S. HRG. 118–393

THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION

HEARING

BEFORE THE

SPECIAL COMMITTEE ON AGING

UNITED STATES SENATE

ONE HUNDRED EIGHTEENTH CONGRESS

SECOND SESSION

WASHINGTON, DC

APRIL 16, 2024

Serial No. 118–18

Printed for the use of the Special Committee on Aging

Available via the World Wide Web: http://www.govinfo.gov

U.S. GOVERNMENT PUBLISHING OFFICE

56–474 PDF WASHINGTON : 2025

SPECIAL COMMITTEE ON AGING

ROBERT P. CASEY, JR., Pennsylvania, *Chairman*

KIRSTEN E. GILLIBRAND, New York
RICHARD BLUMENTHAL, Connecticut
ELIZABETH WARREN, Massachusetts
MARK KELLY, Arizona
RAPHAEL WARNOCK, Georgia
JOHN FETTERMAN, Pennsylvania

MIKE BRAUN, Indiana
TIM SCOTT, South Carolina
MARCO RUBIO, Florida
RICK SCOTT, Florida
J.D. VANCE, Ohio
PETE RICKETTS, Nebraska

ELIZABETH LETTER, *Majority Staff Director*
MATTHEW SOMMER, *Minority Staff Director*

C O N T E N T S

THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION

Tuesday, April 16, 2024

U.S. SENATE
SPECIAL COMMITTEE ON AGING
Washington, DC.

The Committee met, pursuant to notice, at 10 a.m., Room 562, Dirksen Senate Office Building, Hon. Robert P. Casey, Jr., Chairman of the Committee, presiding.

Present: Senator Casey, Blumenthal, Warren, Kelly, Braun, and Vance.

Also present: Senator Kaine

OPENING STATEMENT OF SENATOR ROBERT P. CASEY, JR., CHAIRMAN

The CHAIRMAN. Good morning. The hearing will come to order. The Senate Special Committee on Aging is grateful to welcome all of our witnesses today.

Today's hearing is about direct care workers who provide invaluable long-term care to so many of our loved ones all across the country.

Our conversation today is particularly timely given that President Biden recently issued a proclamation declaring this month, the month of April, care workers recognition month. It wouldn't be a bad idea to do that every month.

Long-term care is intended to provide supports and services to help people live independently, and as independently and as safely as possible. These services can be provided in various settings, including residential facilities like nursing homes, or in our own homes.

Whenever they are provided, the backbone of these services are, of course, the professionals who provide these services. These individuals, these Americans, are irreplaceable. They are essential, and they are often called to work in this field because they love what they do. We wouldn't have long-term care services without the long-term care workforce.

Unfortunately, the workforce that provides this critical care has long been in crisis. Between 50 to over 90 percent of long-term care settings and providers report significant staffing shortages, affecting their ability to provide services, accept new clients, or even to remain open.

As we will hear from some of our witnesses today, so many factors contribute to high turnover and difficulty recruiting a long-term care workforce that can meet the needs of older adults, people with disabilities, and their families. We will not have quality, long-term care when turnover rates for the direct care workforce are 40 to 60 percent.

In 2022, the median wage for direct care workers was just above $15 an hour—just above $15 an hour, well below what it was paid for warehouse and convenience store jobs. The direct care workforce, the majority of whom are women of color, are more likely to live in poverty compared to the general public.

Many direct care professionals have to work multiple jobs or overtime in order to be able to support themselves and their families, and the jobs often offer few or no benefits, including no paid leave or sick leave. Here is the bottom line, if we claim that their work as caregivers is essential, we should accord them the status of a professional.

Numerous studies indicate that insufficient staffing is directly correlated with lower, lower quality of care, worse health outcomes for people receiving long-term care, and increased burdens on family caregivers.

Insufficient staffing and high turnover rates also mean longer hours, more strenuous workloads, increased rates of burnout, further straining the long-term care workforce. It is time to make the smart choice for families and communities and strengthen our long-term care workforce.

That is why I am proud to introduce the Long-Term Care Workforce Support Act. Senator Kaine, who joins us today, is with me on that bill, and Senator Baldwin as well, along with 23 of our colleagues. This comprehensive bill will make our—will make a generational investment in the workforce that will help us care for our loved ones who need support.

This investment is about supporting and empowering the direct care workforce. Specifically, the bill will first provide pathways to enter and be supported in the workforce. Second, improve compensation.

Third, ensure that the workforce is treated with respect and is provided a safe working environment. Fourth, the bill will provide opportunities to learn from effective recruitment and training strategies that promote retention.

By professionalizing and supporting the long-term care workforce, we can better recruit and retain the professionals we need in this vital field. This investment is critical, especially when recognizing that our aging population is growing, growing exponentially, and many older adults are living with chronic conditions and disabilities.

As a Nation, we must do better for all care workers, and so, I look forward to hearing from our witnesses today who do this essential work every day, in they are in their own work advocating for better policies, and who are witnesses who can help us guide our path forward.

I will next turn to Ranking Member Braun for his opening statement.

STATEMENT OF SENATOR MIKE BRAUN, RANKING MEMBER

Senator BRAUN. Thank you, Chairman Casey, and thank you to all the witnesses coming here today. The Aging Committee, been on it since I have been in the Senate and really gets to the crux of a lot of issues out there that other committees don't do.

We can't technically legislate through it, but we have had more interesting hearings here that are applicable to everyone's lives. Even though it is Aging, a lot of times it even rolls down to where it impacts younger people, and we are all going to be there someday.

By 2030, adults will outnumber children for the first time in our country's history. We are experiencing a shortage of long-term care workers and expected to get worse. Proud of the fact that Indiana, a very entrepreneurial State, has been on the leading edge of this issue for a long time.

Strada Education Foundation, based in Indianapolis, is transforming education by partnering with educators, policymakers, employers to increase opportunities through work-based learning. We need innovation at the state and local levels to meet this increased demand.

We don't need really a lot more from the Federal Government, in my opinion, simply because it is doing a lot, it is borrowing a lot of it from our future generations to do it. In the laboratory of 50 different states, where you got to live within your means, I think might be a better way to approach it.

In September, the Biden Administration proposed staffing minimums for nursing homes, which would impact all long-term care providers making a mandate. Well, 80 percent of them, may have trouble getting to that staffing level as a mandate—may be forced to close their doors. I think that would be counterproductive.

Today, we hear many other proposals for cumbersome federal regulations, requirements, and protections, and again, maybe we ought to look to an approach that is going to have more impact, be more effective. Giving more power to the Federal Government usually means spending more money, almost all of which we borrow.

We don't actually have it here to do. These solutions sometimes are very partisan in nature as well. I think that, again, emphasize what has worked and where we can afford it, and where you can be more entrepreneurial may be the best way to go about it.

When it comes to protecting health care workforce through OSHA, you are pushing for duplicative requirements that have huge costs in many cases.

I introduced the Voluntary Protection Program with Senator Bennet, which allows OSHA to work alongside employers and workers to encourage businesses to adopt stringent safety and health standards for their employees. VPP, which it is called, have shown injury and illness rates 50 percent lower than industry average as where it has been implemented.

That is where you are working in a voluntary basis with the employers that are going to have to make the difference, saving $257 million. To grow the long-term care workforce, the Federal Government should make it easier for people to enter by removing barriers.

Senator Kaine and I introduced the Jobs Act, which allows Federal Pell Grants to be used for high-quality, short-term job training, including long-term care. Senators Rosen, Collins, and I introduced the Train More Nurses Act, which passed the Senate in January. This bill reviews all nursing grant programs to find ways to increase nursing pathways.

Senator Klobuchar and I introduced the Skills Investment Act and the Freedom to Invest in Tomorrow's Workforce Act, which expand Coverdell and 529 education savings accounts, so Americans have use of their funds for training and credentialing.

These bills address the needs for our workforce and our growing aging population in a bipartisan way, without steep costs associated with them. A lot of focus on productive approaches to build and grow the care profession.

Look forward to hearing today about state innovations, workforce challenges, and thoughtful solutions to an issue that definitely needs our attention. I yield back.

The CHAIRMAN. Thank you, Ranking Member Braun, for your opening statement. Before we introduce today's witnesses, I would like to turn to my colleague, Senator Kaine from Virginia.

Senator Kaine has been a long-time champion for long-term care and the professionals who provide this care. Throughout our time in the Senate, Senator Kaine and I have worked together to address long-term care issues and to ensure individuals and their families have access to essential long-term care services.

I am proud to have them as a partner on this new legislation, the Long-Term Care Workforce Support Act. Senator Kaine.

Senator KAINE. Thank you, Chairman Casey and Ranking Member Braun. It is a treat to be able to come back to the Aging Committee. I used to be on the Committee a number of years back. I am no longer on the Committee, but I wanted to come today just to thank those of you who are witnesses, those of you here in the room who care so passionately about this, and to thank the Chairman and Ranking Member for holding this hearing today.

I can't think of a better reason to be here than to talk about the important issues of our long-term care workforce. As I travel around Virginia, and I know this is the same with my colleagues traveling around Indiana and Pennsylvania, I hear from health systems, independent providers, long-term care facilities, so many more about the challenges recruiting, training, and retaining a high quality health care workforce, but I also hear directly from family members, from seniors, people with disabilities, and caregivers about the difficulty they experience finding reliable quality help and the gratitude that they feel when they do find that help.

I have a family story, just like everyone in this room has a family story. My sister Tayla was—my sister-in-law, Tayla, my wife's sister, was diagnosed with Alzheimer's, early onset when she was 56 years old.

That was now 12 years ago, and watching her husband John, just one of the saints of the world, deal with that situation, and my wife going up about every other month to upstate New York, where she lives to be a part time caretaker to give John a break, but also, this in-home health care provider, Darlene, who has been a steady presence in their life.

When you see that and it works, and for so many it doesn't work, but when you see that and it works, you understand that the quality of workforce is just directly tied to our happiness, our health, and our kind of measurement of our success as a society. These challenges are getting tougher.

It is getting tougher for people to find and afford. It is getting tougher for providers to be able to provide health care and make a living doing it. It is getting hard for institutions to find and retain the quality workforce, as Senator Braun said.

That is why it has been an honor to work with Senator Casey, Senator Baldwin, and now 23 members on the introduction of a new bill, the Long-Term Care Workforce Support Act. Aging is something we all have in common, and we have it in common not only when we are older, but we have in common with relatives and friends.

We all want to be able to live in a place where we are not only able to maneuver, but those of different ages or different abilities who are our friends and family should be able to come and visit and feel safe and feel like they can make it work, and so, all of us are going to need supportive services at some point in our life, whether in home or in a long-term care facility.

The bill we have introduced today will do that. Addressing gaps in the long-term health care workforce should be top of mind for Congress, and I am hoping that today's hearing will further the conversation. Each of you have important perspectives to bring to the table. You will further the conversation about how we can support this really important part of our Nation's workforce.

Again, to the Chairman and Ranking Member, thank you for holding the important hearing. I am in the middle of competing Armed Services and Foreign Relations hearings, and after the witnesses are introduced, I will need to duck to those.

I do appreciate that I could come in and just share a few minutes with you, and I yield back to you, Chairman Casey.

The CHAIRMAN. Senator Kaine, thanks so much. We are honored you are here today. I will move now to our witnesses. Our first witness is Mr. Nicholas Smith from Philadelphia, Pennsylvania.

He is a Direct Support Professional and Behavioral Health Specialist Lead at SPIN, a nonprofit organization that provides services to people with intellectual, developmental, and autism spectrum disabilities.

Mr. Smith has been in this field for over 25 years. Thank you, Mr. Smith, for being with us today and for sharing your experiences with the Committee. I will now turn to Ranking Member Braun to introduce both our second and our third witnesses.

Senator BRAUN. My pleasure to introduce Brooke Vogleman. Brooke is a Licensed Practical Nurse with 15 years of experience in long-term care.

She received her Certified Nursing Assistant Certification in 2009 from Ivy Tech Community College, which I think turns out more certificates like that than any other institution in the country. Proud of having a place like that in Indiana.

