

Statement for Hearing on
“Caring for Aging Americans”
Submitted to the Committee on Ways and Means
November 29, 2019

The Honorable Richard Neal
The Committee on Ways and Means
1102 Longworth House Office Building
Washington, DC 20515

Dear Chairman Neal,

We, the undersigned organizations, appreciate that under your leadership the Committee on Ways and Means recently held a hearing focused on the increasingly important issue of how best to care for aging Americans. Our organizations are concerned about the large unmet medical need in long-term care (LTC) settings for the diagnosis and management of neuropsychiatric symptoms (NPS) in dementia. One or more NPS, such as wandering, sleep issues, agitation, depression, apathy, aggression, and psychosis, affect nearly every person with dementia over the disease trajectory. There is evidence to support that these symptoms often result in, greater impairment in activities of daily living, poorer quality of life, more rapid disease progression, greater morbidity, an increase in direct cost of care, and earlier institutionalization.¹²³⁴⁵⁶ These symptoms also result in increased caregiver burden due to the emotional, financial, and physical difficulties associated with caring for the persons exhibiting them.⁷

To address the issue of appropriate care for people experiencing NPS with dementia, our organizations have been engaging with the Centers for Medicare & Medicaid Services (CMS) to promote policies in LTC settings that will curb the inappropriate use of antipsychotics and ensure access and appropriate use of these medications by patients who may clinically benefit.

In September 2019, we submitted a comment letter to CMS regarding proposed changes to pharmacy services in LTC facilities. Our letter supported proposed changes for ‘Pro re Nata’ (PRN) antipsychotics and provided additional recommendations to improve the appropriate use of antipsychotics and other psychotropic medications for people with dementia. A summary list of our recommendations is below.

1. CMS should expand recognition of FDA-approved uses for psychotropic and antipsychotic medications for the treatment of neuropsychiatric disorders in late-life.

¹ Karttunen K, Karppi P, Hiltunen A, et al. Neuropsychiatric symptoms and quality of life in patients with very mild and mild Alzheimer’s disease. *Int J Geriatr Psychiatry*. 2011;26(5):473–482.

² Lyketsos CG, Carrillo MC, Ryan JM, et al. Neuropsychiatric symptoms in Alzheimer’s disease. *Alzheimers Dement*. 2011;7(5):532–539.

³ Banerjee S, Smith SC, Lamping DL, et al. Quality of life in dementia: more than just cognition. An analysis of associations with quality of life in dementia. *J Neurol Neurosurg Psychiatry*. 2006;77(2):146–148.

⁴ Steele C, Rovner B, Chase GA, et al. Psychiatric symptoms and nursing home placement of patients with Alzheimer’s disease. *Am J Psychiatry*. 1990;147(8):1049–1051.

⁵ Brodaty H, Donkin M. Family caregivers of people with dementia. *Dialogues Clin Neurosci*. 2009;11(2):217–228

⁶ Murman DL, Chen Q, Powell MC, et al. The incremental direct costs associated with behavioral symptoms in AD. *Neurology*. 2002;59(11):1721–1729.

⁷ Kales HC, Gitlin LN, Lyketsos CG. Assessment and management of behavioral and psychological symptoms of dementia. *BMJ*. 2015;350:h369.

2. CMS should establish a mechanism for the inclusion of new FDA-approved medications with indications for the treatment of NPS.
3. CMS should remove the requirement to count residents in skilled nursing facilities who are prescribed antipsychotics for FDA-approved indications used appropriately, as defined by FDA indication or evidence-based research.
4. CMS should better integrate diagnostic criteria and clinical practice guidelines in training for nursing home operators, medical directors, nurses, and surveyors.
5. CMS should sponsor population health studies with the goal of creating evidence-based clinical practice guidelines on the use of psychotropic and antipsychotic medications for the treatment of NPS.

We would welcome the opportunity to meet with your Committee staff to discuss our recommendations in more detail. If your staff are available for a meeting, please have them contact Ryne Carney at rcarney@agingresearch.org to coordinate a meeting. Once again, thank you for your leadership on this important issue.

Sincerely,

Alliance for Aging Research

AMDA – The Society for Post-Acute and Long-Term Care Medicine

American Association for Geriatric Psychiatry

American Society of Consultant Pharmacists (ASCP)

Caregiver Action Network

The Gerontological Society of America