insurance for Seniors to be at Home (WISH) Act which would create federal catastrophic long-term care insurance for older adults. The WISH Act highlights that we have under-resourced care for older adults and are underinvested in the care we all need as we age.

Comment Letter on House Committee on Energy & Commerce on Reforming the National Institutes of Health Framework for Discussion
In August 2024, AGS submitted comments in response to the House Committee on Energy and Commerce (E&C) framework for discussion to reorganize the NIH which includes replacing the NIA with a new National Institute on Dementia (shown in Figure 1 of the Framework). We agreed with the Committee's emphasis on health, function, and independence of Americans across the lifespan at the NIH and have focused our feedback on establishing an independent commission to review the NIH and make recommendations to Congress, the importance of the NIA to foster a whole person approach across all Institutes, and using congressional oversight to ensure there is an appropriate review and evaluation of the Directors of Institutes and Centers. The AGS Update in the September issue of the *Journal of Gerontological Nursing (JGN)* highlighted AGS' response to the proposal. In May, Ranking Member Bill Cassidy of the Senate Committee on Health, Education, Labor and Pensions (HELP) released a white paper on how the NIH could improve its processes to ensure transparency and American biomedical leadership. AGS will continue its advocacy and coordinated a meeting with HELP staff to discuss our input on improving the NIH.

Work Related to Alzheimer's Disease and Anti-Amyloid Monoclonal Antibodies

Since the Food and Drug Administration (FDA) approval of aducanumab in June 2021, lecanemab in January 2023, and donanemab in July 2024, AGS has been engaged in numerous activities including professional work that has been in parallel to our policy comments outlined below.

Letters to Committees of Jurisdiction on the Concentrating on High-value Alzheimer's Needs to Get to an End (CHANGE) Act

In July 2024, AGS submitted comments to the Senate Committee on Finance on H.R. 4752 / S. 2379, the CHANGE Act, and the House Committees on Ways & Means (W&M) and E&C on H.R. 8816, the American Medical Innovation and Investment Act, which includes the CHANGE Act. The bills would change the Welcome to Medicare Visit (WMV) and the Annual Wellness Visit (AWV) and require clinicians to: (1) use a scientifically validated cognitive test (screening test) to accomplish detection of cognitive impairment, and (2) document any impairment detected in the patient's medical record. While we appreciate the attention to increasing detection of cognitive impairment and evidence-based tools in the bill, we are deeply concerned that the legislation does not consider patient choice and shared decision-making nor how best to proceed once cognitive impairment is detected. AGS also shared our feedback with the lead sponsors of the CHANGE Act via email and coordinated meetings for our experts and constituents with congressional staff to discuss our concerns. We have also an accepted editorial in the *Journal of the American Geriatrics Society (JAGS)* which we expect will be published in accepted view by early November.

Letter to FDA on Draft Guidance for Industry on Early Alzheimer's Disease: Developing Drugs for Treatment

In June 2024, AGS submitted comments to the FDA on its draft guidance for industry on Early Alzheimer's Disease: Developing Drugs for Treatment which outlines recommendations for the selection of study participants with early Alzheimer's disease (AD) for enrollment in clinical trials and selection of endpoints for clinical trials. In our letter, AGS expressed concern about the proposal to redefine AD to add a stage for asymptomatic patients with characteristic pathophysiological changes of AD as demonstrated by biomarker measures given that biomarker positivity is associated with wide variations in cognitive trajectory. While AGS supports studies on therapeutic interventions that show promise of clinical benefit, we disagreed that there is sufficient evidence on the safety and efficacy of treatments to warrant accelerated approval based on reduction in beta amyloid as a surrogate indicator. AGS also outlined considerations on equity including the need for diversity and inclusion of underrepresented groups in AD trials and research.

