

June 26, 2020

The Honorable Lamar Alexander
U.S. Senate
Committee on Health, Education, Labor and
Pensions

Dear Chairman Alexander:

We are responding to your request for comments on “Preparing for the Next Pandemic: A White Paper” which included important recommendations for addressing the gaps in our current health care system that were underscored by the COVID-19 public health emergency (PHE). We very much appreciate your efforts to proactively plan for how to protect the health and safety of all Americans in the event of a future pandemic, PHE, or other disaster. One critical area of focus should be on ensuring that we have programs and policies in place that protect the health and safety of all Americans as we age. All of our recommendations would lead to improvements in our response to a future pandemic; however, we want to highlight three that are particularly important for older Americans given their higher risk of death from a novel new disease:

- Invest in solutions that address the health, social, and economic disparities that contributed to people of color being among the hardest hit by this COVID-19.
- Ensure that all settings of care are included in planning for how to address future pandemics.
- State and local public health planning should involve subject matter experts and stakeholders including: geriatrics health professionals, nursing home and long-term care leadership teams, and palliative care.

The American Geriatrics Society (AGS) is a nationwide not-for-profit society of geriatrics healthcare professionals that is dedicated to improving the health, independence, and quality of life of older people. Our more than 6,000 members are geriatricians, geriatric nurses, nurse practitioners, social workers, family physicians, physician assistants, pharmacists, internists, and specialty physicians who are pioneers in advance-illness care for older individuals with a focus on championing interprofessional teams, eliciting personal care goals, and treating older people as whole persons. AGS members are on the frontlines of the battle against COVID-19 as they care for vulnerable older Americans across the United States.

WHO IS ON THE FLAGPOLE? ENSURING THAT OUR RESPONSE IS INFORMED AND LED BY SCIENTISTS

- **How can federal departments and agencies more effectively work together to respond to public health emergencies?**

The COVID-19 pandemic demonstrated that career scientists and public health experts should be at the forefront of responding to a pandemic or other PHE. These experts have the skills, expertise, and experience to lead and respond to emerging infectious diseases with epidemic or pandemic potential.

We very much appreciate the important steps that Congress and executive branch agencies have taken to address the health and economic impacts of COVID-19. However, in its June 25th report, the U.S. Government Accountability Office identified a number of problems with the federal government's pandemic response that could have been mitigated through greater transparency, communication, and inclusion of various stakeholders crucial to responding to PHEs.¹ We believe Congress should exercise greater oversight to ensure effective collaboration for well-informed and rapid responses to the current crisis and the emergencies we will face in the future.

We strongly recommend that responses to any future pandemics or PHEs be led by the nation's scientists, based on the best available evidence. As Congress develops priorities for preparing the U.S. to address future pandemics or other public health emergencies, we recommend that Congress ensure that:

- *The federal agencies that have the responsibility for leading pandemic response efforts are supported and able to prepare and respond based on the best available science and free of partisan considerations.* These agencies include the Office of the Assistant Secretary for Preparedness and Response, the Centers for Disease Control and Prevention, the National Institutes of Health, and the Food and Drug Administration at the Department of Health and Human Services; and the Departments of Transportation, Defense, Veterans Affairs, and Homeland Security. Such support includes Congress translating science into informed public health policy, providing adequate funding for coordinated response through annual appropriations, regularly overseeing the executive branch's execution of pandemic preparedness and response, and authorizing additional emergency funding as needed in the face of a pandemic or other public health crisis.
- *Scientists and public health experts are best positioned to lead efforts to educate all Americans on the state of the science and serve as trusted information sources for Americans on what they can do to protect themselves and others from infection.*

An immediate step that Congress could take to realize these two goals is:

- *Establish and immediately fund an Interagency Task Force that is led by career scientists and public health experts.* This Task Force should be charged with estimating the tests, treatments, and vaccines needed for a coordinated response to any future pandemic, and ensuring that the nation has a plan in place that allows us to rapidly increase available testing and begin needed research that leads to vaccines, treatments, and cures. Such a Task Force should be asked to make a recommendation as to the agencies to involve and leadership needed in the event of a future pandemic so that we can implement a response that is coordinated across federal agencies, incorporates the lessons we are learning from COVID-19, and that has state and local government participation.

