



## **Alzheimer's Association and Alzheimer's Impact Movement Statement for the Record**

### **United States House Committee on Energy and Commerce Hearing on "Oversight of the Trump Administration's Response to the COVID-19 Pandemic"**

**June 23, 2020**

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the House Committee on Energy and Commerce hearing entitled "Oversight of the Trump Administration's Response to the COVID-19 Pandemic." The Association and AIM thank the Committee for its continued leadership on issues important to the millions of people living with Alzheimer's and other dementia and their caregivers. This statement provides an overview of urgent policies that are needed to better protect this vulnerable population during the COVID-19 pandemic and beyond, including actions for long-term and community-based care settings, a focus on reducing health disparities, and efforts to expand access to telehealth services.

Founded in 1980, the Alzheimer's Association is the world's leading voluntary health organization in Alzheimer's care, support, and research. Our mission is to eliminate Alzheimer's and other dementia through the advancement of research; to provide and enhance care and support for all affected; and to reduce the risk of dementia through the promotion of brain health. AIM is the Association's sister organization, working in strategic partnership to make Alzheimer's a national priority. Together, the Alzheimer's Association and AIM advocate for policies to fight Alzheimer's disease, including increased investment in research, improved care and support, and development of approaches to reduce the risk of developing dementia.

#### **COVID-19 Impact on Long-Term Care**

Nursing homes and assisted living communities are on the frontlines of the COVID-19 crisis, where 48 percent of nursing home residents are living with dementia, and 42 percent of residents in residential care settings, including assisted living, have Alzheimer's or other dementia. Residents with dementia are particularly susceptible to COVID-19 due to their typical age, their significantly increased likelihood of coexisting chronic conditions, and the congregate nature of these settings. Across the country these communities, their staff, and their residents are experiencing a crisis due to a lack of transparency, an inability to access the necessary testing, inaccurate reporting, and more. According to some reports, more than 51,000 residents and employees of nursing homes and long-term care facilities have died, representing more than 40 percent of the total death toll in the United States.

Our nation has not done enough to support these communities. As the Committee and Congress work to ensure we are better prepared for a future pandemic, we urge you to prioritize policies that will protect our most vulnerable populations.

The Alzheimer's Association has released policy recommendations, [Improving the State and Federal Response to COVID-19 in Long-Term Care Settings](#), to address both the immediate and long-term issues impacting these settings during the COVID-19 pandemic. These recommendations focus on four main areas: enhancing testing in long-term care community settings; implementing necessary reporting; developing protocols to respond to a rise in cases; and ensuring all facilities have necessary support, like personal protective equipment (PPE).

It is absolutely imperative that each nursing home and residential care community have the onsite testing capability to verify that all residents, staff, and visitors are free of COVID-19 infection, whether or not they are symptomatic. Government support is needed to ensure accelerated production and delivery of testing, with rapid turnaround testing staffed by trained personnel. As this testing is implemented, all cases of COVID-19 at nursing homes and residential living communities need to be reported immediately and accurately. Additionally, these reports should be updated upon remission, death, transfer, or other appropriate status update. With all appropriate privacy safeguards for individuals, this reported data should be freely and immediately accessible to everyone, down to the facility level. As "hot spots" occur, they must be dealt with urgently and effectively. Any reported cases should trigger careful, ongoing monitoring and, if conditions warrant, "strike teams" should be deployed to provide needed support until the outbreak is appropriately contained and eliminated. It is also essential that all nursing homes and residential living communities have full, timely access to all needed PPE, testing equipment, training, and external support to keep them COVID-19-free. Importantly, this includes requiring these settings to address social isolation and ensure people with Alzheimer's and other dementia are able to communicate with designated family and friends.

Furthermore, hospital patients recovering from COVID-19 are transferred to nursing homes or other residential living communities, raising additional concerns of further COVID-19 exposure. To mitigate this risk, these settings must be equipped with the resources necessary, consistent with Centers for Disease Control and Prevention (CDC) guidelines. Each individual must be tested before admittance, regardless of their having or not having symptoms. The long-term care community must have adequate staffing levels and PPE to manage COVID-19-positive residents. They must also create separate wings, units, or floors, for COVID-positive residents. If they cannot adhere to these guidelines, they must stop accepting admissions until they are able to safely protect residents and staff.

