



November 6, 2023

The Honorable Chiquita Brooks-LaSure
Administrator, Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
7500 Security Boulevard
Baltimore, MD 21244

RE: Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to comment on minimum staffing standards for long-term care (LTC) facilities. As Chairs of [Project PAUSE](#), we write to ensure that minimum staffing requirements are implemented in an appropriate manner. Project PAUSE (Psychoactive Appropriate Use for Safety and Effectiveness) is an ad hoc coalition of national patient and professional organizations collectively advocating on clinical regulatory and legislative issues in long-term care. We applaud CMS' proposal to strengthen LTC facility assessment requirements by clarifying that facilities must use evidence-based, data-driven care when planning and considering residents' behavioral health needs. We believe this proposal will support LTC facilities in delivering appropriate care to their residents.

We are supportive of CMS's further efforts to promote appropriate staffing in nursing homes to ensure beneficiaries receive high quality care. However, given the staffing crisis facing nursing homes, this may be the right prescription at the wrong time. Additionally, we ask the agency to **stop fully conflating staffing issues with inappropriate use of antipsychotics**. CMS needs to take immediate action to fix the agency's antipsychotic use metrics, which create incentives for misdiagnosis and gets in the way of providing patient-centered care grounded in clinical standards.

Maintaining adequate staffing levels and increasing the time nurses spend with residents are essential components of ensuring quality care, but it is paramount that these staffing measures are not clumsily tied to antipsychotic medication metrics. Doing so perpetuates a false narrative that antipsychotics are used primarily as chemical restraints. For patients with dementia, antipsychotics are, at times, a necessary and FDA-approved therapeutic option to help combat extreme agitation, delusions, and potential harm to the beneficiary, their family caregivers, and

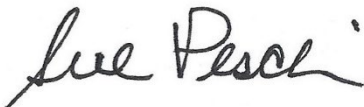
staff. Despite CMS’s rhetoric, the agency has taken zero accountability for continued use of its antiquated antipsychotics quality measure—**which fails to make distinctions between appropriate and inappropriate use**. For the past three years, Project PAUSE member organizations—representing long-term care nurses, medical directors, pharmacists, geriatric psychiatrists, family caregivers, and older adults—have urged CMS officials to update its antipsychotic quality measure by documenting the “what, why and how” a medication is being prescribed.

Nearly all people living with Alzheimer’s disease will experience [NPS](#), which may include sleep issues, agitation, depression, lack of emotion (apathy), aggression, and psychosis. Such symptoms often result in poorer quality of life, dangerous behavior towards self or others, and more rapid progression of disease and death. The reality is that neuropsychiatric symptoms related to Alzheimer’s often require medical attention. Long-term care providers are trained to start with non-pharmacologic approaches, such as redirection or exercise. However, if these approaches become ineffective, residents who would benefit from medical treatment deserve to have a federal policy that ensures access and **nursing home medical staff should be able to prescribe without fear of negative rating ramifications for their facilities**. We have met with CMS a number of times to collaborate and call for reasonable changes to ensure that metrics focus on inappropriate use to support expeditious action and correction on behalf of patients. Our pleas have been ignored.

We share the President’s vision to build a long-term care system where all older Americans can age with dignity, and while we recognize the importance of increasing nurse-to-patient ratios and nursing time spent with residents, we believe it is crucial to assess the potential repercussions of these changes. The current staffing crisis in nursing homes will require a more timely and nuanced approach, in which CMS considers the real-world impact on patient access to appropriate care, the overall impact on nursing staff, and the real-world consequences of outdated metrics that have failed Medicare beneficiaries, families, and nursing home workers.

We thank you for your consideration of our views and welcome the opportunity to discuss our suggestions further. Please contact Adina Lasser at alasser@agingresearch.org or Jim Lewis at jlewis@ascp.com for additional information on the recommendations included in this letter.

Sincerely,



Sue Peschin
President and CEO
Alliance for Aging Research



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