She has worked with TLC Management as a Regional Clinical Education Coordinator, where she teaches and inspires the next generation of workforce. She recently began a new journey working

toward her registered nursing degree with full support from her current employer.

Thank you for testifying here today. Next witness is Dr. Matt Connell, the Vice President of Health Care at Ivy Tech Community College, referenced that a little bit ago, where he has led the School of Nursing to become one of the largest in the country.

Dr. Connell has been in the health and education spheres for over 18 years, both at Ivy Tech and as a physical therapist in long-term care. He serves on numerous local, state, and national committees that focus on growing the health care workforce. Thank you for testifying here today. I yield back.

The CHAIRMAN. Thank you, Senator Braun. Our fourth witness is Dr. Jasmine Travers, from New York, New York. Dr. Travers is an Assistant Professor at New York University, Rory Meyers College of Nursing, and is an Adult Gerontology Nurse Practitioner.

Her research is focused on improving health outcomes in vulnerable older adult populations. Her current work focuses on mitigating disparities in access and use of long-term care for older adults. Thank you, Dr. Travers, for being with us and for sharing your expertise and your experience with the Committee.

We will start with Mr. Smith for his opening statement, and then we will continue with the other opening statements. Mr. Smith, you may begin.

STATEMENT OF NICHOLAS SMITH, DIRECT SUPPORT PROFESSIONAL/BEHAVIORAL HEALTH SPECIALIST LEAD, SPIN, PHILADELPHIA, PENNSYLVANIA

Mr. SMITH. Chairman Casey, Ranking Member Braun, and members of the Senate Committee, thank you for inviting me to testify today. My name is Nicholas Smith. I am honored to be here.

I was asked to talk about the immeasurable value and critical role of direct support professionals supporting people with intellectual disabilities, autism to live and meaningful lives. I am a Direct Support Professional, or DSP, at SPIN, an organization that provides services for over 3,000 people with intellectual disabilities and autism in Pennsylvania. I have been in the field for over 25 years, with SPIN for over 17 years.

My testimony will focus on my experience as a DSP. I attended Penn State University and when I finished, I went into a quality control senior lead position in manufacturing. However, the job did not feel fulfilling, and I felt like it wasn't living up to my full potential. Later, I worked for an organization providing support to kids and teens, which I was—I fell in love with supporting people, and I knew this is what I wanted to do.

When the organization closed, I moved back to Philadelphia and got connected with SPIN. I was offered a management position in residential services but turned it down because I thought I would apply for the DSP position. The rest is history.

As a direct support professional, I support the ever-changing physical, emotional, personal, communication, and recreational needs of individuals. In my years as a DSP, I have administered medications, assisted individuals to gain and maintain physical abilities like walking pace—hand-eye coordination, taught new skills to increase independence including instructions, assertive technology, public transportation, and forming natural supports.

Provided transportations, monitoring to support physical and emotional well-being, and ensured dietary needs of each person met by grocery shopping, prepared food based on their dietary directions, and teaching cooking skills, just to name a few. I am proud to be there, both during milestone times in people's lives and achievements, and challenging times like illness and death.

One of my most memorable experiences was when one of the young men I support got his first job at a local deli. He couldn't believe it. He had been turned down by so many businesses before.

When this happened, we would spend time talking about staying positive and continue to move forward. I was able to help him with more opportunities and submit his resume to assure him that he—in his frustration, he would find success. In my role, I am required to meet extensive requirements and demands to be a DSP related to training, documentation, and job accountabilities.

I also attend and participate in several regular meetings, which are important because DSPs are a support system, a direct line communication to families and their needs. I have also volunteered enrolled in SPIN's first cohort of the National Alliance for Direct Support Professionals E-Badge Academy credentialing program.

I have achieved my credential as the DSP–1, which has involved over 50 hours of accredited education as well as gathering 11 experience testimonials. I am currently working on my DSP–2.

I chose to pursue these credentials because it gives me and other direct support professionals the ability to show we are fully competent, proficient, and highly qualified in providing lifelong care, and highlights the fact that we have the knowledge, training, and skill set to do all these things.

I am thankful to have great support, but I still have challenges. I work nearly 65 to 70 hours a week. I am a single father, and due to my work, I have missed family events, vacations, nieces and nephews' recitals, and school functions.

The tradeoff is that I am able to make more money to provide for my family. Even when my daughter ask, dad, will you be off on Sunday? I have the answer her no, and I have to work more to make more. I do my best on one day off week, Mondays, to hold time just for her. I love my job.

I have been blessed to work at SPIN where I can grow and make a difference, but it is a struggle to stay because I don't make a livable wage. A lot of people are leaving this field to make more money. Other industries are offering more money. While people want to stay in this field, they cannot make ends meet.

What keeps me up at night? Working, and making sure that I can afford to maintain and support my family. When I work just 40 hours, I see my check and I worry, do I have enough? My daughter is currently working—I am sorry, currently looking at colleges and her top focus is at Penn State. Penn State will require a lot of money, even when she gets scholarships.

However, I need to be mindful of working too much so I don't risk the people that I am supporting or myself. It takes a lot of energy to be a DSP, and you are required to always be on your A-game. This job is getting tougher as I get older. I am not the 30-year-old Nick anymore. I am 47 and feel the effects of time intensifying with what the role requires.

In closing, I want to emphasize how important it is to recognize and prioritize direct support professionals as valued professionals who deserve the right to earn a living wage for themselves and their family. I want to thank you for your time and support for DSPs and people with intellectual disabilities. Thank you.

The CHAIRMAN. Mr. Smith, thanks very much, and thanks for getting us started. Ms. Vogleman, you may begin.

STATEMENT OF BROOKE VOGLEMAN, LICENSED PRACTICAL NURSE, TLC MANAGEMENT, HUNTINGTON, INDIANA

Ms. VOGLEMAN. Sorry. Thank you, Chairman Casey, and Ranking Member Braun, and all of the members of the Aging Committee for this opportunity. It is an honor to share with you some of my experiences in health care.

My name is Brooke Vogleman, and I am a mother and a licensed practical nurse, and I have spent my entire 15-year career working in long-term care. I have always known that I wanted to be a nurse and that I would devote my life to helping others.

Fortunately, I did have an incredible team around me who supported my journey. In high school, Ann Alexander, whom we called Mrs. A was an incredible mentor and teacher. She was a former registered nurse who helped me become a certified nursing assistant.

In addition to my family, she instilled in me the confidence and knowledge to succeed in my studies. During my first clinical rotation, we were assigned to care for a specific resident. The assignment sounded easy enough, get to know your resident by learning their past and what their interests are, as well as their current clinical needs.

It was during this exercise that I fell in love with long-term care. I wanted to get to know my patients and build relationships with them and ultimately support them during their later stages of life, so, directly after high school, I saved my graduation money and obtained my CNA certification through Ivy Tech Community College in Fort Wayne, Indiana. I then started working in a local long-term care facility, and after four years, I wanted to advance my career.

I received a fully paid scholarship for my practical nursing degree through my employer at the time, American Senior Communities, and as a Licensed Practical Nurse, I have taken on several roles, including an infection preventionist, unit manager, assistant director of nursing, as well as the staff development coordinator.

Eventually, I became a CNA instructor, and for the last two years I have been working with TLC Management as the Regional Clinical Education Coordinator, where I continue to teach tomorrow's health care force in Fort Wayne, Indiana.

I am committed to illuminating the pathway for future nurses like Ms. A did for me so many years ago, and I am also working toward obtaining my RN degree thanks again to a full scholarship from my current employer, TLC Management.

I have seen the commitment from the long-term care profession to support practitioners like myself. I have also seen practitioners come and go for a myriad of reasons. Some have moved on to other health care settings, while some have left health care altogether. I have also seen what happens when long-term care facilities lack

the workers and the resources, as well as Government support, like during the pandemic.

Many of my colleagues got burned out and left the profession, which forced facilities to rely on costly temporary staffing agencies. The long-term care workforce is still struggling to recover to pre-pandemic levels.

I have never experienced anybody who doesn't want more help in our facilities, but there is simply a lack of interest in or qualified candidates to meet our increasing demand for our aging population.

I am hopeful that Federal policymakers, including the members of this Committee, will help us address this challenge through targeted investments and not blanket mandates. I do believe it is critical to focus on quality over quantity. For instance, LPNs are an integral to the interdisciplinary team and long-term care.

Staffing mandates that do not include our contributions to patient care or recognize us as nurses is very concerning to me and will have unintended negative consequences on our residents.

Additionally, staffing mandates will force our facilities to depend more on expensive staffing agencies, and personally, I am concerned that they will actually increase staff burnout, as current caregivers will be stretched thin and working even longer hours in order to comply with these impossible standards.

If facilities still cannot find the workers needed, which is very likely since we are facing a caregiver shortage, more facilities will be forced to limit the access to care or even close their doors completely. Staffing should be about training and education, as well as retention.

We need workforce development programs that help us grow our care for us and incentivize our caregivers to choose a career and long-term care and invest in their career development.

As a single mom, I am working full time, still trying to advance in my career, and I am very grateful to have received the support that I have. Working in long-term care is more than just a job, it is a calling, and our residents become like our family.

We need more people to seek out this rewarding profession, which I am committed to help grow. I do want to thank you for your time, and I look forward to answering your questions today.

The CHAIRMAN. Ms. Vogleman, thanks very much for your testimony. Dr. Connell, you may begin.

STATEMENT OF MATTHEW CONNELL, ED.D., SECTOR VICE PRESIDENT FOR HEALTHCARE, IVY TECH COMMUNITY COLLEGE, INDIANAPOLIS, INDIANA

Dr. CONNELL. Chairman Casey, Ranking Member Braun, and members of the Committee, thank you for this opportunity to appear before you today and represent Ivy Tech Community College of Indiana, and share the work that we are doing in the State to address the health care workforce shortage, including those impacting long-term care.

I will provide background on Ivy tech and our leadership in producing long-term care professionals in the State, share how our innovative programs, specifically our Health Care Academy and Achieve Your Degree programs have enabled us to respond to the State's health care workforce shortage, and discuss how state flexi-

bility has enabled Ivy Tech's abilities to educate and produce members of the health care workforce.

Ivy Tech Community College is Indiana's largest post-secondary institution, serving over 190,000 students across our 19 campuses, 26 satellite locations, and online. Nearly half of these students, almost 92,000, are pursuing college credit while in high school. Our system size enables us to address the State's most urgent workforce needs.

Ivy Tech is the Nation's largest singley-accredited statewide community college system, it is a leading provider of dual credit, and the largest producer of associate degree nurses.

In Indiana, one in three registered nurses is an Ivy Tech alum, and over 90 percent of our health care graduates remain in the State and work in Indiana hospitals and health care settings. Ivy Tech offers many programs focusing on educating and developing graduates who can enter the field and support long-term care workforce demands.

Programing includes traditional academic associate degrees such as nursing and physical therapist assistant. Various long-term health care focused technical certificates such as practical nursing and health care clinical support specialist, and short term academic and skills training certificates such as CNA, home health aide, dementia care aide, and others, designed to help graduates enter the workforce quickly and provide critical services for our long-term care populations, all of this at the lowest tuition rates in the State.

These are a sample of the industry aligned health care programing offered at Ivy Tech to meet the evolving needs of the communities that we serve. In Indiana, like many regions across the Nation, we have witnessed a convergence of factors contributing to a critical shortage in health care workers.

This perfect storm continues to affect multiple career fields within health care, and addressing the crisis requires a multifaceted approach and innovative solutions to make the health care sector more resilient and sustainable. Thanks to a generous grant from UnitedHealthcare, the college is in its second year of such a program called Ivy Tech Health Care Academy.

The Academy provides summer programing for rising 9th through 12th graders, and the students participate in eight weeks of intensive health care focused career exploration, including pathways in the long-term care sector.