Nomination for PCORI's Call for Topics for Systematic Reviews: Biomarker-based Diagnostic and Staging Performance for Alzheimer's Disease Across Populations

In June 2024, AGS submitted a nomination in response to the Patient-Centered Outcomes Research Institute (PCORI) call for topics for systematic reviews that support the development of evidence-based practice guidelines or practice recommendations on understanding the performance of biomarkers, including plasma-based biomarkers, to diagnose and stage Alzheimer's disease (AD) across different population groups. In July, AGS coordinated a meeting for our experts and PCORI staff in preparation for its feasibility scan for the nomination.

Letter to FDA on PCNS Drugs Advisory Committee Review of Donanemab for Early AD

In June 2024, AGS wrote a letter in response to a meeting of the FDA Peripheral and Central Nervous System (PCNS) Drugs Advisory Committee to review the safety and efficacy implication of donanemab's Phase 3 trial. Eli Lilly's drug donanemab is an anti-amyloid drug that was investigated for the treatment of early symptomatic Alzheimer's disease. In our letter, AGS expressed concern around the adverse effects, most notably amyloid-related imaging abnormalities (ARIA), seen in the donanemab trial. AGS also outlined additional gaps in knowledge that we believe the Advisory Committee should consider, including diversity of trial participants and meaningful outcomes. Finally, the letter made recommendations around indications, labeling, and safety to the FDA should approval of donanemab move forward. On July 2nd, the FDA granted donanemab (Kisunla™) traditional approval. Of the three monoclonal antibodies, only donanemab and lecanemab have FDA traditional approval and are covered by Medicare Part B when a prescribing clinician decides the Medicare coverage criteria are met and submits information to help answer treatment questions in a qualifying study.

Legislation We Support

- *Alleviating Barriers for Caregivers Act (H.R. 8018 / S. 3109)* – would help reduce red tape by requiring CMS and Social Security Administration (SSA) to review eligibility determinations and application processes, procedures, forms, and communications for Medicare, Medicaid, Children's Health Insurance Program, and the Social Security programs to reduce administrative challenges for caregivers.

- *Better Care Better Jobs Act (H.R. 547 / S. 100)* – would provide funds for CMS to award planning grants, develop quality measures, and provide technical assistance to states regarding specified home and community-based services (HCBS) improvements as well as increase the Federal Medical Assistance Percentage for HCBS in states that develop plans and meet specified benchmarks.

- *Chronic Care Management (CCM) Improvement Act (H.R. 2829)* – would eliminate cost-sharing for chronic care management services under Medicare.

- *Conrad State 30 and Physician Access Reauthorization Act (S. 665)* – would extend the authorization of the Conrad 30 program that allows international doctors to remain in the United States upon completing their residencies under the condition that they practice in areas experiencing doctor shortages.

- *Credit for Caring Act (H.R. 7165 / S. 3702)* – would provide an up to $5,000 non-refundable federal tax credit for eligible working family caregivers to help offset a portion of their out-of-pocket caregiving expenses.

- *Disability and Age in Jury Service Nondiscrimination Act (H.R. 2442 / S. 1086)* – would ensure that disabled jurors who are over the age of 18 are able to perform their duties with reasonable accommodations.

- *Fair Access in Residency (FAIR) Act (H.R. 751)* – would address unfair exclusion and burdensome testing requirements faced by Doctors of Osteopathic Medicine (DOs) applying to residency by bringing transparency to the residency application process and requiring programs to affirm that they accept DO and MD applicants as well as scores from the Comprehensive Osteopathic Medical Licensing Examination (COMLEX) and the United States Medical Licensing Exam (USMLE).

- *Healthcare Workforce Resilience Act (H.R. 6205 / S. 3211)* **–** would enhance our nurse and physician workforce by recapturing unused immigrant visas.

- *Home and Community-Based Services (HCBS) Access Act (H.R. 1493 / S. 762)* – would make HCBS a mandatory benefit within Medicaid and strengthen supports for family caregivers, providing respite, creating jobs and revenue, and increasing wages for home care providers.

- *Improving Access to Medicare Act (H.R. 5138 / S. 4137)* – would deem an individual receiving outpatient observation services in a hospital as an inpatient for purposes of satisfying the three-day inpatient hospital-stay requirement with respect to Medicare coverage of skilled nursing facility (SNF) services.

