



**Senate Special Committee on Aging
Caring for Seniors Amid the COVID-19 Crisis
May 21, 2020
Statement for the Record**

LeadingAge and its partners, the Visiting Nurse Associations of America (VNAA) and ElevatingHOME (EH), representing almost 6000 nonprofit aging services providers, including nursing homes, home health care, assisted living, continuing care retirement communities, hospice, home and community-based service, adult day services, PACE, and affordable housing, appreciates the opportunity to provide this statement for the record.

We thank the Committee for its commitment to older Americans and for holding a Congressional hearing on, "Caring for Seniors Amid the COVID-19 Crisis" to highlight the devastating impact of the novel coronavirus on older Americans. The COVID-19 pandemic is the worse public health crisis our Nation has endured during this century. Tragically, the virus has claimed the lives of nearly 100,000 Americans. Moreover adults age 65 or older are more likely to suffer severe complications from COVID-19 and have more difficult recoveries.

As the Committee takes into account additional actions in response to the COVID-19 pandemic, we urge the Committee to treat older Americans and the settings where they live as a high priority, and allocate funds specifically to aging services providers to ensure that these needs are met:

1. We strongly support utilizing all levers of the federal government to manufacture and distribute essential personal protective equipment (PPE), in nursing homes, and also assisted living, retirement communities, and HUD-assisted housing, all of which serve vulnerable elders. We also cannot forget home care providers, direct care workers, and Service Coordinators in HUD-assisted housing whose need for PPE is equally critical to serve their clients in the community.
2. We urge the Committee to ensure that accurate and swift testing is available to all residents and staff in our settings and communities, to allow for the safe care and treatment of residents and determine which staff and residents are asymptomatic. We appreciate the efforts in the CARES Acts to provide funding for healthcare providers and for HUD-assisted senior housing but as you are aware, and as the testimony at this hearing confirmed and emphasized, these efforts are not enough.
3. As we face a steep climb ahead to not only "reopen" (most aging services providers never closed), but to recover as well, we must also plan for a fundamentally and permanently changed aging services system. We must reimagine the way we care for the people we serve, the way we provide shelter

and supportive services, and the way we pay for these services and housing. We recommend creating a Bipartisan Congressional Commission on the Future of Aging Services to conduct a comprehensive review of the gaps in the aging/long term care infrastructure, identify what we learned from the COVID-19 pandemic's impact on older people, their family members and aging services, and address how we can better serve older people in the future as well as prevent the kind of fallout from the current crisis.

The witnesses, and the remarks by members of the Committee, showed the critical importance of addressing issues affecting seniors, and while much of the testimony focused on nursing homes, the lessons presented by the witnesses affect all seniors and emphasize the need to address aging services as a system.

Dr. Mark Mulligan's testimony spoke to the novel nature of this virus, saying "for physicians, scientists, leaders – this virus has continued to humble us – there is much we don't know about this new virus." His testimony underscored the significant challenges to care for older persons with compromised immune systems in places where social distancing is extraordinarily difficult and counter to the norm – no eating together, no activities, no family visits - coupled with the risks for healthcare workers both within the congregate setting and in the community, as carriers, especially asymptomatic carriers.

Professor Tamara Konetzka's testimony underlined the unique nature of the disease and its impact on nursing homes specifically. Her research showed that our normal expectations of quality do not apply – early research showed that: (1) there is no relationship between a nursing home's Five-Star quality rating and the presence of COVID cases or deaths; (2) there is no difference between for profit and nonprofit homes; and (3) there is a strong relationship between the racial composition of residents and the presence of COVID cases and deaths. Other research supports the demographic relationship underlying the likelihood of COVID cases in a nursing home. Professor Vince Mor of Brown University also has studied the impact of COVID on [nursing homes](#). As with Professor Konetzka's study, he did not find a statistically significant relationship between quality rankings or staffing in determining whether a community had COVID. Rather, the Mor study found that the only statistically significant factors affecting COVID outbreaks were: (1) the size of the community, (i.e., large community) and (2) widespread community spread (i.e., hotspot). He concluded that this was because of the likelihood that staff and contractors were bringing the disease in. In other words, large nursing homes in urban settings were more likely to be affected than nursing homes in non-COVID hotspots. These findings should help guide our understanding of the disease and how to respond most effectively.

