



601 E Street, NW | Washington, DC 20049
202-434-2277 | 1-888-OUR-AARP | 1-888-687-2277 | TTY: 1-877-434-7598
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Dear Senators and Representatives:

AARP has been working to promote the health and well-being of older Americans for more than sixty years. On behalf of our 38 million members, and all older Americans nationwide, we appreciate the significant, bipartisan efforts Congress has already undertaken to respond to the coronavirus pandemic. As you take the next steps to address this ongoing emergency, we urge you to be especially mindful of older adults, who are most at risk from this disease.

Congress should immediately take aggressive steps to improve nursing home care, target financial relief to those who need it most, expand access to health care, lower prescription drug prices and other health care costs, and expand nutrition assistance. Furthermore, as states and the federal government look to expand social distancing requirements, we ask that they be mindful that the coronavirus can be spread by anyone, not just older Americans and the health impacts can occur across ages. We urge vigilance against age discrimination in the coming days.

As a nation, we are facing a significant challenge. Americans of all ages are looking to Congress for bold and visionary leadership. We look forward to working with you in the weeks to come to address these targeted and necessary solutions.

Protect Residents in Nursing Homes and Other Residential Facilities

- **Testing in Nursing Homes and Other Residential Facilities:** prioritize testing for residents in long-term care facilities, assisted living, and continuing care retirement communities (CCRCs), particularly those where coronavirus cases have presented. There should also be greater availability and prioritization of testing for front-line workers, such as staff at nursing homes and other residential facilities and those determined to be higher risk. Ensure access to testing as well as capacity to process those tests. Bring the tests to the residents of a facility instead of requiring residents to travel to a centralized location for tests.
- **Staffing:** dramatically increase funding for nursing home and assisted living staffing. Strengthen access to telehealth to supplement staffing needs. Ensure staff (including contractors or privately employed by residents) are adequately trained to limit exposure to themselves and to residents and have adequate protective equipment and cleaning supplies.

- **Nursing Home Virtual Visitation:** as in-person visitations are halted per the Administration’s guidance, require facilities make virtual visitations via video-conference or other technologies available for residents and their loved ones.
- **Family and Patient Notice/Communications with Funding:** put in place communication standards for nursing homes to keep family and loved ones informed and connected with nursing home residents and staff (including virtual visitation)—require nursing homes to provide residents and their families with these rights in writing and in paper form on a regular basis. The Centers for Medicare & Medicaid Services (CMS) should *require*, not simply encourage, nursing homes to keep residents’ loved ones informed about their care. This should include assigning a staff member as a primary contact for families whether a designated family caregiver or a family representative—to facilitate inbound communications, as well as regular outbound communications on a regular basis.
- **Nursing Home Quality and Safety:** increase funding to support nursing home quality and safety survey and certification. Increase funding to state and local governments for adequate oversight and robust enforcement of nursing home quality and safety.
- **Expanded Care Access:** allow advanced practice registered nurses (APRNs) and physician assistants (PAs) to provide admitting assessments and required monthly visits (for the first 90 days after admission and at least once every 60 days thereafter) for Medicare beneficiaries in skilled nursing facilities.

Provide Needed Financial Relief from Health Expenses

- **Part B Premiums:** as part of stimulus efforts, waive Medicare Part B premiums through December 31, 2020.
- **Part A Hospital Deductible:** as part of stimulus efforts and to address affordability challenges when accessing care, waive the Part A hospital deductible through December 31, 2020.
- **Medical Expense Deduction:** enact bipartisan, bicameral legislation (H.R. 2073/S.110) to permanently extend the medical expense deduction at the 7.5% threshold, which expires this year. We know that individuals and families impacted by this virus may see higher health care costs this year and potentially many years into the future and possibly reduced retirement income due to significant market losses. Permanently extending the 7.5% threshold provides needed financial relief and certainty to those facing ongoing, high health care costs.
- **Observation Status:** enact the bipartisan *Improving Access to Medicare Coverage Act* (H.R. 1682/S. 753), which would permanently count the time a Medicare beneficiary spends in observation toward the three-day inpatient hospital stay requirement for Medicare coverage of skilled nursing facility care.