Participants will complete four and a half credits of academic coursework that can transfer into various Ivy Tech health care programs and multiple skills training courses focused on competencies required for entry level direct care and long-term care roles.

To date, more than 200 high school students have enrolled in this program. Ivy Tech also offers a program called Achieve Your Degree, or AYD, through which the college is removing barriers to upskilling for nearly 300 Indiana employers, including over 200 in the health care sector.

The program allows AYD partners and their employees to earn approved associate degrees and credentials with minimal or no upfront cost. Employees will pay for courses after completing classes using their employer's tuition reimbursement benefit.

Traditionally, higher education requires payment upon enrollment, but Achieve Your Degree adopts a model of earn, learn, and return, which provides greater access for participants to skill up and move into higher wage roles.

Through partnerships with organizations like the Indiana Health Care Association and the Indiana Hospital Association, Ivy Tech has collaborated with leaders in the Indiana General Assembly to enhance flexibility in the health care program delivery.

Legislation such as House Enrolled Act 1003, Nursing Indiana Back to Health, which passed in 2022, has enabled Ivy Tech to expand our nursing program by removing limits on how fast we can grow enrollment totals, increasing our ability to incorporate simulation hours, and enhancing our ability to hire more part time faculty.

This local control approach affords opportunities to customize our work to meet the needs of the communities we serve by increasing our nursing program capacity by 766 seats through spring of 2024, and it also—it elevated our program quality, as in 2023, our graduates exceeded 90 percent on the NCLEX-RN exam, and over 97 percent on the NCLEX-PN exam. Ivy Tech is actively seeking further legislative partnership to address additional health care workforce needs.

Ivy Tech also acknowledges the importance of work for adult learners and is collaborating with stakeholders to establish educational pathways like health care apprenticeships. These innovative ways will allow students to sustain a financial—to sustain themselves and their families financially, while pursuing high quality health care credentials.

Through partnerships with employers, we are developing registered and non-registered apprenticeship programs that will provide on the job training and enable students to progress in health care careers and earn competitive wages.

I thank you again for this opportunity to appear before the Committee and share the work that Ivy Tech is doing with the college. I applaud and appreciate your leadership and service to the country.

The CHAIRMAN. Dr. Connell, thanks very much. We will turn next to Dr. Travers.

STATEMENT OF JASMINE TRAVERS PH.D, MHS, RN, AGPCNP-BC, ASSISTANT PROFESSOR, NEW YORK UNIVERSITY RORY MEYERS COLLEGE OF NURSING, NEW YORK, NEW YORK

Dr. TRAVERS. Chairman Casey, Ranking Member Braun, and members of the Senate Committee on Aging, thank you for inviting me to testify today.

I began my career as a certified nursing assistant in a nursing home, and now I am honored to sit before you as a Ph.D. Nurse working to improve the issues, I witnessed decades ago. The long-term care system relies on a workforce that is often unseen and unheard, known as direct care workers.

These 4.8 million personal care aides, home health aides, and nursing assistants enter the home of your parents, grandparents, friends, and neighbors. They are the people who care for your rel-

atives and friends in nursing and residential communities. They bathe your grandma and feed your dad with dementia.

Without these critical workers, who would care for your loved ones? Would it be you? Despite the critical role of the direct care workforce, it faces significant challenges in recruitment, retention, and morale that threaten its sustainability.

In the next decade, the long-term care sector will need to fill 9.3 million jobs, but the supply of direct care workers is shrinking relative to demand, especially in nursing homes serving a high proportion of black residents and in deprived neighborhoods.

Turnover among direct care workers is 46 percent across long-term care settings, and this workforce continually reports that their job is physically taxing, emotionally draining, and stressful. The issues affecting this workforce are multidimensional and are compounded by an external environment that devalues their work.

Put simply, it is the job behind the job or the underlying realities that make direct care work unsustainable. These realities include poor wages and limited benefits, a blind eye to inequities, chronic undervaluation and mistreatment, and a demanding work environment, and insufficient training, preparation, and growth opportunities.

Addressing these challenges requires a multi-pronged approach involving Federal and State Governments, aging organizations, payers, providers, advocates, care recipients, and direct care workers themselves.

First, we must invest financially. Implementing minimum wage floors, wage pass throughs, or incentive payment programs must be considered. Benefit packages should include childcare, transportation, paid leave, sick pay, and rural pay differentials.

In addition to increased financial support for long-term care, states should allocate a percentage of Medicaid payments to staffing. Next, we must provide robust training and development opportunities, and providers, states, and Federal Government must invest in comprehensive and accessible training that equips direct care workers with the skills to manage complex resident needs. This includes sufficient hours, relevant topics, and experiential training.

Regarding accessibility, as CNA noted, I was going to get my CNA license before I moved out of state, but why pay around $1,500 to get certified when I can get into Burger King without an interview making more money?

Additionally, clear pathways for career advancement within the role and into other health care professions are essential to foster a sense of growth and expand the contributions of this workforce.

Third, we must foster a positive work environment through culture change. Direct care workers report that a pervasive lack of respect is more detrimental than low pay. Leaders must be held accountable for creating positive work environments that are free of abuse and disrespect.

As one direct care worker shared, if a cashier was punched, the customer would without a doubt be arrested, but you can punch, spit on, kick, or bite a health care worker with no punishment. Additionally, payers and state and Federal Governments must

incentivize providers to integrate direct care workers into care teams and to center their voices.

With regards to alleviating workloads, the Federal Government must ensure that the most thoughtful version of the proposed nursing home staffing standards is enacted immediately.

Next, we must focus on retention in addition to recruitment. There must be a focus on making long-term care settings desirable places to work. A direct care worker noted, I feel like if management were required to work alongside nurses and CNAs in long-term care for 1 day a week, so many things would change.

Importantly, because direct health care workers often come from historically marginalized groups, support for them, should seek to address systemic, social, and equity challenges that prevent them from entering or remaining in the field.

Providers must be equipped to challenge and respond to bias, harassment, and discrimination. Moreover, reforming immigration policies to support direct care workers is necessary to increase their supply.

Additionally, support for direct recruitment and retention efforts such as recognition programs, sign on bonuses, retention specialists, and investigations of high turnover must be provided with the recognition of the role agency plays in recruitment. Long-term care settings should also leverage community partners to assist with recruitment.

Fourth, must plan to evaluate and disseminate. It is necessary for states, providers, and the Federal Government to regularly collect data on workplace satisfaction, demographics, and workforce capacity to better understand staffing challenges and evaluate the effects of interventions.

As a next step, we must identify and share successful strategies to facilitate positive change throughout. Last, I want to put the policies, data, and stories together so that we can better understand the consequences of inadequate staffing to our older adults, one of which is long waits, as an example.

Nursing home residents shared, when you put on your call light and there is only one aide on the floor, you can wait 20 to 25 minutes before you see someone. You can be putting the light on because you dropped a pen on the floor, or because you are experiencing a heart attack. They all get the same wait time.

I urge this Committee to prioritize the recruitment and retention of long-term care direct care workforce so that we don't fall prey to losing a loved one or our own lives as a result of inadequate staffing. Thank you.

The CHAIRMAN. Dr. Travers, thanks very much for your testimony. We want to thank all of our witnesses. We will go out of order for our first set of questions. Everyone is juggling hearings on a busy Tuesday, so I will start with Senator Blumenthal.

Senator BLUMENTHAL. Thank you, Mr. Chairman. Really appreciate the chairman and ranking member for having this hearing. The work that our health care and other long-term care workforce does is really critical to Connecticut and to our whole country.

Maybe not the most glamorous topic in the world, but still deeply significant to all of us, and I am grateful to all of you for being here

today. Wages are often at the very top of mind when we discuss long-term care professionals.

A recent report found that 43 percent of direct care workers rely on public assistance such as Medicaid or the Supplemental Nutrition Assistance Program, SNAP. In Connecticut, in 2021, 42 percent of direct care workers lacked affordable housing. That is a searing indictment of the present system.

We know that increased wages is not only better for those workers, but it also attracts a better quality workforce, and the demand for direct care workers exists, but it is critical that we provide them with a living wage.

That is why I am excited to see a tentative agreement in Connecticut that would provide $23 an hour, $23 per hour for home health care aides, and bonuses, time off, and improved access to health insurance.

Let me ask Dr. Travers, can you speak to how increased wages enable these professionals to better access other benefits like health insurance, childcare, and other support?

Dr. TRAVERS. Thank you for that question, Senator Blumenthal, and excited to see all the work that is coming out of Connecticut.

As was mentioned before by Nicholas Smith earlier, just thinking about the amount of hours that direct care workers must work as a result of inaccessible, livable wages. Reform like that would allow for direct care workers to be able to not have to work 60 to 70 hours per week.

When thinking about that, they will have more access to family time, to leisure activities, to things like exercise that will improve their health and healthy outcomes and will allow for them to be able to provide better care with less stress and burden to the people that they are serving on a day to day basis, so, something like that would most definitely improve the life and well-being of direct care workers.

Senator BLUMENTHAL. Anybody with familiarity about the work that is done by long-term care workers knows that they have highly demanding jobs emotionally and physically, and those jobs can be draining.

Many who enter this profession are not fully aware of the parameters of the job, because there is a lack of readily accessible information about what it means to be a long-term health care worker. There are no Federal training requirements for categories of home care workers, such as personal care aides.

There have been efforts at the Federal level through the Direct Service Workforce Competency Project to research and develop a set of core competencies. How can the Federal Government, Dr. Travers, continue to support standardizing this kind of recruitment and training? Does the Federal Government have a role in providing uniform standards to this profession?

Dr. TRAVERS. Could you just repeat the question as far as the recruitment piece?

Senator BLUMENTHAL. Well, there are currently ways for people get into this profession. They are recruited to do it. States have individual standards and requirements, but there is no national standard. Do you think there should be?

Dr. TRAVERS. I think that there needs to be improved access to enter this workforce. For me, I started as a certified nursing assistant, and I entered through a structured program that was delivered through high school.

More technical assistance programs that allow for individuals to be exposed to long-term care experiences in a structured manner is something that is necessary, national wide, so, that is something that I most definitely would advocate for as far as the recruitment and entry, and then also with regards to just increasing our workforce, leveraging those who are of immigrant status, it would be significantly important as well.

Just as I said in my testimony, just looking to reform immigration policies so that we can support more direct care workers who are already filling a significant proportion of these roles would be important.

Senator BLUMENTHAL. Thank you. Thank you all. Thanks, Mr. Chairman, for giving me this opportunity to go first.

The CHAIRMAN. Thanks, Senator Blumenthal. We will next turn to Senator Vance.

Senator VANCE. Thank you, Mr. Chairman, and thanks to the Ranking Member and you for hosting the hearing, and thanks to the four of you for being here. I just wanted to focus a little bit on the difficulties that long-term care workers face to sort of better understand why we are having some of the labor shortage issues.

First, Ms. Vogleman, you know, you have been in this industry for 15 years, and I guess maybe I would sort of like to better understand, what are some of the biggest challenges you see yourself and some of your colleagues facing in engaging in this work?

Ms. VOGLEMAN. I definitely think that some of the challenges, as I spoke about in my testimony, are that we do often work without quality of staff. Since the pandemic, when I think a lot of our colleagues have left the profession, we haven't really had the chance to recover yet.

I do think that we are seeing a growing amount coming into the profession. I do think that we should focus more resources on the training of those potential caregivers. I think that—and it is not necessarily the amount in numbers that gets us through the shift.

It is the amount of—the ability that the team has to work together and provide a strong team that is dedicated and compassionate and going to be readily there when needed, so, I apologize——

Senator VANCE. No, it is good, and just to be clear, I mean, I am sure that there is much that is challenging, but I imagine there is a lot that is rewarding too, right?

Ms. VOGLEMAN. Absolutely. I do think our rewards go beyond monetary value. Building relationships with our residents. Again, they become like family. Sometimes we are the only faces that they see in a day, and so, our time that we have to spend with them is just as equally important for the clinical, as the emotional that we bring to them as well.