Professor Kontezka's conclusions mirror LeadingAge's: We have known about the risks but have not prioritized aging services providers in the distribution of funds appropriated in the CARES Act; we have not had a national strategy to prioritize access to PPE for aging services

settings; and we have not prioritized availability of fast, accurate tests in nursing homes or other congregate settings, both to ensure that staff are not carrying the disease though asymptomatic, and to ensure that residents are appropriately separated.

However, as also noted by Professor Konetzka, this is not only a nursing home issue. She points to the challenges associated with substituting home and community- based services programs for nursing home care and concludes that both the lack of funding for Medicaid (which also implicates nursing home care) and the significant physical and mental frailty of nursing home residents make care in the community challenging, especially without more resources.

And, as LeadingAge member Dr. Steven Landers, President and CEO of Visiting Nurse Association Health Group testified, home-based care including home health and hospice are playing a critical role during the pandemic. He discussed how his agencies are utilizing telehealth effectively to continue to provide care. His testimony underscored that it is critical that home health agencies (HHAs) be able to count telehealth visits as part of a unit of service especially since they anticipate serving patients released from the hospital or sheltering at home with COVID-19. Most of the members of the home health team – physicians, advance practice nurses, physician assistants, and therapists – can now bill Medicare Part B for telehealth services at the equivalent rate as an in-person visit but the agencies cannot. CMS has recently indicated that this request can only be addressed through a change in law. We ask that Congress amend section 1895(e) either directly or through directing CMS to issue a waiver via section 1135 of the Social Security Act to allow telehealth visits to count as part of the payment system so long as telehealth visits are included in the plan of care for the duration of the public health emergency.

Additionally, professionals who can order home health must sign written orders and certify in writing that patients are eligible for home care in order for home health agencies to bill for services. In the current environment, physicians, advanced nurse practitioners, and physician assistants are increasingly unavailable to sign home care documents, making even electronic signatures extremely difficult to obtain. Having the flexibility to rely on documented verbal orders and eligibility certifications would expedite safe discharges and referrals to home care – and enable the critical services that Dr. Landers’ described to be billable.

As we examine the impact of COVID on older Americans, we also greatly appreciate the support of the Committee for HUD’s affordable housing programs. More than 1.6 million older adults receive housing assistance from HUD. While understood that COVID-19 disproportionately impacts older adults, there has been no focus to address the significant COVID-19-related issues HUD-assisted senior housing, and minimal resources provided for this population.

LeadingAge supports a \$1.2 billion package of relief for HUD-assisted multifamily housing, including \$845 million to cover the cleaning, disinfecting, PPE, meals, services, and staff costs incurred by affordable senior housing providers; \$300 million for Service Coordinators to ensure that more HUD-assisted senior communities have a Service Coordinator and to cover COVID-19 related costs of existing Service Coordinators; \$50 million for the installation and fees for wireless internet in HUD-assisted senior housing common areas and apartments to provide connection to telehealth, services that combat social isolation, and community programs; and, \$7 million for a one-year extension of HUD's Integrated Wellness in Supportive Housing demonstration, which is set to sunset September 30, 2020. Inclusion of these affordable senior housing priorities in the next COVID-19 relief package is critical to the health of HUD-assisted seniors.

Not only are older adults served by HUD's housing programs, these programs also disproportionately provide stable, affordable, service enriched housing to racial minorities, compared to non-subsidized housing. In addition to serving older adults, HUD-assisted housing renters are more likely to be African American than their non-HUD assisted peers. Of all renters, 21.4% are African American; of residents of privately-owned HUD-assisted housing (such in the largest of HUD's such programs, Section 8 Project-Based Rental Assistance and the Section 202 Housing for the Elderly), 38.2% are African American. Any successful effort to address the racial inequities of the impact of COVID-19 must include HUD-assisted housing.

