



February 24, 2025

The Honorable Rick Scott
Chairman
U.S. Senate Special Committee on Aging
G16 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Scott,

On behalf of Argentum, the leading national association representing assisted living and memory care communities and the older adults and families they serve, I want to commend you for holding today's hearing: "Combating the Opioid Epidemic." We appreciate the opportunity to share insights on the importance of supervised medication management, especially for seniors who struggle with physical limitations and/or various forms and levels of dementia. Medication management is often confusing and daunting to seniors and can lead to misuse, abuse and addiction, especially with opiates. Our communities offer residents medication management to both control chronic conditions as well as effectively mitigate pain.

The members of Argentum operate senior living communities offering independent living, assisted living, memory care, and continuing care. The members of Argentum and our state partners represent approximately 75 percent of the professionally managed communities in the senior living industry—an industry with an annual national economic impact of nearly a quarter of a trillion dollars and responsible for providing more than 1.6 million jobs. These communities are home to nearly two million seniors, offering choice, dignity, security, and an enhanced quality of life.

The American population is aging rapidly. According to data just released by the U.S. Census Bureau, the median population age reached 39.2 years in 2022—the highest on record. Every day, 10,000 Americans turn age 65, and the U.S. population age 65 and older grew from 2010 to 2020 at the fastest rate since the 1800's and reached 55.8 million—a 38.6 percent increase in just 10 years. The data also showed that for the first time in a century the number of adults over 60 in the U.S. is greater than the number of children under 10 years of age.

Senior living providers start their support of residents and families with an evaluation or assessment of a resident's condition, which helps identify and establish the level and types of care needed. This assessment is conducted by a trained and qualified professional, such as the resident's primary care physician, and takes place at or around the time of move-in for new residents, periodically (e.g., annually), and upon changes in a resident's condition. Senior living community staff participate in this assessment to ensure the community is capable of providing the level of support the resident needs.

Individuals who require assistance with activities of daily living – the type of care provided by family members in the home, such as bathing, walking, dressing, and dining – are recommended for assisted living. Residents living with low to moderate cognitive disability may receive care in an assisted living community, whereas more pronounced levels of cognitive disability typically require higher levels of care offered by memory care or continuing care communities.

A resident's current medications are typically reviewed as part of the resident assessment, with medication optimization being a primary goal. Medications are reviewed for whether or not they're (still) needed, effectiveness, and potential harmful interaction with other medications taken by the resident. Residents are also assessed to determine whether they're able to self-administer their medications, or if this is a service that should be provided by trained staff. Best practice is for a consultant pharmacist to be part of the medication review process.

Senior living residents typically also suffer from multiple chronic conditions. As reported in [NCHS Data Brief No. 506](#), the 10 most frequently observed chronic conditions among senior living residents include high blood pressure (58%), Alzheimer's disease or other dementias (44%), heart disease (33%), depression (26%), arthritis (18%), chronic obstructive pulmonary disease (16%), diabetes (16%), osteoporosis (12%), stroke (7%), and cancer (6%). Further, the Data Brief states that 55% of residents were diagnosed with two to three chronic conditions and 18% of residents with between four and 10 chronic conditions. As reported in [Senior Housing News](#), a September 2020 study conducted by NORC at the University of Chicago showed that assisted living residents specifically manage 14 chronic conditions, on average. Memory care residents are comparable, at just under 13 chronic conditions.

These chronic conditions are often accompanied by chronic pain. Assisted living providers collaborate with each residents' physician and with a consultant pharmacist to explore options for deprescribing, replacement with non-opioid medications, and implementing non-medicinal interventions such as physical therapy, strength conditioning, walking clubs, and heat and ice treatments, to name a few. All of these options are preferable due to the side effects of opioids in the elderly, such as increased falls, changes in cognition, constipation, and other well-known issues.

Although pharmaceutical developments have increased the availability of nonopioid options in recent decades, many geriatric patients have comorbidities that preclude the use of many other classes of medications. Millions of Americans are treated with opioids each year, and many of these patients are elderly. According to the CDC, 17.4% of the U.S. population, or 56,935,332 persons, filled at least one opioid prescription in 2017, and opioid prescribing was highest at 26.8% in adults aged 65 and up. (See Mayo Clinic Proceedings, Volume 95, Issue 4, April 2020, [Opioids in Older Adults: Indications, Prescribing, Complications, and Alternative Therapies for Primary Care](#).) Due to the multitude of chronic conditions they face, some residents need and benefit from opioid therapy.

According to the [Kaiser Family Foundation](#), more than half of adults 65 and older report taking four or more prescription drugs compared to one third of adults 50-64 years old (32%) and about one in 10 adults 30-49 years old. Medication management is an important support provided in assisted living communities, with up to 85% of residents wanting or needing assistance with taking medications.

This dispensing of medication by trained community staff generally makes it safer for residents, providing a structured system for managing medications, including reminders to take medications as prescribed and reducing the risk of missed doses. Community personnel maintain detailed records of each medication administration, allowing for tracking and communication with healthcare providers. Staff also help monitor for potential interactions or side effects. All of these factors help to significantly reduce the risk of medication errors compared to self-administration by



individuals with memory issues or declining cognitive abilities. Medication administration is governed by state regulation.

It is important to note that senior living residents typically retain their own primary care physician – the people who know residents well – when moving into a senior living community.

Senior living community personnel spend a lot of time supporting and getting to know residents and as a result, are in a unique position to advocate for residents. The following statement was provided by Kim Butrum, RN, MS, GNP-BC, Senior Vice President, Clinical for Silverado – a senior living provider operating 27 standalone memory care communities.

The average length of stay in assisted living communities is two to three years. Susan Mitchell's seminal work on those with advanced dementia, found that people living with dementia have a similar degree of pain and suffering in the last 18 months of life as those living with terminal cancer; yet unfortunately many times a behavioral expression in dementia is seen as a psychiatric symptom rather than that the resident with difficulties with language and perception is demonstrating that they are having discomfort.

Despite more than 20 years of regulatory guidance and research showing that pain and behavioral expressions in dementia are correlated, it can be very difficult to get adequate analgesic treatment for residents with moderate to advanced dementia. Pain medications are limited... non-steroidals usually can't be used due to renal impairment, which is common in the elderly, and many prescribers, unfortunately are fearful of prescribing adequate analgesia. Opiates, while dangerous when used inappropriately, are also very effective analgesics when used appropriately. Even the 2022 CDC guidance on chronic opiate use stated that those on palliative care, at end of life, and those with cognitive impairment are at high risk of inadequate treatment for pain.

So, I hope if further regulations are added that there will be a carve-out around opiate use for those on palliative care, those living with dementia, and on hospice.

Please do not hesitate to contact my office with any questions or requests for additional information.

Sincerely,

James Balda
President & CEO
Argentum