¹ Government Accountability Office. COVID-19: Opportunities to Improve Federal Response and Recovery Efforts. GAO-20-625; (June 25, 2020). Available at: https://www.gao.gov/reports/GAO-20-625/#TOC_Letter_Findings.

GENERAL RECOMMENDATIONS

In our AGS recommendations for safely reopening the U.S., we made a number of recommendations that should be considered in enhancing our nation's readiness for responding to future pandemics and PHEs.² Our general recommendations to Congress in response to this request are that Congress:

- *Invest in solutions that address the health, social, and economic disparities that contributed to people of color being among the hardest hit by this COVID-19.* In health care, we must address the access issues to primary care that were noted in the most recent Medicare Payment Advisory Commission (MedPAC) report to Congress.³ Available data has shown that communities of color have had higher rates of COVID-19 with more serious illness and death. For example, investments are needed in Federally Qualified Health Centers so that they are equipped to provide care via telehealth during both times of pandemic and normal times. In *Opportunities For Medicaid To Address Health Disparities*, Shilipa Patel and Tricia McGinnis have outlined a number of recommendations for how Medicaid could be changed that would reduce the health disparities that contributed to the greater impact of COVID-19 on communities of color.⁴
- *Enact Paid Family and Medical Leave for all Americans.* Under current policy, the overwhelming majority of the U.S. workforce is without access to paid family leave for children and other relatives. Even new legislation that extended parental leave benefits to federal employees fell short, since it does not allow care for other family members such as parents—a key consideration as our country continues to age.
- *Ensure that all settings of care are included in planning for how to address future pandemics.* During the COVID-19 crisis, essential health care workers working in nursing homes, home health, assisted living, and other congregate living settings were not provided with adequate Personal Protective Equipment (PPE), nor was testing prioritized for these settings. One outcome was that older Americans residing in nursing homes and other congregate living facilities were particularly hard hit by the novel coronavirus, accounting for 30-40% of the COVID-19 deaths.^{5,6,7}

² American Geriatrics Society (AGS). AGS Experts: Here's What Older Adults Need For a "Reopened" U.S. That Can Serve Us All As We Age. (April 22, 2020). Available at: <https://www.americangeriatrics.org/media-center/news/ags-experts-heres-what-older-adults-need-reopened-us-can-serve-us-all-we-age>.

³ Medicare Payment Advisory Commission. (March 2020). Report to the Congress: Medicare Payment Policy. Available at: http://medpac.gov/docs/default-source/reports/mar20_entirereport_sec.pdf.

⁴ Patel, S. & McGinnis, T. Inequities Amplified By COVID-19: Opportunities for Medicaid to Address Health Disparities. (May 29, 2020). Available at: <https://www.healthaffairs.org/doi/10.1377/hblog20200527.351311/full/>.

⁵ American Geriatrics Society. American Geriatrics Society policy statement: COVID-19 and nursing homes. *J Am Geriatr Soc.* 2020; 68(5): 908-911. doi: 10.1111/jgs.16477.

⁶ Kwiatkowski M., Nadolny T.L., Priest J., Sticka M. "A national disgrace": 40,600 deaths tied to U.S. nursing homes. USA Today. (June 2, 2020). Available at: <https://www.usatoday.com/story/news/investigations/2020/06/01/coronavirus-nursing-home-deaths-top-40-600/5273075002/>.

⁷ Centers for Medicare and Medicaid Services (CMS). COVID-19 and nursing home data. CMS Data website. Available at: <https://data.cms.gov/stories/s/COVID-19-Nursing-Home-Data/bkwz-xpvg/>. Updated June 7, 2020.

- Ensure greater coordination between federal and state governments. There were multiple instances of price gouging for PPE and testing supplies because of a lack of coordination of the supply chain by the federal government so that states had the supplies that they needed.⁸ At this writing, we continue to lack a coordinated and transparent federal response that ensures rapid and efficient allocation of PPE, prevents hoarding and competition for scarce resources, and provides adequate management of the supply chain for PPE. AGS would like to underscore the importance of ensuring that the nation has sufficient stockpiles of PPE available to protect our frontline healthcare and direct care workers given their heightened risk of exposure while caring for individuals during an infectious disease outbreak. The COVID-19 pandemic has highlighted how important this is when dealing with a novel communicable disease for which there is no vaccine, treatment, or cure.