Provide Financial Relief from Economic Shocks

- **Financial Relief:** to provide both economic stimulus and individual financial relief in the wake of the current crisis, we support direct cash payments to individuals whether working, unable to work, unemployed, or retired. Unlike a payroll tax rebate, which helps only those who receive payroll checks, direct payments provide benefits more broadly, including to people most in need. If Congress does consider suspending payroll contributions, it is absolutely imperative that the Social Security and Medicare trust funds be made whole. Direct cash payments, on the other hand, would not require transfers to keep trust funds whole.
- **Tax-Free Distributions:** allow up to \$10,000 in combined income from retirement plan distributions (due to losses in plans) or interest (due to extremely low rates) to be exempt from income taxes, for individuals below a designated income level.
- **Delay Distribution Requirements:** immediately delay required minimum distributions from retirement plans for one year. Delaying distributions will allow retirees the opportunity to regain value in retirement plans that have recently suffered very large losses.
- **Cost-of-Living Increase:** authorize an *ad hoc* cost of living increase for Social Security payments, especially if food or health care inflation measures go beyond a designated level in March, April or May. While the overall inflation rate may remain low, the actual experience of inflation for older individuals will be especially sensitive to food and health costs during this crisis.
- **Suspend Home Equity Conversion Mortgage (HECM) Foreclosures:** suspend HECM foreclosures for a designated period of time. Current circumstances may make it temporarily very difficult to meet all HECM requirements, including occupancy of a residence, or making all required tax payments.

Support and Protect Family Caregivers

- **Additional Funding for Community Partners to Support Older Adults & Family Caregivers:** provide flexible, emergency funding to area agencies on aging (AAAs) to assist older adults and their family caregivers in their service areas during the coronavirus public health emergency. Funding should be flexible for agencies to use across any Older Americans Act authorities/programs (such as the long-term care ombudsman program, family caregiver support, in-home services, meals, or other programs) so they can meet the greatest needs in their communities. AAAs could provide funding to community-based organizations for provisions of such services as they deem appropriate. To ensure accountability for taxpayer funds, AAAs should report to the Administration for Community Living (ACL) on their use of the funding.

- **Credit for Caring Act:** enact the bipartisan *Credit for Caring Act* (H.R. 2730/S.1443) to provide financial relief to family caregivers who are caring for loved ones, often at significant personal expense.
- **Personal Protective Equipment for Care Recipient and Family Caregivers:** enable a family caregiver providing necessary in-person care to an individual with the coronavirus to access personal protective equipment for the care recipient to use and the caregiver, if needed, without charge.
- **Personal Protective Equipment for Those Supporting Family Caregivers:** ensure adequate access to protective gear and training for all professional and lay-workers who support family caregivers. Clear guidelines regarding use and access to this personal protective equipment should be established.

Expand Access to Health Coverage

- **Special Enrollment Period:** provide for a nationwide special enrollment period for individuals and families without health care coverage, or individuals with short-term limited duration plans, to enroll in an Affordable Care Act (ACA) compliant marketplace plan.
- **Medicare Enrollment:** in order to ensure older Americans have continuous access to health care, Medicare coverage should begin as soon as possible after enrollment—and no later than the first day of the month following enrollment—regardless of when during the Initial Enrollment Period, General Enrollment Period or Special Enrollment Period the individual signs up, including if the person misses their enrollment period. Moreover, financial penalties for late enrollment should be waived.
- **Access to Treatment:** include the cost of mandatory quarantine in hospitals or other health care facility as a pre-deductible covered benefit under all public and private health coverage.
- **Auto-Enroll Low-Income Beneficiaries:** automatically enroll low-income Medicare beneficiaries into Medicaid who are eligible but not currently enrolled.
- **Medicaid Coverage:** provide temporary Medicaid coverage to all low-income individuals who need coronavirus-related care.

Expand Access to Telehealth

- **Remove Existing Barriers to Telehealth:** many integrated health plans and insurers already offer telehealth services or virtual visits. Increase funding for the national consortium of telehealth resource centers and 12 regional resource centers to serve nursing homes and other long-term care facilities. To further build on our capacity, increase funding to support public-private partnerships in support of telehealth.

