

March 21, 2021

Senator Rhonda Fields, Chair
Senator Joann Ginal, Vice-Chair
Senator Janet Buckner
Senator Sonya Jaquez Lewis
Senator Barbara Kirkmeyer
Senator Cleave Simpson
Senator Jim Smallwood

RE: DRCOG Support position on SB 21-158

Senators:

As the Area Agency on Aging for eight counties in the Denver metro area, the Denver Regional Council of Governments (DRCOG) is pleased to SUPPORT SB 21-158.

As an advocate for older adults, individuals with disabilities, veterans and their caregivers, DRCOG works with various agencies, groups and individuals to support state legislation, regulations and programs to meet their health and service needs. DRCOG supports increased funding for programs and exploration of programs providing services to older adults, individuals with disabilities, veterans and their caregivers, especially services that support individuals continuing to live healthy and independently in their homes and communities.

Specifically to SB 21-158, DRCOG staff has observed the value of older adults being treated by providers specifically trained to consider the entire patient. Geriatric practitioners spend more time with patients to understand the social factors that affect older persons and are more likely to consider the need for community services, economic security, risk for fraud and abuse, isolation, and depression, in addition to appreciating the health concerns.

Thank you,

Rich Mauro
Senior Policy and Legislative Analyst
Denver Regional Council of Governments
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Denver, CO 80202
303-385-7074

SB21-158, Increase Medical Providers for Senior Citizens

Position: **Support**

Committee: Senate Health & Human Services

Coral Cosway

Sr. Director of Public Policy & Advocacy

Alzheimer's Association of Colorado

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Denver, CO 80203

ccosway@alz.org | 720-699-9276

Madam Chair and members of the committee,

On behalf of the 76,000 Coloradans living with Alzheimer's disease and their 258,000 family caregivers, the Alzheimer's Association strongly supports SB 158 and the investment it makes in Colorado's seniors.

The number of health care professionals specializing in geriatrics is not keeping pace with the rapid growth of Colorado's senior population. By 2050, our state will need more than 3 times the current number of geriatricians just to serve 10% of Coloradans 65 years and older. This nationwide shortage of geriatricians will not get resolved soon, and Colorado's seniors cannot wait. That's why it's important to pass SB 158 and incentivize other types of providers to acquire additional training in this field.

This has real consequences for Coloradans with Alzheimer's or other forms of dementia. Geriatric practitioners tend to spend more time with patients, making it easier for them to recognize the symptoms of dementia. This can be an individual's first step toward getting a dementia diagnosis. That may sound easy, but many families report to us that it took their loved years to get their diagnosis.

The General Assembly has funded the Health Service Corps for years, signaling how important certain types of health care professionals are to ensuring all Coloradans have access to the health care they need. Colorado's seniors with dementia now need that program to help them.

I want to thank Senators Danielson and Pettersen for leading on this important issue.

I ask that you vote YES on SB 158.



Colorado Senior Lobby fully supports this bill for all the reasons stated in the fact sheet below and in the bill itself. We are deeply concerned about the health care that is being and will be provided to our older Coloradans, specifically as that population grows faster than the number of geriatric health care providers available to care for them.

As you read the example of “Sally” below, please picture your own aging parent, then picture yourself as you move into your 70’s, 80’s and beyond. Would you rather have a very high coordination of care and medicines provided or little to no such coordination? Know anyone who is taking more than six or ten prescription meds? Know how they interact? What other issues that may be manifesting from those interactions? Know if they are even necessary or helpful? This is a large part of the job of the geriatric specialist.

The sum of funding requested represents less than 10% of what is really needed, but it’s a beginning.

Fact Sheet for SB21-158—“Increase Medical Providers for Senior Citizens”

Advanced Practice Providers—Geriatric: Education Loan Repayments

CONCERNING MODIFICATIONS TO THE COLORADO HEALTH SERVICE CORPS PROGRAM ADMINISTERED BY THE DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT TO EXPAND THE AVAILABILITY OF GERIATRIC CARE PROVIDERS IN SHORTAGE AREAS IN THE STATE

Geriatrics is defined as the branch of health care dealing with issues related to *aging and diseases of older adults*; it is related to the science of *gerontology*, which is the study of the entire aging process, social as well as biologic. **Geriatric Medicine becomes increasingly important as and the percentage and absolute number of older adults swell dramatically in our society, and there is greater need to care for these more complex frail, older patients.**

This is also a **veterans** issue: 24% of America’s veterans live in rural areas; they are significantly older than urban veterans, likely to have complex—serious--medical problems, and have far less access to geriatric medical care than their urban counterparts (90% of geriatric specialists live in urban areas).

And it is a **dementia care** issue: According to the Alzheimer’s Association, **17% of Americans age 75-84, and 32% of those 85+ suffer from some form of dementia.** Colorado is estimated to have 125,000 dementia-afflicted people by 2030, including about 25,000 in rural areas. Geriatrics-trained health care professionals are highly trained to care for those patients and their families/caretakers.