In addition, we support the below recommendation from the June 25th GAO report given its importance to limiting the spread of disease:

- Congress should take legislative action to require the Secretary of Transportation to work with relevant agencies and stakeholders, such as the Departments of Health and Human Services and Homeland Security, and members of the aviation and public health sectors, to develop a national aviation-preparedness plan to ensure safeguards are in place to limit the spread of communicable disease threats from abroad while at the same time minimizing any unnecessary interference with travel and trade.

SPECIFIC COMMENTS

Our comments in response to specific questions and requests for input from the Committee are below.

TESTS, TREATMENTS, AND VACCINES

- What are the lessons learned from the current fast tracking of tests, treatments, and vaccines to make them available even more rapidly?

While it is difficult to predict the nature of a new infectious disease and what will be needed, COVID-19 has demonstrated that we must, when faced with a potential pandemic, have the capacity to:

- Scale up manufacturing of diagnostics that offer accurate, rapid results and medical equipment and supplies;
- Implement testing and contact tracing across the country with a specific focus on communities where there have been disease outbreaks. Testing represents our best chance for containing novel viruses such as SARS-CoV-2 to prevent community transmission;
- Work with states to ensure that there is a consistent approach to any needed mitigation strategies such as encouraging hand washing, wearing of masks, and physical distancing. States

⁸ Mehrotra, P., Malani, P., & Yadav, P. Personal Protective Equipment Shortages During COVID-19—Supply Chain-Related Causes and Mitigation Strategies. *JAMA*. (May 2020). Available at: <https://jamanetwork.com/channels/health-forum/fullarticle/2766118>.

should be provided with a roadmap for closing and reopening with the goal of flattening the curve and preserving health, safety, and all lives.

PUBLIC HEALTH CAPABILITIES

- **What specific changes to our public health infrastructure (hospitals, health departments, laboratories, etc.) are needed at the federal, state, and local levels?**

Federal Government

AGS recently provided comments⁹ to the Assistant Secretary for Preparedness and Response (ASPR) Technical Resources Assistance Center & Information Exchange (TRACIE) on ASPR's proposed recommendations for potential planning considerations made by healthcare system emergency planners and executives, as well as individual facility managers tasked with any aspect of reopening, recovery, and ongoing operations during the current PHE. In those comments, we recommended that ASPR-TRACIE should take a more holistic approach so that its recommendations addressed the entirety of a health system given the variety and number of settings in which systems deliver care. For the past decade, as we have slowly worked to move away from fee-for-service to value-based payment, health systems have become more complex and are delivering care across a variety of settings, ranging from acute care hospitals to individuals' homes. Congress should ensure that federal guidance reflects this new reality of how care is delivered. In particular, *recommendations intended to ensure the health and safety of the American public should address what is needed across all settings of care, including but not limited to, acute care hospitals, post-acute, long-term care, health professional offices and clinics, and other care settings that are typically part of a healthcare system, such as urgent care clinics.*

State and Local Governments

In two recent policy briefs focused on nursing homes¹⁰ and assisted living,¹¹ AGS recommended 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.

⁹ AGS Comment Letter on Healthcare Systems Considerations for Recovery and Resumption of Services During COVID-19. (June 2, 2020). Available at: <https://www.americangeriatrics.org/sites/default/files/inline-files/AGS%20Comment%20Letter%20on%20Healthcare%20Systems%20Considerations%20for%20Recovery%20and%20Resumption%20of%20Services%20During%20COVID-19.pdf>.

¹⁰ AGS policy statement: COVID-19 and nursing homes. *J Am Geriatr Soc.* 2020; 68(5): 908-911. doi: 10.1111/jgs.16477.

¹¹ AGS Policy Brief: COVID-19 and Assisted Living Facilities. *J Am Geriatr Soc.* 2020. Available at: <https://onlinelibrary.wiley.com/doi/epdf/10.1111/jgs.16510>.

- 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.

AGS also encouraged states to support local collaborations between nursing homes and hospitals to create their own policies which may require frequent adjustment based on local conditions. This can be done if local conditions warrant, based on resources (e.g., PPE, staffing, bed occupancy), the care needs of the patients, and nursing home resources (e.g. facility capacity, PPE, staffing). AGS noted that consideration should be given to facilities that have the expertise, PPE, and supplies to care safely for patients.