Eliminate Barriers to Care in Homes and Communities

- **Expand Access to Home and Community Based Care:** in Medicaid, provide home and community-based services (HCBS) parity with institutional care for those who are determined to meet an institutional level of care. This will allow more people to live in their homes and communities. Alternatively, require that states offer HCBS to anyone who is eligible.
- **Ensure Access to Medicaid Home and Community Based Care:** provide sufficient resources to ensure that Medicaid home and community-based services (HCBS) are available and accessible for individuals who rely on them to live in their homes and communities, including back-up plans for when regularly scheduled home care workers are not available.
- **Expand Access to Medicare Home Health:** provide expanded coverage for Medicare home health to allow more Medicare beneficiaries discharged from a hospital to receive post-acute rehab care at home instead of in a skilled nursing facility. Relax eligibility requirements for Medicare home health care so that more individuals can directly transition to home with home health coverage and avoid unnecessary care in a skilled nursing facility (where the risk of coronavirus may be elevated). In addition, bring the tests to individuals at home instead of requiring them to travel to a centralized location for tests.

If Congress does not provide expanded coverage for Medicare home health as noted above, Congress should take the following three steps:

- Allow advanced practice registered nurses and physician assistants to order Medicare home health care (*Home Health Planning Improvement Act*).
- Waive the homebound requirement for Medicare home health coverage. If the homebound requirement is not waived, count the need for self-quarantine under Centers for Disease Control and Prevention (CDC) guidelines as meeting the “homebound” requirement for purposes of qualifying for Medicare home health care.
- Waive the face-to-face visit requirement for Medicare home health coverage and/or allow this to be done via telehealth.

Ensure Seniors Don’t Go Hungry

- **Further Investments and Flexibility in Federal Nutrition Programs:** ensure that vulnerable populations do not lose critical access to food during this pandemic. Increase availability of federal nutrition programs and increase program flexibility to expand reach and allow for local, innovative responses, including for congregate and home-delivered nutrition programs, the Commodity Supplemental Food Program (CSFP), and The

Emergency Supplemental Food Program (TEFAP). This may require alternative methods for providing food to older adults in order to adhere to CDC's recommendations of social distancing, staying home as much as possible, and stocking up on non-perishable foods. Alternative methods may include pick-up, delivery, and pre-prepared foods. Ensure that federal funding can be used for these alternative methods.

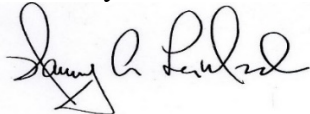
- **Ensure Access to SNAP:** suspend the implementation of any Supplemental Nutrition Assistance Program (SNAP) rules that would make access to food more difficult during this national emergency. Ensure access to SNAP including by making it easier for older adults to enroll in SNAP, remove recertification for the short-term, expand access to online grocery shopping and delivery for individuals and families with SNAP benefits, and temporarily increase SNAP benefits.

Prescription Drug Access and Affordability

- **Comprehensive Prescription Drug Reform:** Americans need relief from rising prescription drug prices. The economic impacts expected from the coronavirus will have a significant impact on retirement security, which makes the ever-increasing prices of prescription drugs even more unaffordable. Congress should enact comprehensive prescription drug reform that lowers prescription drug prices and out-of-pocket costs to combat skyrocketing prices and ensure access to needed medications.
- **Notice to Beneficiaries about Refill Options:** require Medicare Part D plans to send electronic and paper notices to enrollees alerting them to their options for prescription refills for more than 30 days at a time and mail-order options.

AARP sincerely appreciates your consideration of the unique needs of older Americans as you work to craft the necessary federal response to the coronavirus pandemic. If you have any questions, please contact Megan O'Reilly (moreilly@aarp.org) or Cristina Martin Firvida (cmfirvida@aarp.org). We stand ready to work with you to address both the health and economic impacts of this disease.

Sincerely,



Nancy LeaMond
Executive Vice President and
Chief Advocacy & Engagement Officer