Senator VANCE. Great. Thank you for that. Dr. Connell, in your work training Americans to be the next generation of long-term care workers, what are some of your students' biggest trepidations, or what are they worried about going into this profession?

Dr. CONNELL. Thank you for the question, Senator. I think a lot of what we are trying to do is to find opportunities to create access for more folks that would like to enter the workforce.

Through our programs like AYD, Health Care Academy, it is creating the opportunities for folks that have an interest to be able to get that access. We also understand that a lot of our learners are adults who have financial concerns, in addition to education concerns, and so creating opportunities for them to be able to earn and learn is very important for them.

We are working with employer partners to develop things like healthcare apprenticeships that would offer those opportunities for learners to be able to earn a living wage while they are learning—while they are moving forward to upskill into higher positions.

Senator VANCE. Sure, and can I just ask a question on the Biden Administration's proposed federal staffing ratios for nursing homes? We obviously have a lot of nursing homes in the State of Ohio, a number in rural areas where I think the labor shortages are especially acute. Are you familiar with this staffing ratio proposal?

Dr. CONNELL. We are—as Ivy Tech, we are still looking at that bill so we haven't gone fully into it, but we would love to connect with Senator Braun's team and look into that more.

Senator VANCE. Okay. My fear, of course, is that if you change the staffing ratios in an environment where a lot of these facilities are already labor constrained, you might actually lead to closures, right, so, sort of understand the—and appreciate the desire to make sure that these facilities are properly staffed, but if you want to propose a rule that creates more problems than it solves, I do worry about what the Biden Administration is doing there.

I would love to follow-up there, but with that, I will yield the remainder of my time, and thanks to all of you, again.

The CHAIRMAN. Thank you, Senator Vance. I will start my questions now, and I know we will be having Senators coming in and out, as we typically do on a day like today.

Senator Kelly was here earlier, and we will await other Senators arriving to attend and or ask questions. I wanted to start with Mr. Smith. I want to thank you for sharing your experiences and the work that you do to help so many people in our home State. I like the way you started your testimony.

Underlined in the first couple lines of your testimony you said that you are here today to recognize ″the immeasurable value and critical role of direct support professionals and the work that they do.″ So, immeasurable value and critical role.

A perfectly appropriate description of the work and the contribution of these workers, and it is clear to me that you take great pride in your work. You wouldn't be working all those hours if you didn't.

You also take—and I am sure you should be very proud of the opportunity to provide support in so many aspects of your—of the lives of your clients, and I hear the same all across our State when I talk to these direct support professionals. As you noted in your testimony, it is very demanding work.

You shared with us that you often work 60 to 70 hours a week, or 65 to 70 hours a week to make ends meet, and that, unfortu-

nately, is not uncommon in the work done by so many of the professionals we are talking about.

Here is my question, Mr. Smith, as you, confront these challenges as we do as a Nation, if we make it a priority to appropriately compensate individuals for this important work and ensure that you and other direct support professionals, I should say direct care professionals, are paid a living wage, what would that mean for you and your family?

Mr. SMITH. Thank you for the question. For myself and for the colleagues, and the people who support, having to appropriate and compensate would do a lot for me personally. I would have more time to be a father, a son, a brother, a friend. I spend a lot of time working, a lot of hours working.

You know, as you know, you miss out on a lot of different events, and, you know, it comes with the territory, so, you know, a 40-hour workweek is not something that I really—you know, it is not the norm in this field.

You know, average 65, 70, you know, but, you know, I do love, you know—but to have a living wage would definitely, you know, cut down some so I can, you know, spend some time with my daughter, you know, and I do get to see her, but, you know, like I said, I am at work the majority of the time. Thank you.

The CHAIRMAN. I think we can all understand and relate to that part of the human condition, being able to spend at least some time in the course of a week with family, and it is hard to do that if you are working 65 to 70 hours a week.

Dr. Travers, long-term care has long been both undervalued and under invested in. I think that is unfortunately an understatement that I just made, and this is due to a lot of factors, obviously.

Direct care workers often share stories of being underappreciated, further exacerbating staffing shortages. As you made reference to, sometimes that is more important than their pay, the respect that is accorded to them or not, and their work being recognized or not. Their sense of their own—the value of their own work being affirmed by those who employ them.

This, what I would call underappreciated, also often manifest in the form of both low compensation and low or no benefits. As you testified, in the years of experience in direct care professions, barely increased wages.

As we have heard today from Ms. Vogleman and Mr. Smith, it is critical that we make the necessary investments to foster both a respectful workplace, as well as a supportive workplace for direct care workers.

Dr. Travers, how can you bring about the culture change that both empowers and professionalizes the long-term care workforce?

Dr. TRAVERS. Thank you for that question. We have to recognize that leaders within these settings are responsible for creating this culture to begin with, because we cannot make these changes without changing what is going on in these settings.

Making leaders accountable for culture change and recruitment and retention efforts, so that is going to require for us to possibly incentivize through value-based programs and such to make sure that quality and culture is part of these incentivization metrics.

Another thing that we have to think about when thinking about this culture change is empowering the individuals through different roles that they are able to access through career advancement opportunities, through pathways within the current role, as also within other health care professions.

Some of the things that we talk about with when it comes to the individual, the direct care worker, how are they integrated into the interdisciplinary care teams and the care plans of these individuals, which that has been a problem for many years.

Although CMS, specifically for nursing homes, has required that the direct care worker, the certified nursing assistant specifically, be a part of those teams, but there is challenges and barriers when it comes to integrating them as a part of those teams.

We need to change the culture within these settings and through long-term care to ensure that direct care workers are part of these teams, that their voices do matter, that they are included in decision-making, if not at the forefront of that decision-making as well.

The CHAIRMAN. Doctor, thanks very much. I will turn next to Ranking Member Braun.

Senator BRAUN. Thank you, Mr. Chairman. I will start first with Dr. Connell. You know, we are blessed in Indiana to have a place like Ivy Tech. Being the biggest manufacturer, per capita in the country, I think next to Wisconsin, we are always nip and tuck there, but we have got a broad need for better skills, better training.

You train the largest number of nursing students of any institution in the country and that is impressive. I didn't know that until today. You built partnerships throughout the states to raise awareness about jobs in high demand and develop training programs, clinical experiences to meet that demand.

What best practices would you want to highlight so that other states can know what's worked in Indiana?

Dr. CONNELL. Thank you for the question, Senator Braun. A lot of our work is being able to partner with our stakeholders around the State.

As a singley-accredited college system, we do have the luxury of working with institutions like Indiana Hospital Association, Indiana Health Care Association, and our employer partners to understand the need in the specific service regions that we are working through where our campuses are located.

Again, being really, thoughtful and mindful and intentional around making our decisions to meet those local needs has been very helpful in identifying where we need to think about programing, think about creating additional access opportunities, and then pairing those with the tools that students would need to be successful.

Senator BRAUN. Last September, the Biden Administration proposed staffing minimums for nursing homes. Today, we heard about other efforts to create national standards for long-term care workers to—for licensure, labor protection, wages, and benefits. How has state and local controls contributed to the ability for you to train and educate more students, and is it necessary to have more Federal involvement, or would that complicate things?

Dr. CONNELL. Thank you for that question. Again, I think working with our local stakeholders has been very beneficial and giving us an opportunity to understand the specific needs of the various service regions that we serve. What we will see in Indianapolis is not what we will see as a need in Terre Haute.

Being able to customize our approaches to meet those specific needs are very—has been very helpful. I think generally, we support the efforts to ensure that there is adequate supply of skilled long-term care workers to meet both community demand and enable high quality education and skills training opportunities.

Again, being able to work locally with our industry partners has been valuable.

Senator BRAUN. One final question before I turn to Ms. Vogleman. We have, through a bill introduced, the Jobs Act, would allow students to use Pell grants for high-quality, shorter-term job training programs.

I would like to get other methods here to where they would have more flexibility. I am guessing that expanding that would make your job easier, and how much of that have you realized from the Federal Government to this point, to where they give you more flexibility with funding here to apply toward your programs?

Dr. CONNELL. Thank you. We do support the bipartisan efforts to expand Pell eligibility and high quality, short skilled training. We think that would also help go a long way with health care and long-term care as well.

We understand that working adults and students who currently enroll in short term programs to upgrade their skills must pay out of pocket, and that is one of those access points and the pairing that with the tools required for success that we do believe could be a barrier for individuals and would support additional leniency there.

Senator BRAUN. Thank you. Got a couple questions for Ms. Vogleman. You have shown us how opportunities for growth are crucial to the success of long-term care workforce because of your devotion, passion, desire to learn.

Your employers have sponsored for you, your LPN and your RN degrees. You want to elaborate on that a bit?

Ms. VOGLEMAN. Thank you, Senator Braun, so yes, I have received full sponsors for my tuition, and along with covering my tuition, they have also helped with education—or I am sorry, childcare services, while I was in education.

I think as you have mentioned, we are making great strides on bringing the workforce and the new talent to—within Indiana to the care force. I think the resources still needed are really going to be helping the existing staff, providing preceptorships, mentorships for the new staff, as well as the critical quality training right there in the beginning, and then allowing them to advance within their careers and with the support of their employers as well.

Senator BRAUN. I want to give a shout out to your employers and the fact that they oftentimes want the educational system just to automatically be there. I think there has to be an interaction between the two, and one final question. I was on our Education Committee for one year when I was in the State House, and I often

thought that career and technical education skills based just wasn't there in middle school through high school.

How much is that important to where only about a third of all jobs out there need a four-year degree, how much better can we do by talking about skills and training, apprenticeships, and everything that goes into probably the two-thirds of high school students that are going to go directly into the workforce? Do you think that has been given its due attention?

Ms. VOGLEMAN. I definitely think that we could spend more attention trying to reach them at, you know, earlier in time so that they can really be introduced to the health care, because there are, as we spoke about, a lot of demands in the health care that sometimes I felt even my students weren't prepared for once they actually get out into the field.

To introduce them earlier and then give them those steppingstones to really building their career is definitely important, and I am actually very interested in some of the things that Dr. Connell was talking about with the high school at the Ivy Tech level.

I know, TLC Management, we actually try to do a lot with junior achievement in Indiana and trying to reach them a little bit earlier, and we also try to work with dual credits within colleges, and we are actually starting our first apprenticeship program for those students with school schedules and working around them and allowing them to come into the care force.

Senator BRAUN. Thank you. I yield back.

The CHAIRMAN. Thank you, Senator Braun. We will turn next to Senator Warren.

Senator WARREN. Thank you. Thank you, Chairman Casey, and thank you for holding this hearing and continuing to shine a spotlight on the long-term care workforce.

You know, the Federal Government plays a critical role in ensuring high quality care at long-term care facilities, and that starts with the workforce. It starts with the dedicated doctors, the nurses, the nurses' assistants that provide the daily care for millions of residents.

Dr. Travers, one area where you focus your research on is the quality of care in nursing homes. It is good timing that we have you here today because the Centers for Medicare and Medicaid Services is in the midst of deliberations of a proposed rule that would require every nursing home to have a sufficient number of staff on hand to protect and care for residents.

Dr. Travers, can you tell me why this rule is so important? What impact would setting minimum staffing standards at nursing facilities have on resident care?

Dr. TRAVERS. Sure. Thank you for that question, Senator Warren.

Currently, as far as staffing goes in nursing homes, there is a dire shortage, as you know, and without sufficient staff, when thinking about the standards that are currently being proposed, that is including registered nurses 24 hours a day—a resident if they are at night inside this nursing home and there is no RN onsite and they need medication such as a steroid medication that only a registered nurse can administer, then that means that they might go without that medication for that night.

Unless that resident themselves, or if they have a family member who will advocate for a registered nurse to be called in, they will indeed go without that medication and then could experience severe quality and health outcomes from that.

Senator WARREN. I am understanding you to say that minimum staffing levels are really about the quality of care, whether or not people, for example, can get the medications that their physicians have prescribed for them. Is that about right?

Dr. TRAVERS. That is correct.