An example of the interwoven complexity of geriatric care is the patient below, who we will call Sally.

Sally is 80 years old and a widow for 12 years. She lives in a condominium with only modest assistance from her family. Recently she has become increasingly concerned about an illness in one of her grandchildren and is now having increasing trouble falling asleep.

After a call to her primary care provider, she received a prescription for a sedative medication to help her sleep. However, this medication negatively affected her balance and decision-making, so that when she went to the bathroom that night, she fell on the tile floor and broke her hip. This resulted in a hospitalization and surgery. She was one of only 25% of hip fracture patients who subsequently regain their previous function but now she is suffering from severe **“fear of falling”**. Sally now stays home more and walks less!. She becomes increasingly isolated and disengaged from friends and family and begins to feel lonely and depressed. Her depression makes her more forgetful and less interested in caring for herself. Sally is now at significantly greater risk for additional hospitalizations, further functional decline and eventually nursing home placement. This common downhill spiral is potentially avoidable.

An important attribute of geriatrics is to treat the needs of the whole patient appropriately and individually as they age, rather than concentrating on just a single organ, system or disease. Geriatrics recognizes the importance of body, mind and social engagement in sustaining good health into aging. Primary consideration is given to the complicated psycho-social concomitants to aging and disease (see Sally’s story above), such as: 1) economic security; 2 risk for fraud and abuse; 3) need to preserve a sense of self-worth and value to society; 4) interest in working after retirement; 5) isolation; and 6) depression. This **patient-centered holistic approach** typically results in fewer hospital admissions, fewer medications and adverse effects, and fewer unnecessary procedures/tests. Together, these often equate to both lower health care costs and better quality of life for Colorado’s older adults.

Why Is Professional Geriatric Training and Certification Important NOW?

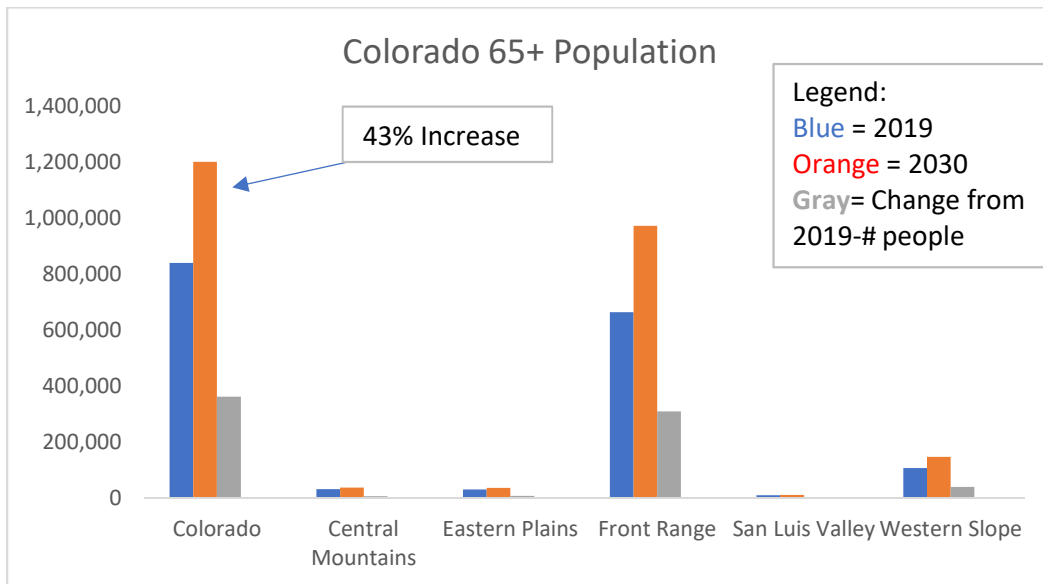
- Recruiting medical professionals to rural areas is difficult, with only 40% remaining five years.
- Nearly 50% of Coloradans 75 years of age or older live in rural areas of the state, yet only about 10% of geriatric specialists reside in or serve rural areas;
- By 2030, 22% of the US population will be over age 65; ***the fastest growing part of the US population is the oldest-old (age 85+), those most in need of geriatric-specific care.***
- ***Under present Medicare funding, there will never be enough trained geriatricians to care for our rapidly aging population!***
- Advanced Practice Professionals (APPs; Nurse Practitioners and Physician Assistants) with additional training/experience in geriatrics will be critical to meet the level of care required for our growing aging population.
-
- This bill, when fully implemented, will provide up to twenty new Geriatric Advanced Practice Professionals over 5 years. An important **“multiplier effect”** of this plan is that participating APPs will not only deliver direct geriatric care to Colorado’s older adults but also provide seriously needed geriatric education and training sites for future APP trainees to further augment the number of geriatrics-capable APPs.