- *Improving Access to Mental Health Act (H.R. 1638 / S. 838)* – would allow allowing clinical social workers (CSWs) to bill Medicare Part B independently for services provided in skilled nursing facilities (SNFs),

allowing CSWs to bill Part B for Health and Behavior Assessment and Intervention (HBAI) services, and improving Part B reimbursement for CSWs.

- *Long-Term Care Workforce Support Act (H.R. 7994 / S. 4120)* – aims to stabilize, grow, and support the direct care professional workforce.

- *Medicare Patient Access and Practice Stabilization Act of 2024 (TBD)* – would eliminate the 2.8% conversion factor cut and provide a 1/2 Medicare Economic Index (MEI) update for 2025.

- *Palliative Care and Hospice Education and Training Act (PCHETA) (S. 2243)* – would require HHS to support Palliative Care and Hospice Education Centers, AHRQ to provide a national education and awareness campaign, and NIH to expand national research programs in palliative care.

- *Resident Physician Shortage Reduction Act of 2023 (H.R. 2389)* – would increase the number of residency positions eligible for graduate medical education payments under Medicare providing an additional 2,000 positions per fiscal year from FY 2025 to FY 2031.

- *Stand Strong Falls Prevention Act (S. 5023)* – would create within HHS' Administration on Aging an Advisory Committee on Falls Prevention, which would develop a National Falls Prevention Plan, evaluate falls prevention efforts under the federal government, and make recommendations for improving federal policies.

- *Strategic Plan for Aging Act (S. 3827)* – would create a new national grant program under the Older Americans Act (OAA) to incentivize and support states' efforts to create strategic plans for aging (MPAs).

- *Strengthening Medicare for Patients and Providers Act (H.R. 2474)* – would provide for an update to a single conversion factor under the Medicare physician fee schedule that is based on the Medicare economic index.

- *Substance Use Disorder Workforce Act (H.R. 7050)* – would make available 1,000 new Medicare-supported residency positions to hospitals that have—or are in the process of establishing—approved residency programs in addiction medicine, addiction psychiatry, or pain medicine and their prerequisite programs.

- *The Nursing Home Disclosure Act (H.R. 177)* – would authorize CMS to include information about every nursing home medical director, a position required by statute, on Nursing Home Compare.

- *Welcome Back to the Health Care Workforce Act (H.R. 7907 / S. 4088)* – would assist internationally educated health care professionals overcome common barriers to entering the health care workforce.

SUPPORTING OTHER ORGANIZATIONS

AGS participates in multiple coalitions through sign-on letters, campaigns, and other relevant public policy efforts to support key legislation affecting older adults. The 118th Congress legislation that we support can be found on the AGS Health in Aging Advocacy Center webpage. Additionally, AGS has signed on to 14 letters since our last report on a wide range of issues, including Medicare payment system reform, graduate medical education, diversity in medical education, public health workforce, and FY 2025 funding recommendations.

MEMBERS TAKING ACTION

AGS frequently updates our Health in Aging Advocacy Center allowing members to take action on key issues as they arise, including funding for key workforce and research programs in FY 2025, advocating for a more stable Medicare payment system, and expressing concerns about the proposed NIH reorganization.

COMMUNICATING WITH MEMBERS

We have worked with the communications team to continue promoting AGS policy briefs, position statements, and comment letters to our members and the geriatrics community at large via the AGS listserv, the MyAGSOnline member-forum, the "Where We Stand" section of the AGS website, and social media. Over the past year, we have highlighted AGS' concerns around the healthcare workforce and our support for such ongoing policy priorities as the need for increased funding for the Title VII Geriatrics Health Professions Programs. We have achieved this by showcasing existing AGS resources—like video interviews, data sets, and infographics—and coordinating with Congressional champions on press releases, editorials, and other updates.

QUESTIONS? Contact Alanna Goldstein at agoldstein@americangeriatrics.org or Anna Kim at akim@americangeriatrics.org