Senator WARREN. Okay. The nursing home industry, however, has fiercely opposed this proposal, claiming that the nursing workforce is not big enough and that nursing homes could never find the staff they need to meet these requirements. Dr. Travers, you are a long-term care workforce expert. Do you think the nursing home industry argument is valid?

Dr. TRAVERS. Several nursing homes have had to close during the pandemic because of staffing shortages, but the argument that nursing home industry is making is not valid in that we don't need staff.

I do believe that nursing homes believe that we do need staff, it is just that there is not support to be able to provide that staff, and that is where this new bill that just was introduced today comes in as far as being able to support that staff as well.

As Ms. Vogleman talked before about not making blanket mandates without the additional support, so most definitely the staff are needed. I don't think anyone would or should say that staff are not needed, and just because we can't fill those roles doesn't mean that it doesn't need to happen.

Senator WARREN. Okay, so we need the staff to provide the care, and I think part of what you are saying is we need resources to have the staff, which is another way of saying we need to pay them——

Dr. TRAVERS. Correct.

Senator WARREN [continuing]. so that they will be there. You know, the industry is missing a key element. What we have heard from nursing home staff is that low staffing is a barrier to recruitment and retention.

Nobody wants to be recruited in, nobody wants to stay, if the staffing is so low that it is putting enormous pressure on the staff who are there. You know, when staff are overworked, they burn out or they leave for better options.

Dr. Travers, it sounds like there could be a virtuous cycle here that putting new staffing standards in place would make long-term care jobs safer, better, more attractive, and that that would help with recruiting and retention at nursing homes. Does that sound about right to you?

Dr. TRAVERS. That does sound right. It sounds absolutely right. Thank you.

Senator WARREN. Good. Well, thank you, Dr. Travers. Thank you, Senator Casey, for the bill you have introduced on this that would put more resources in.

Also, the CMS should move quickly to finalize this proposed rule and should make it even stronger. This would help improve the

quality of care for residents, at the same time that it is improving conditions for the staff who provide this long-term care. Thank you.

The CHAIRMAN. Thank you, Senator Warren. I will have one or two. I don't know if Senator Braun will have any more questions or—? Okay. I will just have one, but I wanted to follow-up on the point Senator Warren was making.

Dr. Travers, I was looking at your testimony on page two, and on the question of understaffing, which is, of course, the subject of the rule, the staffing minimum rule that we are discussing, she was discussing in her questions.

You said on page two, and I am quoting, ″understaffing is linked to patient falls, emergency department visits, and inappropriate medication use.″ I think it is pretty clear we got a problem with understaffing, and I would be the first one to say, with, a new policy that addresses minimum staffing, we also should provide the support that folks need to have that staff in place.

That is something where the Federal Government has not met its obligation for a long, long time. I wanted to ask you a question about professional training and advancement. I will direct a question both to Ms. Vogleman and Mr. Smith, who are kind of in the trenches doing this work.

Both of you shared your efforts to continue your education as direct support, or direct care professionals by obtaining additional degrees and certifications. Mr. Smith, in your testimony, you have received and are working toward additional credentials as a direct support professional or DSP.

You received, or you achieved I should say, DSP–1 credentials from the National Alliance for Direct Support Professional E-Badge Academy and are now working to become a DSP–2. Did you—or I should say, why did you choose to pursue these certifications, and how has it helped you in your career?

Mr. SMITH. Thank you for the question, Senator Casey. I chose to pursue DSP–1, two, eventually three. For myself and my colleagues, it shows that we are competent, we are capable to, you know, to receive a livable wage. We are doing medications. We are assisting in all types of areas of somebody's life, so, it shows that, you know, that I have the skill set and the knowledge to do the task at hand. Thank you.

The CHAIRMAN. Thank you very much, and Ms. Vogleman, you started your career as a CNA, and I was noting in your testimony, it sounds simple to say it, but it really gets to the heart of the work that you do because it is very much a calling, as you said, and very much a mission. ″I wanted to get to know my patients, build relationships with them, and ultimately support them in the later stages of their life.″ You obviously had a passion for this work when you began as a CNA.

Then you indicated you have since earned a degree to be a licensed practical nurse, or LPN, and you are working toward your registered nurse, or RN degree.

We appreciate that pursuit of excellence that you are engaged in. What do these educational opportunities help—or what impact that the pursuit of these educational opportunities have on you to help advance your career?

Ms. VOGLEMAN. Thank you, Senator Casey, for this question. I believe that at being able to start as a CNA has helped me tremendously and being able to lay the groundwork in order to become a nurse. With my education or my employer supporting my education, I was able to work part time hours and receive benefits for full time hours.

I was both able to—excuse me, focus on my education, as well as still being able to provide for my family. I do think that the resources for our current staff should be able to be focused around this so we can continue to grow our staff that has been drawn there for passion. I think it is important to allow them to build those relationships with our residents and continue to grow within the career.

Can you—one more time your question again, I am sorry.

The CHAIRMAN. I am just, I just wanted to get a sense of the impact on your work and your career by getting those additional educational opportunities, as well as the certifications that come with it.

Ms. VOGLEMAN. Okay, so—I believe I answered that question, so.

The CHAIRMAN. We appreciate it because I think in so many ways that is a big part of the way we develop the kind of workforce that we are going to need to have the best professionals.

The fact that you are pursuing that I think is indicative of your commitment that you made when you were—way back when you are a CNA, so, we are grateful for that, and I know we are out of time for questions, but I wanted to turn to—my closing statement and then I will turn to Ranking Member Braun.

As we heard today, it is past time, I would say long past time, to invest in the long-term care workforce. This investment will not only have major economic benefits but will also improve the health and well-being of caregivers, the recipients of care, as well as their families and their communities.

All of us will either require long-term care services and supports or support a loved one who needs long-term care help at some point in their lives. There are probably none of us in this room that will escape that. It is imperative that we do everything we can to recognize the value of the critical workers providing these services.

The legislation I have introduced with a big number of our colleagues, the long-term Care Workforce Support Act, will focus on that priority. It will begin taking important steps to professionalizing and better supporting direct care workers that will, in turn, help recruitment and retention.

As we heard from Mr. Smith today, direct care workers work long hours and often give up quality time with their family and their friends to make ends meet. We must do more to provide livable wages, adequate benefits, workplace supports, establish career advancement opportunities.

We must mitigate violence and workplace injuries. We must promote a supportive and inclusive workplace culture, and finally, to incentivize providers to retain and recruit these irreplaceable professionals. Mr. Smith, Ms. Vogleman, and all the direct care workers in our country are long overdue for a workplace and a society that both values and empowers them.

I look forward to work with my colleagues to address the needs of millions of Americans and their family members in need of long-term care. I will turn next to Ranking Member Braun.

Senator BRAUN. Thank you, Mr. Chairman. Thank you to all the witnesses for explaining your personal experiences and sharing your testimonies.

I think we learned today minimally how critical it is to do something that is going to address work shortages in such a critical field, and you are—it is not the only place. We are seeing that across our economy.

I think we can also agree that we need policies that are going to be the best for accomplishing that, and that is where it gets difficult. Here, generally, it comes in a one size fits all. It is maybe not just minimum requirements.

You know, a lot of times it comes with mandates without funding, and it is in the context that in the short time I have been here five and a half years, we increasingly don't ask employers or the people that benefit from it to do more, to get more involved.

What we do, do is borrow money, and when you borrow from future generations, they are someday going to be older. They are going to be footing the bill on this. You want to make sure you get it done correctly.

We are at an interesting crossroads. We are borrowing now through the Federal Government $1 trillion every six months. A trillion is a one with a lot of zeros, and to give you the speed at which we are digging the hole deeper, it was one trillion annually just five and a half years ago.

We have got 50 laboratories out there that live within the constraints of paying for it, not borrowing the money to do it, so, I think we got to be careful because it is often easy to look here for the solution, because in the past, it was at least done in the framework that you don't finance it on the back of your kids and grandkids.

Now, everything we do here, that happens, so, I think it is important that we maybe sometimes get out of the way, give flexibility to the laboratory of states to do it, and there it is going to be sustainable, and I think with 50 attempts at it, you would finally find the best practices that we could all share.

I like the fact that we are focusing on it. I have just been one when I came here, sat that is an issue. It has gotten worse. That is something we need to think about, so, we did accomplish today drawing attention to an important area where we are all going to be there someday, and we have got to somehow find out the best practices and marshal the efforts, and employer, in my opinion. I come from that world of being an entrepreneur, building a business. We ought to be more involved too in the things that are important to us and benefit us along the way. I think that is where we get to the happy medium on what works.

Thanks again for everyone being here. I yield back.

The CHAIRMAN. Thank you, Ranking Member Braun. I want to thank again all of our witnesses for your presence here today, your testimony, and contributing both the time you took to be here, as well as your vast expertise on these issues.

If any Senators have additional questions for the record—or for the witnesses, I should say, or statements to be added, the hearing record will be kept open for seven days until next Tuesday, April 23rd. Thank you all for participating. We are adjourned.

[Whereupon, at 11:19 a.m., the hearing was adjourned.]

APPENDIX

Prepared Witness Statements

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

PREPARED WITNESS STATEMENT

Nicholas Smith

Chairman Casey and Ranking Member Braun, Senator Fetterman, and members of the Senate Aging Committee, thank you for inviting me to testify before the Committee.

My name is Nicholas Smith, and I am honored to be here today to recognize the immeasurable value and critical role of direct support professionals in supporting people with intellectual disabilities and autism to live meaningful lives in the community. I am a direct support professional, or DSP, at SPIN, an organization that provides lifespan services for over 3,000 people with intellectual disabilities and autism in Pennsylvania. I have been in this field for over 25 years, and with SPIN for over 17 years.

I also have the honor of serving on the Pennsylvania Department of Human Services Office of Developmental Programs' Information Sharing and Advisory Committee, the Pennsylvania Advocacy and Resources for Autism and Intellectual Disability, the Pennsylvania Advocacy and Resources for Autism and Intellectual Disability, and the SPIN Board of Directors. I am also a member of the American Federation of State, County and Municipal Employees Local 1739.

I attended Penn State University and when I finished, I went into a Quality Control, Senior lead position in manufacturing. However, the job did not feel fulfilling, and I felt like I wasn't living up to my full potential. My parents did not think so either. Later, I worked for an organization providing supports to kids and teens between the ages of 12-20 years old, which was where I fell in love with supporting people and knew this is what I wanted to do. When the organization closed, I moved back to Philadelphia and got connected to SPIN. I interviewed for and was offered a management position in residential services, however, I thought I would like to apply for the DSP position instead.

The interviewer was surprised at my turning down the management position, but I wanted to work more closely with people in their homes. The rest is history. I immersed myself in working in SPIN homes. As a direct support professional, I support the specialized needs of individuals. More specifically, I support the ever-changing physical, emotional, personal, communication, and recreational needs of individuals. I am proud to be there both during milestone times in people's lives, like achievements, and during challenging times, like illness and death.

In one of my first roles, I was asked to move to a home that was being opened for two men with serious mental health disorders and intellectual disabilities. I remember when one of the men I helped support got his first job at a local deli, he couldn't believe it, he had been turned down by so many businesses before. When this would happen, we would spend time talking about "staying positive and continuing to move forward." I was able help him look for more opportunities to submit his resume and reassure him that through his frustrations, he will find success."

Throughout my career as a direct support professional, I have worked many hours a week, usually picking up about three extra shifts a week for about 65-70 hours in total per week. Also in my role, I am required to meet the extensive requirements and demands to be a direct support professional related to training, documentation, and job accountabilities. I also attend and participate in regular "house meetings," Individual Support Planning, staff meetings, and family meetings. These meetings are particularly important given that direct support professionals are the direct support system and line of communication to the families and their needs.