What We Are Proposing—How YOU—the Legislator will help by passing this bill:

1. Participants in this Loan Repayment Program (LRP) can receive up to \$50,000 in loan repayment by agreeing to work in an underserved area of Colorado for three years, with additional amounts possible after that time.
2. This program plans to have up to 20 APPs certified for geriatric training/experience and entered into service after 5-years of continuous funding. The proposed 5-year total is inclusive of all expenses: 1) trainees loan repayments; 2) qualified personnel to develop, staff, certify, and evaluate the LRP; 3) qualified personnel to locate and certify participating facilities/groups.

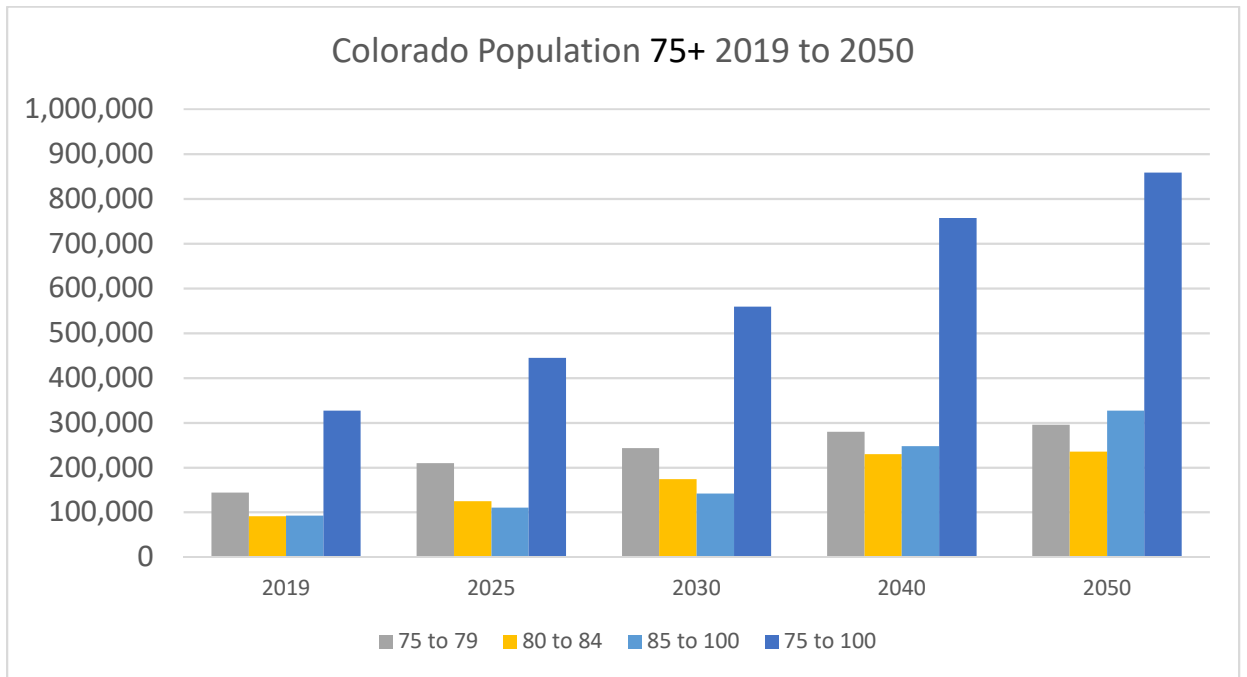
It is critically important to achieve the objective of up to twenty new geriatric practitioners that the program be fully funded **each** of the five years, as shown.

Demographics—65+ Population—Colorado 2019-2030



Pop 65+	2019	2030	Total Increase	Pct. Inc.
Colorado	839,443	1,201,023	361,580	43%
Central Mountains	30,958	36,348	5,390	17%
Eastern Plains	29,068	35,731	6,663	23%
Front Range	663,637	972,680	309,043	47%
San Luis Valley	9,134	10,554	1,420	16%
Western Slope	106,645	145,707	39,062	37%

Demographics—75+ Population--Colorado



AGE	2019	2025	2030	2040	2050
75 to 79	143,726	209,782	243,494	279,509	295,659
80 to 84	90,693	124,720	173,746	229,843	235,708
85 to 100	92,416	110,506	141,938	247,728	326,952
75 to 100	326,836	445,008	559,179	757,081	858,320

ORGANIZATIONS SUPPORTING THIS BILL INCLUDE:



AARP Colorado

alzheimer's association®



THE COLORADO SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE



DISABILITY LAW COLORADO
Protecting the rights of Coloradans of all ages since 1976



SENIORS' RESOURCE CENTER





925 S Niagara St Suite 600

Denver, Co 80224

Representing >29,000 Coloradans

RE: SB21-158 - SUPPORT

Members of the Senate Health and Human Services Committee

Senators,

The Colorado Alliance for Retired Americans is in strong support of SB21-158, Increase Medical Providers for Senior Citizens.

This is a very important bill and years overdue especially since our Colorado senior population is growing so significantly. There are many areas of the state that do not have any advanced geriatric professionals.

Please support this bill.

Sincerely,

CARA Lobby Committee, Mona Moffatt, Sara Gagliardi, Sheila Leider, Ed Augden