We thank the Centers for Medicare & Medicaid Services (CMS) for establishing the independent *Coronavirus Commission for Safety and Quality in Nursing Homes* and hope the Commission considers these policy recommendations during its comprehensive assessment of the nursing home response to the COVID-19 pandemic. We also urge the Committee to pass the *Nursing Home COVID-19 Protection and Prevention Act* (H.R. 6972/S. 3768), which would provide \$20 billion to help states, nursing homes, and intermediate care facilities contain the spread of COVID-19.

## **COVID-19 Impact on Health Disparities**

The COVID-19 pandemic has further exposed health differences that exist between racial and ethnic groups due to economic and social conditions. During public health emergencies, these conditions can isolate people from the resources needed to prepare and keep their families safe.

Alzheimer's and other dementia disproportionately affect older blacks/African Americans and Hispanics/Latinos than older whites. Black/African Americans are two to three times more likely to develop Alzheimer's than whites, and Hispanics/Latinos are one to two times more likely to develop Alzheimer's than whites. In addition, people living with Alzheimer's and other dementia are at increased risk of having serious complications relating to COVID-19 due to their typical age and likelihood of coexisting conditions. A higher prevalence of Alzheimer's and dementia among blacks/African Americans and Hispanics/Latinos can also mean a higher likelihood of living in long-term care facilities, resulting in greater exposure to COVID-19. It is crucial that nursing homes and residential living communities include data on race and ethnicity in their reporting, and that the data is made publicly available on a timely basis. This will be especially important in ensuring preparedness and targeted support for a potential second wave of COVID-19 or other future pandemic.

A range of behavioral, social, economic, and environmental determinants influence health status and these health determinants are heightening the impact of the COVID-19 crisis on diverse racial and ethnic populations. For example, blacks/African Americans and Hispanics/Latinos are more likely than whites to experience poverty and discrimination and receive lower-quality healthcare and education which contribute to disparities in health, including cognitive health. Poor diets and malnutrition are also associated with cognitive impairment. We urge the Committee to advance policies to better understand and adequately respond to the determinants that create and sustain these health disparities.

## **COVID-19 Impact on Telehealth**

Finally, the Alzheimer's Association and AIM also support the expansion of Medicare and Medicaid coverage for certain telehealth services in response to the COVID-19 pandemic. CMS has temporarily expanded coverage for numerous codes that are beneficial to people living with Alzheimer's and other dementia in order to reduce the risk of their exposure to the virus and ensure regular access to quality care. This includes CMS's flexibility in allowing telehealth technology to be used in home health delivery. Thirty-two percent of individuals using home health services have Alzheimer's or other dementia. The ability to receive care in the home decreases visits to unfamiliar places that may cause agitation in people with dementia and can ease some burden on caregivers. This increased flexibility can reduce interruptions in access to this kind of quality care. We also support CMS's expansion of the licensed practitioners, such as nurse practitioners and physician assistants, who can order Medicaid home health services. Twenty-seven percent of older individuals with Alzheimer's or other dementia who have Medicare also have Medicaid coverage, compared with 11 percent of individuals without dementia. We encourage CMS to evaluate the effectiveness of these temporary codes, to the extent possible,

as the pandemic subsides to determine whether some are appropriate for permanent telehealth eligibility.

## **Conclusion**

The Alzheimer's Association and AIM appreciate the steadfast support of the Committee and its continued commitment to advancing legislation important to the millions of families affected by Alzheimer's and other dementia. We look forward to working with the Committee and other members of Congress in a bipartisan way to advance policies that would help protect this vulnerable population during the COVID-19 pandemic and beyond, including actions for long-term and community-based care settings, a focus on reducing health disparities, and efforts to expand access to telehealth services. These policies are urgently needed, but these same principles will be vitally important during the next pandemic and our nation must act now to ensure we are better prepared for the future.