At SPIN specifically, I have voluntarily enrolled in SPIN's first cohort of the National Alliance for Direct Support Professional E-Badge Academy credentialing program. I have achieved my credentials as a DSP-1, which involved over 50 hours of accredited education as well as gathering 11 experience testimonials. I am currently working on my credentials as a DSP-2. I chose to pursue these credentials because it gives me and other direct support professionals the ability to show we are fully competent, proficient, and highly qualified in providing life-long care. It highlights the fact that we have the knowledge, training and skill set to do all of these things.

I think access to worker supports and protections is also really important. Direct support professionals should get to work in settings with great management and support systems. At SPIN we have a department called Deployment Services, which

will find coverage for a worker if we are sick, need to call out or if other shifts need to be filled and we want overtime. This department makes sure I'm supported and can take time off if I need it, but I know that not all DSPs have these benefits. Every long-term care worker should have the ability to take sick time or a mental health day when we need it. I am also lucky to not have experienced any workplace violence, but I've heard stories of things that have happened to other DSPs I know. I think it's important to make sure that every workplace is a safe place that allows us to do our jobs and support the individuals we provide services for.

I'm thankful to work for a place that feels like a community and supports me when I am going through hard times. I recently lost my father and when I was going through it our corporate officer for residential was there for me when I needed someone. He was someone I could turn to talk through things. By having him there, I could open up to about how I as feeling, but also continue on and support my residents.

I'm thankful to have these supports, but I still have challenges. As I previously mentioned, I work nearly 65-70 hours a week. I am a single father and I have my parents with me, who help so much. However, due to my work, I have missed family events, nieces' and nephews' recitals, and school functions. The tradeoff is that I am able to make more money and provide for my family. Even when my daughter asks, ″Dad, will you be off on Sunday,″ I have to answer no and that I have to work more to make more money. I do my best on my one day off each week, Mondays, to hold that time just for her, but when we try to take family vacations, I have had to miss them until I was able to accrue enough leave time. I love my job, I have been blessed to work at a place where I can grow and where I make a difference but it's a struggle to stay because I don't make a living wage.

A lot of people are leaving this field to make more money. The national average for DSP wages is only $15.43 in long-term care. We spend time training new hires only to lose them because they cannot make a living wage. Other industries are offering more money, and while people want to stay in this field, they cannot make ends meet. Pennsylvania has a long waitlist for home and community-based services, and this is due to the workforce crisis.

What keeps me up at night? Working and making sure I can afford to maintain and support myself and my family. For example, my daughter was able to go overseas because I worked crazy amounts of hours. If I don't want to let her down, I have to work those extra three shifts each week so I can try and get ahead. When I just work 40 hours, I see my check and I worry again, do I have enough? My daughter is currently looking at colleges and her top focus right now is Penn State. Penn State will require a lot of money, even when she gets scholarships.

However, I also need to be mindful of working too much, so I do not risk the people I am supporting or myself. It takes a lot of energy to be a DSP, and you are required to always be on your A-game. This job is getting tougher as I get older. I am not 30-year-old Nick anymore, I am 47, and I feel the effects of the time and intensity this role requires.

In closing, I want to emphasize how important it is to recognize and prioritize direct support professionals as valued professionals who deserve the right to earn a living wage for themselves and their families. I want to thank you for your time and your championing of this necessary and critical workforce bill. Thank you.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

PREPARED WITNESS STATEMENT

Brooke Vogleman

Thank you, Chairman Casey, Ranking Member Braun, and all members of the Senate Aging Committee for this opportunity. It is an honor to share some of my experiences in healthcare with you.

My name is Brooke Vogleman. I'm a mother and licensed practical nurse, and I have been working in long-term care for my entire 15-year career.

I've always known that I would be a nurse, and that I would devote my life to helping others. Fortunately, I had incredible people around me who supported my journey. In high school, Ann Alexander (Miss A) was an incredible teacher and mentor. She was a former registered nurse (RN) who helped me become a certified nursing assistant (CNA). In addition to my family, she instilled in me the confidence and knowledge to succeed in my studies.

During my first clinical rotation, we were assigned to care for a specific resident. The assignment sounded easy enough: get to know your resident by learning their past, what their interests are, and their current clinical needs. It was during this exercise that I fell in love with long-term care. I wanted to get to know my patients, build a relationship with them, and ultimately support them in the later stages of their life.

Directly after high school, I saved my graduation money and obtained my CNA certification on through Ivy Tech Community College in Fort Wayne. I then started working in a local long-term care facility. After four years, I wanted to advance in my career. I received a fully paid scholarship for my practical nursing degree through my employer, American Senior Communities. As a licensed practical nurse (LPN), I have taken on several roles, including infection preventionist, unit manager, assistant director of nursing, and staff development coordinator.

Eventually, I became a CNA instructor. For the last two years, I have worked for TLC Management as the Regional Clinical Education Coordinator where I continue to teach tomorrow's healthcare workforce in Fort Wayne, Indiana. I'm committed to illuminating the pathways for future nurses-like Miss A did for me so many years ago. I'm also working towards obtaining my RN degree, thanks again to a full scholarship from my current employer.

I've seen a commitment from the long-term care profession to support practitioners like me. I've also seen practitioners come and go for a myriad of reasons. Some moved to other health care settings, while some left health care all together.

I've also seen what happens when long-term care facilities lack workers, resources, and government support, like during the pandemic. Many of my colleagues got burned out and left the profession, forcing facilities to rely on costly temporary staffing agencies.

The long-term care workforce is still struggling to recover to pre-pandemic levels. I've never experienced anyone who doesn't want more staff in our facilities, but there's simply a lack of interested or qualified candidates to meet increasing demand for our aging population.

I'm hopeful that federal policymakers, including the members of this Committee, will help us address this challenge through targeted investments, not blanket mandates. I believe it is critical to focus on quality, not quantity.

For instance, LPNs are integral to the interdisciplinary team in long-term care. Staffing mandates that do not include our contributions to patient care or recognize us as nurses are very concerning to me and will have unintended, negative consequences on residents.

Additionally, staffing mandates will force facilities to depend more on expensive staffing agencies. Personally, I'm concerned they will actually increase staff burnout, as current caregivers will be stretched thin and working longer hours in order to comply with these impossible standards.

If facilities still cannot find the workers needed-which is likely since we are facing a caregiver shortage, more facilities will be forced to limit access to care or close their doors completely.

Staffing should be about training, education, and retention. We need workforce development programs that help us grow the care force, incentivize caregivers to choose a career in long-term care, and invest in their career development. As a sin-

gle mom, working full-time, trying to advance in my career, I am grateful to have received this support.

Working in long-term care is more than just a job, it is a calling. Our residents become like family, and we need more people to seek out this rewarding profession, which I'm committed to help grow.

Thank you for your time, and I look forward to answering your questions today.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

PREPARED WITNESS STATEMENT

Dr. Matthew Connell

Chairman Casey, Ranking Member Braun, and Members of the Committee, thank you for the opportunity to appear before you today to represent Ivy Tech Community College of Indiana and share the work that we are doing to address the healthcare workforce shortage, including the shortage of long-term care workers, throughout the State.

Today, I will provide background on Ivy Tech and our leadership in producing long-term care professionals in Indiana and share how Ivy Tech's programs - specifically, our Healthcare Academy and Achieve Your Degree programs - have enabled us to respond to the healthcare workforce shortage in the state. I will also discuss how state flexibility has enabled Ivy Tech's abilities to educate and produce members of the long-term care workforce.

Ivy Tech Community College is Indiana's largest postsecondary institution, serving more than 190,000 students at our 19 campuses and 26 satellite locations as well as online. Nearly half of these students (91,737) are pursuing college credit while in high school. Ivy Tech is the nation's largest singly accredited statewide community college system and its leading provider of dual credit. No other American institution graduates more associate-level nurses than Ivy Tech; in Indiana, one in three Registered Nurses is an Ivy Tech alum. More than 90% of our nursing graduates choose to remain in the state and work in Indiana hospitals and care settings.

Our system's size enables Ivy Tech to operate at scale to address the State of Indiana's most urgent workforce needs, and we offer many programs focusing on educating and developing graduates who can enter the field and support long-term care workforce demands. Our programming includes traditional academic associate degree offerings, such as our Nursing, Physical Therapist Assistant, and Healthcare Specialist degree programs. Ivy Tech also offers various long-term technical certificates in health sciences and nursing, including the Practical Nurse (LPN) and Healthcare Specialist -Clinical Support certificates. Finally, short-term academic and skills training certificates, including the Certified Nursing Assistant (CNA), Qualified Medication Aide (QMA), Long Term Care Specialist in Geriatric Care, Home Health Aide, Dementia Care Aide, and Patient Care Tech certificates are designed to help graduates enter the workforce quickly and provide critical services for our long-term care populations at a tuition rate that is the lowest in the state.

These examples are meant to offer a sample of the industry-aligned healthcare programming offered at Ivy Tech. We are continuously developing new education and training pathways to meet the evolving needs of the communities we serve with programming such as the Direct Support Mental Health and Community Health Worker certificates.

How Ivy Tech's programs have enabled us to respond to Indiana's healthcare workforce shortage In Indiana, like many regions across the nation, we witnessed a convergence of factors that contributed to a critical shortage of healthcare workers. This "perfect storm" affected and continues to affect multiple career fields within healthcare. Addressing this crisis requires a multifaceted approach and innovative solutions to make the healthcare sector more resilient and sustainable. As Indiana's workforce engine, Ivy Tech saw a need for innovative solutions to create more access opportunities and awareness around careers in healthcare.

Thanks to a generous grant from United Healthcare, the College is in its second year of a program called the Ivy Tech Healthcare Academy. The Academy provides summer programming for rising ninth through twelfth graders in the State of Indiana. High school students participate in eight weeks of intensive healthcare-focused career exploration - including pathways in the long-term care sector - while completing 4.5 credits of academic course work that can transfer into various Ivy Tech healthcare programs and 3-5 skills training courses focusing on skills and competencies required for entry-level direct care (called direct service in Indiana) and long-term care roles. To date, more than 200 high school students have enrolled in the program.

Through the College's Achieve Your Degree program, Ivy Tech is removing barriers to upskilling for nearly 300 Indiana employers, including over 200 in the

healthcare sector. The program allows workers of employer partners to earn an approved associate degree or credential at minimal or zero upfront cost to them, enabling them to pay for classes after completing classes complete using employer tuition reimbursement benefits. Traditionally, higher education programs require payment upon enrollment; Achieve Your Degree adopts an ″earn, learn, and return″ model to provide a path for companies to skill up their workforce while affording long-term care workers more opportunities to participate and move into higher-wage, direct care roles.

We also recognize that work is a priority for adults who have potential to transition to long-term care roles. Ivy Tech is responding by partnering with stakeholders across the state to create new education pipelines, such as apprenticeships, to enable students to continue to financially support themselves and their families while earning credits toward a high-quality healthcare credential. We are partnering with health care employers to design and launch registered and non-registered apprenticeships that create opportunities for students to access on-the-job training. In these models, students are hired by companies in entry-level positions and offered opportunities to earn a wage as they complete educational training. As they progress within the apprenticeship, they earn higher wages on their way to a career in healthcare.

Ivy Tech has been fortunate to achieve this impact through strategic partnerships with professional associations like Indiana Healthcare Association (IHCA), and Indiana Hospital Association (IHA). Together, we have successfully partnered with leaders in the Indiana General Assembly to create more flexibility in how the College opens, delivers, and expands our healthcare programming. In 2022, our coalition helped pass House Enrolled Act 1003: Nursing Indiana Back to Health - legislation that removed limits on how fast two and four-year nursing programs can grow their enrollment totals, allowed nursing schools to replace some required clinical hours with simulation hours, and allowed two-year programs to hire more part-time faculty. HEA 1003 empowered the College to address barriers to our nursing program expansion and serves as an example of how providing local control over how and when our nursing programs expand afford us opportunities to customize our work to meet the needs of our students and communities. Through this legislation, Ivy Tech added 766 new nursing seats across the state through the start of classes in Spring 2024, and importantly, increased the quality of our nursing programs. In 2023, we saw an increase in our NCLEX-RN and NCLEX-PN rates during the expansion to over 90% and 97%, respectively. We are actively exploring how we might partner with the Indiana legislature to gain similar allowances in additional high-need healthcare workforce areas, such those needed to address long-term care in the future.