We cannot strongly enough urge Congress to pass additional legislation that addresses the needs of all seniors. We will share the extensive recommendations we submitted to Leader McConnell and Leader Schumer on May 5, but for purposes of this statement, in addition to the recommendations above regarding HUD-housing and telehealth, we emphasize the following essential actions to address the needs of the entire aging services ecosystem and the older people we serve:

ESSENTIAL ACTIONS FOR CONGRESS

1. Assurance that states will consider the safety and protection of older Americans as they consider reopening.
 - a. As we re-integrate aging services into the society as a whole, we urge creation of the Bipartisan Congressional Commission on the Future of Aging Services so we can understand the lessons from this pandemic and address aging services in the future;
 - b. We certainly recognize the importance of a vibrant, functioning economy, but we must also recognize the disproportionate impact of this disease on older persons and persons of color.

- c. Our efforts to re-open must not have a disproportionately adverse impact on these communities or place the blame on them for this disease and its devastating impact.
2. Immediate access to ample and appropriate PPE for all providers who serve older Americans, not just nursing homes. Policymakers must act now to get these providers on the same priority tier as hospitals.
 - a. The lack of a nationally coordinated effort to manufacture, obtain and distribute PPE over 5 months after this pandemic took hold is a disgrace. Our members, their staff, and the people we serve should not be put in a situation where they are responsible when they cannot obtain adequate and affordable PPE and medical supplies.
 - b. Unfortunately, the most recent effort by the federal government to have the Federal Emergency Management Association (FEMA) distribute PPE to nursing homes has been remarkably unsuccessful, with members reporting receiving inappropriate gear (cloth masks), 10% of what they use in a week, and incomplete packages.
3. On-demand access to accurate and federally-funded rapid-results testing for older adults and their care providers and employees. Aging services providers must also be on the same priority tier as hospitals. Results are needed in minutes, not days or weeks.
 - a. As the witnesses at this hearing confirmed, testing is a critical component to ensuring that both residents and staff with COVID-19 are identified so they can be treated and others protected.
 - b. To be effective, testing in our communities must include reimbursement for providers over and above the cost of the test, ensuring that health insurers pay for repeated testing, testing must be fast and accurate.
 - c. One of the results of identifying asymptomatic staff especially will be the need to have additional staff available to provide “surge capacity” for staff who must be quarantined, and the need for additional funding to ensure adequate staff is most critical.
4. Recognition for the heroic frontline workers serving older Americans in all of the settings where they live –in congregate, affordable and community-based housing. Ensure pandemic hazard pay, paid sick leave and health care coverage for essential workers. Aging services frontline workers have kept America safe and running just as surely as America’s hospital workers.
 - a. We strongly support the HEROES Fund and urge bipartisan support for increased pay for healthcare workers, including recruitment efforts.

- b. Again, as noted by Professor Konetzka, we have to address the current funding inequities in aging services exemplified by low Medicaid rates, and the lack of coordinated, coherent financing across the aging services ecosystem.
5. Funding and other support for aging services providers across the continuum of care. In its next relief package, Congress must allocate \$100 billion to cover COVID-19 needs specifically for aging services providers as well as other critical support such as: \$1.2 billion in federal housing assistance, support to deliver telehealth, access to loans, Medicaid increases, and administrative relief.
 - a. As has been noted by all the witnesses and by members of this Committee, aging services has been woefully ignored in the distribution of funds designed to address this pandemic.
 - b. Funds must be separately appropriated for aging services because all the elements in this ecosystem are affected, not just nursing homes – home based services, as Dr. Landers testified; low income senior housing; retirement communities; assisted living; nursing homes. Seniors live in all these settings, as well as in the broader community. They are all at risk and their caregivers are, too.

In conclusion, we must not allow seniors and the people who serve them to be treated with lack of dignity and respect, demonized because of their age or frailty or race or nationality. We appreciate the Committee's strong commitment to working on behalf of seniors amid the COVID-19 crisis and stand with you to act urgently to provide the support they desperately need. For further information, please contact Ruth Katz, Senior Vice President, Policy, rkatz@leadingage.org.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan".

Katie Smith Sloan
President and CEO LeadingAge
Acting President and CEO, VNAA/Elevating Home