Federal, State, and Local Governments

As we cope with the current pandemic, we should work to rebuild our country's public health and emergency preparedness infrastructure by increasing and strengthening the public health workforce. Years of chronic underfunding of local public health departments, the loss of thousands of state and local public health positions, as well as underfunding of federal preparedness and response programs at the Centers for Disease Control and Prevention have limited our capacity to respond to a pandemic on the historic scale of COVID-19. It is important that we make consistent and adequate investments in public health so we can meet the challenges of new disease outbreaks;¹² address the drivers of mortality and morbidity risk in the American population, including social determinants of health; and break the cycle of responding only after emergencies arise.

In addition to expanding the public health workforce, more must be done to embed public health expertise across the fabric of American life, from health system improvements to community planning initiatives. Importantly, that expertise must embrace unique attention to age and shifting demographics for a U.S. that will continue to evolve—and improve—as we grow older.

Disease Surveillance: What other barriers, in addition to limited testing capacity, and insufficient and outdated technology, make it difficult to detect and conduct public health surveillance of emerging infectious diseases?

Contact tracing to target and track disease spread is vital to ensure the health and safety of all people in future pandemics as well as during the current PHE; it is one of the few tools we have to fight a novel

¹² Auerbach, J. (April 2020). *What the Funding? New Report Shows Uneven COVID-19 Response Was Years in the Making Due to Chronic Underfunding of Public Health*. Available at <https://www.publichealthfunding.org/blog/2020/4/21/new-report-shows-uneven-covid-19-response-was-years-in-the-making-due-to-chronic-underfunding-of-public-health>.

and potentially lethal virus in lieu of a vaccine, along with widespread testing and isolation of those exposed to the virus. We recommend that healthcare facilities and practices develop and implement policies and procedures around exposure to infection across contacts (e.g. health professionals, family members, caregivers, service providers, and others). States should encourage healthcare professionals and public health authorities to collaboratively work together to track and monitor case counts across settings of care and develop a coordinated surveillance strategy. Furthermore, hospitals, nursing homes, and other healthcare facilities should implement policies and procedures aligned with guidance from the CDC and updated regularly to account for situational change. Research for effective contact tracing leveraging technology will be essential, as well as funding support for healthcare settings to appropriately implement changes to facilitate the traces.

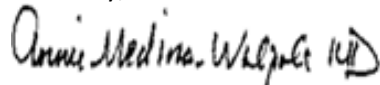
STOCKPILES, DISTRIBUTION, AND SURGES

- **How can the Strategic National Stockpile be better managed and how can Congress increase oversight and accountability?**

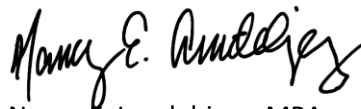
AGS believes that ensuring adequate supplies is a federal responsibility and recommends that Congress establish a bi-partisan commission to review these issues and make recommendations for change. Congress needs to increase oversight and accountability to ensure equitable distribution of medical supplies and equipment. Steps must be taken to ensure an adequate supply of PPE, testing kits, and vaccines for the institutions, facilities, and community partners that comprise the healthcare system as well as other essential health care workers. We strongly believe that this is a federal function given the need to coordinate across states in order to ensure that supplies are available to states that are currently experiencing outbreaks of disease. There are a number of instances during this current pandemic where states were competing for necessary supplies (driving up prices).¹³ The number of reliable sources of equipment and other needs must be expanded significantly so that the federal stockpiles are sufficient for any future pandemic. Congress should take steps to ensure that there are sufficient supplies available to meet the needs of essential workers as infectious disease outbreaks are identified in order to limit the spread of disease. Congress should explicitly request that the commission work to identify circumstances that would automatically trigger consideration of invoking the Defense Production Act in order to increase domestic production of needed supplies.

Thank you for all you are doing to support our frontline workforce, patients, and older Americans. We stand ready to support you and provide guidance for future pandemics. For additional information or if you have questions, please contact Anna Kim by emailing akim@americangeriatrics.org.

Sincerely,



Annette Medina-Walpole, MD, AGSF
President



Nancy E. Lundebjerg, MPA
Chief Executive Officer

¹³ Lagu, T., Werner, R., & Aronstein, A.W. Why don't hospitals have enough masks? Because coronavirus broke the market. (May 21, 2020). Available at: <https://www.washingtonpost.com/outlook/2020/05/21/why-dont-hospitals-have-enough-masks-because-coronavirus-broke-market/>,