The College also benefits from our close relationship and work with Indiana agencies around workforce generation. As Indiana completes its work to revamp Medicaid administration across the state, Ivy Tech advising the Family and Social Services Administration and Division of Mental Health and Addiction on how to build a robust talent pipeline to meet current and future workforce needs, including understanding what jobs will exist - such as direct service workers - and building and facilitating academic and skills training pathways within K-12, two-and four-year institutions.

Several state and local programs have also increased our ability to respond to the evolving needs of the healthcare workforce. Governor Eric Holcomb's Next Level Jobs initiative provides critical funding for key workforce areas, including those that support long-term care, and the city of Indianapolis' Modern Youth Apprenticeship program has the potential to increase the number of Central Indiana high school students who gain paid, hands-on experience in healthcare professions that complement their traditional academic coursework.

Thank you again for the opportunity to appear before this Committee and share the work of Ivy Tech Community College. I applaud and appreciate your leadership and service to our country.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

PREPARED WITNESS STATEMENT

Dr. Jasmine Travers

Thank you for the invitation to testify. I am an Assistant Professor at New York University Rory Meyers College of Nursing, I currently co-chair the workforce committee of the Moving Forward Nursing Home Quality Coalition, which was created to move several recommendations from the National Academies of Sciences Engineering and Medicine Report, The National Imperative to Improve Nursing Home Quality forward, and am a member of the Gerontological Society of America.

In the United States, 84% of nursing homes report severe staffing shortages impacting patients' quality of care; this problem is similar in long-term care community settings.[1] If patients don't have assistance getting up each day, they become frail. If they don't have help to eat, they experience malnutrition, and if they aren't changed, they remain in soiled clothing and develop pressure ulcers. As a nurse practitioner who spends a significant amount of time in long-term care settings, I witness these issues daily due to system failures that overlook the importance of having sufficient and trained staff to maintain the well-being and safety of older adults in long-term care compared to services used by the general public. For example, we know that if a domestic flight had a similar shortage of flight staff, the plane wouldn't take off. Long-term care should be no different.

Who is the Direct Care Workforce?

The long-term care system relies on a workforce that is often unseen and unheard, known as direct care workers. These people enter the homes of your older parents, grandparents, friends, and neighbors. They are the aides and assistants who care for your relatives and friends in nursing and residential communities. They bathe your grandma, assist your aunt in toileting, and feed and dress your dad with dementia. Without these critical workers, who would care for your loved ones? Would it be you?

These 4.8 million personal care aides, home health aides, and nursing assistants constitute the largest segment of the long-term care workforce and provide the majority of direct care for more than seven million older adults.[2] They are predominantly female (87%), people of color (59%), and of immigrant status (27%).[3] They represent a diverse but historically marginalized group in low-wage occupations, which contributes to the challenges of bringing direct care out of the margins of the long-term care system and recognizing its value.[4,5] Without these critical workers, many older adults would struggle with the basic activities of daily living and maintaining a sense of independence and well-being.

Despite the critical role of the direct care workforce, it faces significant challenges in recruitment, retention, and morale that threaten its sustainability. Between 2021 and 2031, the long-term care sector will need to fill 9.3 million jobs,2 but the supply of direct care workers is shrinking relative to demand, especially in facilities serving a high proportion of Black older adults and in socioeconomically deprived neighborhoods.[6,7] Turnover among direct care workers has been as high as 129% per year in nursing homes and 46% across long-term care settings.[8,9] Direct care workers continually report that their job is physically taxing, emotionally draining, and stressful.

What Are the Issues Affecting These Workers?

The issues affecting the recruitment, retention, and morale of this workforce are multidimensional and are compounded by an external environment that devalues this work. Put simply, it is the "job behind the job," or the underlying realities, that make direct care work unsustainable. These realities include the following:

•**Low wages and limited benefits:** The median wage for direct care workers is $15.43 per hour, falling well below a living wage and insufficient for covering basic daily needs, such as housing, utilities, groceries, and transportation.[2] This forces direct care workers to work multiple jobs, live in poverty, and forgo common necessities. Years of experience barely increase wages; for example, those with 10 or more years working in the field earn just $2 per hour more than those with less than 1 year of experience.[10] Benefits are often poor, inaccessible, and unavailable immediately. Forty-two percent of direct care workers do not participate in

their employer-sponsored insurance plans because they cannot afford it.[10] Similar entry-level roles in other settings offer higher pay, better benefits, and less demanding work environments, making long-term care jobs unattractive and leading direct care workers to ask, Why work here?

•**A blind eye to inequities:** Workers of color receive lower wages, face higher poverty rates, are more likely to work in under-resourced settings, and experience greater strain and burnout than their White counterparts.[3,11] Black and Hispanic workers spend more time on work-related activities and have less time for leisure, including longer work commutes and less time exercising, which may affect their health and subsequently the care provided to older adults. Foreign-born workers, essential to direct care work, encounter immigration barriers that limit their participation in the workforce.[12]

•**Chronic undervaluation and a demanding work environment:** Direct care workers' working conditions are egregious. The hierarchical nature of long-term care settings positions them as inferior to other workers and excludes them from important conversations and meetings, perpetuating an environment of disrespect, devaluation, and mistreatment.[13] They often face disrespect from peers, supervisors, and families as well as verbal and physical abuse from patients, such as racial slurs, threats, spitting, and biting.[14,15,16] A direct care worker noted, ″If a cashier was punched, they would without a doubt be arrested, but you can punch, spit on, kick, or bite a health-care worker with no punishment.″ Furthermore, chronic understaffing leads to heavy workloads, with direct care workers in the nursing home setting often responsible for 16 or more residents[17] with complex care needs. Accountability systems and processes for responding to reports and complaints made by direct care workers are either absent or problematic.

•**Insufficient training, preparation, and growth opportunities:** Training for direct care workers often lacks the depth needed to manage complex resident needs and navigate challenging patient and family interactions. It is inadequate in terms of duration and didactic and practical experiences and is often inaccessible due to direct and indirect costs to the providers and the direct care workers themselves. For example, a direct care worker stated, ″I was gonna get my CNA license before I moved out of state, but why pay around $1,500 to get certified when I can get into Burger King without an interview and make more money?″ Few opportunities exist for career advancement within the direct care worker role or to transition to other health-care professions, which exacerbates hopelessness and low morale.

Consequences of a Strained Workforce

The problems facing direct care workers have a direct impact on both the quality of their lives and the quality of care they provide to older adults. Understaffing is linked to patient falls, emergency department visits, and inappropriate medication use.[7,18] High turnover rates result in a workforce that is less experienced and less familiar with patients' needs. These issues limit the availability of care for people who need it: 83% of community providers turned away new referrals in 2022, and 54% of nursing home providers reported having to limit new admissions due to insufficient staff.[1,19] Consequently, many people in need of care are forced to move to institutional settings because community care providers are unavailable.

Solutions for a Stronger Direct Care Workforce

Addressing these challenges requires a multi-pronged approach involving federal and state governments, managed care organizations, aging organizations, payors, providers, advocates, care recipients, and direct care workers. Organizations such as the Moving Forward Nursing Home Quality Coalition bring together a variety of experts to conduct outreach activities and explore how to address these issues.

Invest Financially

•**Competitive wages and benefits:** Direct care workers deserve compensation that reflects their critical role and the difficulty of their work. Implementing minimum wage floors, wage pass-through requirements, incentive payment programs, or adjustments to local, county, or state minimum wage laws, inclusive of direct care workers, should be considered. Competitive comprehensive benefits packages should include health insurance, childcare, transportation, flexible scheduling, paid leave, rural pay differentials, and sick pay. Notably, union membership for direct care workers has led to better pay and benefits.[20] Moreover, strategies are needed to prevent a ″benefits cliff,″ whereby workers lose access to public benefits as earnings increase.[21]

•**Staffing spending minimums:** States should mandate that a certain percentage of Medicaid payments be allocated to staffing, similar to that implemented in New York.[22] For example, during the pandemic, 60%-75% of Paycheck Protection Program funds required for nursing home staffing effectively increased direct care workers' hours.[23] A rule proposed by Centers for Medicare and Medicaid Services (CMS) in 2023 aims to require that at least 80% of all Medicaid payments for specific home- and community-based services (i.e., homemaker services, home health aide services, and personal care services) be spent on compensation for direct care workers.[24] This rule must be finalized. Moreover, designating long-term care employers of direct care workers as eligible for health professional shortage area benefits could provide access to funds for loan repayments, sign-on bonuses, and increased wages for direct care workers.

Provide Robust Training and Development Opportunities

•**Enhanced training programs:** Providers, states, and the federal government must invest in comprehensive and accessible training that equips direct care workers with the skills to manage complex resident needs and challenging interactions. This includes sufficient hours of training, relevant topics, and experiential training. To address cost barriers, providers and community colleges can collaborate to offer free or subsidized training programs. Payors can also consider how to financially support providers that offer additional training to their workers. For example, managed care organizations can consider ways to alleviate the additional burden, time, and cost for workers to participate in training programs, such as providing training stipends or financial assistance (e.g., transportation, childcare).[25]5

•**Opportunities for career advancement:** Clear pathways for career advancement within the direct care worker role and into other healthcare professions are essential. This fosters a sense of growth and motivates direct care workers to stay in the field and do their jobs well. As an example of a program that may help, the Department of Health and Human Services is in the process of awarding 43 Geriatrics Workforce Enhancement Program grants to develop a registered apprenticeship to support the advancement of direct care professionals. It would be ideal if additional funding was available to award a grant for every state. State programs can continue to incorporate and expand advanced training and career advancement through scholarships, stipends, and demonstration projects.

Foster a Positive Work Environment through Culture Change

•**A respectful and supportive work environment:** Direct care workers report that a pervasive lack of respect is more detrimental than low pay. Long-term care settings must foster a culture of respect and appreciation for direct care workers and focus on improving the worker experience through systematic cultural change. This includes holding leaders accountable for creating positive work environments that are free of abuse and disrespect. As one direct care worker shared, ″I feel like if management were required to work alongside nurses and CNAs in hospitals, rehab, and long-term care for one day a week, so many things would change.″ State and federal governments can incentivize and recognize providers who invest in culture change. The use of technological solutions to ease staffing burdens and support direct care workers also needs to be supported. Furthermore, the use of volunteers could alleviate some of the burden on direct care workers (e.g., feeding). Finally, long-term care environments must promote learning, satisfaction, and a desire to work in these settings.

•**Empowering direct care workers:** Payors, as well as state and federal governments, must incentivize providers to better integrate direct care workers into care teams and to center their voices.[26,27] It is imperative that the input of direct care workers are sought in all of these efforts and they are supported to lead change wherever possible. If solutions are designed to support the workforce without including them in the planning, these efforts will be set up for failure.

•**Improving staffing levels:** The federal government must ensure that the best version of the proposed minimum staffing standards is enacted immediately to improve the quality of care for those currently in nursing homes.[28]

Focus on Both Recruitment and Retention

•**A desirable workplace:** To address the issues of recruitment and retention of direct care workers, there must be a focus on making long-term care settings desirable places to work. There is a need to emphasize open communication, implement open-door policies, and establish staff councils. It is also important to enhance workers' quality of life, such as by providing flexible schedules and free food and beverages. Creating a desirable workplace requires significant investment, but

the benefits will far outweigh the costs. These efforts must begin with developing better relationships with long-term care staff and gaining a full understanding of their needs and goals. In the long run, long-term care settings need a clear mission, leadership that is strong but collaborative and transparent, and improvements in compensation, culture, work-life balance, opportunities for advancement, and clear communication. Only when long-term care settings are attractive places to work will the stigma surrounding long-term care work begin to change.

•**Equity at the forefront:** Because direct care workers often come from historically marginalized groups, support for them should consider and seek to address the social determinants of health and other systemic social and equity challenges that prevent them from entering or remaining in this field.[25] Providers must actively challenge and respond to bias, harassment, and discrimination that occur within an organization and create appropriate processes and procedures to support workers (e.g., training for leaders, robust reporting systems). Moreover, because immigration policy affects the long-term care workforce, reforming immigration policies to support direct care workers is necessary to increase their supply.

•**Direct recruitment and retention:** Direct recruitment and retention efforts are needed, such as recognition programs, sign-on bonuses, retention specialists, and investigations of high turnover situations. CMS intends to propose payment changes based on staffing adequacy and retention. Moreover, CMS has begun to measure and publish staff turnover and weekend staffing levels-metrics that are closely related to the quality of care provided in a nursing home and could further hold nursing homes accountable for retention efforts. The use of value-based purchasing contracts to recognize and reward providers who seek to improve retention would also be beneficial while taking into account unintended consequences, such as disparities in which providers have access to these incentives.[11] Finally, a nationwide campaign, such as the National Nursing Career Pathways Campaign proposed by CMS and the Health Resources and Services Administration, is needed to recruit, retain, and transition workers into nursing home careers.

•**Community and external resources:** Long-term care settings should use community partners to assist with recruitment. For example, school boards and high school career counselors are instrumental in assisting with outreach and increasing awareness of direct care opportunities through mediums such as job fairs and technical experiences. The Direct Care Workforce Strategies Center, funded by the Administration for Community Living, provides training and technical assistance to build capacity and promote systems change in the recruitment, training, and retention of direct care workers, but intensive support is limited to six states. Expansion of this center to provide nationwide support is needed to ensure access to these critical resources.

Plan for Evaluation and Dissemination

•**Workplace satisfaction surveys and demographics:** It is necessary for states, providers, and/or the federal government to regularly collect data on workplace satisfaction, demographics, and workforce capacity to better understand staffing challenges and evaluate the effects of interventions. This will help identify areas for improvement and track the effectiveness of implemented solutions across groups. Furthermore, CMS should develop a standard set of measures to reflect workforce capacity.[25]

•**Sharing best practices:** Some providers have begun to implement improvement strategies and are seeing positive outcomes, but this information is not being widely disseminated. There is a need to identify and share successful strategies to facilitate positive change across the long-term care industry. The Direct Care Workforce Strategies webinar series disseminates some best practices, such as recruitment. Congress should require HHS to study best practices across systems and states and identify opportunities for standard requirements that balance accountability and burden on providers while improving the quality of care and staff experience. Collaborative efforts to measure and communicate impacts to policymakers can help ensure that reporting burdens are minimized. Moreover, states can identify how they compare on specific staffing metrics to other states, with measures collected through the AARP Long-Term Services and Supports State Scorecard.[29] States performing well in staffing efforts might share more about their successes.

Finally, other workers, such as registered nurses, licensed practical nurses, and therapists (e.g., physical, speech, recreational) who have a direct effect on the quality of care of older adults and face similar challenges described in this testimony (e.g., wages, shortages, stigma, training), should not be left out of the conversation specific to addressing shortages and improving the profession.[7,28]

Conclusion

To improve access to and quality of long-term care, we must ensure that all direct care workers receive a living wage, a safe, respectful work environment, opportunities for advancement, adequate training, and accessible benefits to maintain their health and well-being. Only when we recognize that these workers are critically important, hardworking professionals, can we begin to improve equity and health outcomes for staff and patients alike.

References

1. AHCA. State of the Nursing Home Sector. 2023;

2. PHI. Direct Care Workers in the United States: Key Facts. 2023;

3. Scales K, Altman A, Campbell S. It's Time To Care: A Detailed Profile of America's Direct Care Workforce. PHI: Quality Care Through Quality Jobs. 2020;

4. PHI Quality Care Through Quality Jobs. U.S. Nursing Assistants Employed in Nursing Homes: Key Facts. Accessed November 14, 2022. https://www.phinational.org/wp-content/uploads/legacy/phi-nursing-assistants-key-facts.pdf

5. Scales K. It Is Time To Resolve The Direct Care Workforce Crisis in Long-Term Care. The Gerontologist. 2021;61(4):497-504.

6. Falvey JR, Hade EM, Friedman S, et al. Severe Neighborhood Deprivation and Nursing Home Staffing in the United States. Journal of the American Geriatrics Society. 2023;71(3):711-719.

7. Travers JL, Castle N, Weaver SH, et al. Environmental and Structural Factors Driving Poor Quality Of Care: An Examination Of Nursing Homes Serving Black Residents. Journal of the American Geriatrics Society. 2023;71(10):3040-3048.

8. Gandhi A, Yu H, Grabowski DC. High Nursing Staff Turnover in Nursing Homes Offers Important Quality Information: Study Examines High Turnover of Nursing Staff at US Nursing Homes. Health Affairs. 2021;40(3):384-391.

9. National Core Indicators. National Core Indicators Intellectual and Developmental Disabilities 2020 Staff Stability Survey Report. 2022;

10. Squillace MR, Remsburg RE, Harris-Kojetin LD, Bercovitz A, Rosenoff E, Han B. The National Nursing Assistant Survey: Improving The Evidence Base for Policy Initiatives to Strengthen the Certified Nursing Assistant Workforce. Gerontologist. Apr 2009;49(2):185-97. Doi:10.1093/Geront/Gnp024

11. Shippee TP, Fabius CD, Fashaw-Walters S, Et Al. Evidence For Action: Addressing Systemic Racism Across Long-Term Services and Supports. Journal Of The American Medical Directors Association. 2022;23(2):214-219.

12. Muench U, Spetz J, Jura M, Harrington C. Racial Disparities in Financial Security, Work and Leisure Activities, and Quality Of Life Among the Direct Care Workforce. The Gerontologist. 2021;61(6):838-850.

13. Travers JL, Teitelman AM, Jenkins KA, Castle NG. Exploring Social-Based Discrimination Among Nursing Home Certified Nursing Assistants. Nursing Inquiry. 2020;27(1):E12315.

14. Xiao C, Winstead V, Townsend C, Jablonski RA. Certified Nursing Assistants' Perceived Workplace Violence in Long-Term Care Facilities: A Qualitative Analysis. Workplace Health Saf. Aug 2021;69(8):366-374. doi:10.1177/2165079920986159

15. Walton AL, Rogers B. Workplace Hazards Faced by Nursing Assistants in the United States: A Focused Literature Review. Int J Environ Res Public Health. May 19 2017;14(5)doi:10.3390/ijerph14050544

16. Lachs MS, Rosen T, Teresi JA, et al. Verbal and Physical Aggression Directed at Nursing Home Staff by Residents. J Gen Intern Med. May 2013;28(5):660-7. Doi:10.1007/S11606-012-2284-1

17. Jobs. PQCTQ. U.S. Nursing Assistants Employed in Nursing Homes: Key Facts. Accessed November 18, 2022. https://www.phinational.org/wp-content/uploads/2019/08/US-Nursing-Assistants-2019-PHI.pdf

18. Travers JL, Hade, E.M., Friedman, S., Raval, A., Hadson, K., Falvey, J.R.,. Staffing and Antipsychotic Medication Use in Nursing Homes and Neighborhood Deprivation. JAMA Network Open. 2024;7(4)

19. ANCOR. The State of America's Direct Support Workforce Crisis 2022. 2022;

20. Christman A, Connolly C. Surveying the Home Care Workforce: Their Challenges & the Positive Impact of Unionization. National Employment Law Project Data Brief. 2017;

21. Fund TC. Addressing the Shortage of Direct Care Workers: Insights from Seven States. 2024;

22. AARP. AARP New York Applauds Implementation of Nursing Home Staffing and Spending Requirements, Urges Additional Improvements. Accessed April 11, 2024. https://states.aarp.org/new-york/aarp-new-york-applauds-implementation-of-nursing-home-staffing-and-spending-requirements-urges-additional-improvements

23. Travers JL, McGarry BE, Friedman S, et al. Association of Receipt of Paycheck Protection Program Loans With Staffing Patterns Among US Nursing Homes. JAMA network open. 2023;6(7):e2326122-e2326122.

24. Centers for Medicare and Medicaid Services. Ensuring Access to Medicaid Services (CMS 2442-P) Notice of Proposed Rulemaking. 2023;

25. National MLTSS Health Plan Association. Strengthening the Direct Care Workforce: A Framework for Leveraging the Role of MLTSS MCOs to Address the Workforce Crisis. 2023;

26. Travers JL, Caceres BA, Vlahov D, et al. Federal Requirements for Nursing Homes to include Certified Nursing Assistants in Resident Care Planning and Interdisciplinary Teams: A Policy Analysis. Nursing Outlook. 2021;69(4):617-625.

27. Raval A. 16 Strategies For Integrating CNAs Into Care Planning and IDT Meetings. Https://Www.Mcknights.Com/Blogs/Guest-Columns/16-Strategies-For-Integrating-Cnas-Into-Care-Planning-And-Idt-Meetings/

28. Travers JL. Proposed Federal Nursing Home Staffing Standards Will Be Too Little, Too Late. https://www.usnews.com/opinion/articles/2023-12-21/proposed-federal-nursing-home-staffing-standards-will-be-too-little-too-late

29. Reinhard S, Harrell R, Amero C. Innovation and Opportunity: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers. AARP Public Policy Institute Washington, DC; 2023.

Questions for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

QUESTIONS FOR THE RECORD

Nicholas Smith

Senator Kirsten Gillibrand

Strategic Plan on Aging

The long-term care workforce is facing high turnover and detrimental workforce shortages. The Strategic Plan on Aging Act incentivizes and supports states' efforts to create their own strategic plans for aging. States must plan for the growing aging population with adequate staffing in direct care roles.

Question:

What training programs targeted for direct care workers should be included in a Strategic Plan on Aging?

Response:

In my experience as a Direct Support Professional supporting adults with intellectual disability and autism with co-occurring, complex behavioral health needs, I receive the following necessary training:

•Recognizing, Reporting, and Investigating Incidents
•Individual's Rights and Individual Choice
•Infection Control
•Everyday Lives Principles
•Informed Decision Making
•The Fatal Five
•Preventing Abuse, Neglect and Exploitation of Individuals with Intellectual and Developmental Disabilities
•Building Connections - Community Integration, Inclusion and Membership
•Emergency Disaster Response Plan
•Building Relationships and Community for People with IDD
•Supporting People with IDD in Building Healthy Personal Relationships
•Effective Interactions -Safe and Appropriate Use of Behavior Supports
•Person Centered Practices and Planning
•Diabetes Basics for Direct Support Professionals
•Supporting Healthy Eating and Exercise
•Seizure Management
•Fire Safety
•Medication Administration

My learning and development has been enhanced by specialized training in the areas of:

•National Association for the Dually Diagnosed (NADD) DSP Certification
•Intellectual Disability/Mental Health Dual Diagnosis Training
•Training in Advocacy and Communications
•Leadership Development Training
•Employee Wellness (Emotional Intelligence, Managing Stress, Time Management)
•National Association for Direct Support Professional (NADSP) DSP Certification-I

Long-Term Care Workforce Support Act

Long-term care workers have often been overlooked in the fight for workers' rights. The Long-term Care Workforce Support Act would close the loopholes that exclude these workers from federal labor and civil rights laws - including requiring employers to provide a written agreement about pay, duties, schedules, breaks, and time-off policies - giving these workers stability and respect. This bill also requires employers to adequately train and provide education for employees in this field.

Question:

Is the workforce being adequately trained to perform best practices in their long-term care setting responsibilities?

Response:

In my experience as a Direct Support Professional, SPIN provides high quality, best practice training in order for me and my colleagues to provide appropriate and needed individualized supports to the people I support.

Question:

What additional training programs should be implemented to better educate this workforce on long-term care responsibilities?

Response:

More specialized training meeting the needs of people with complex medical and behavioral health issues. End of life support including palliative and hospice care.

Senator Raphael Warnock

Direct care workers (DCWs) are the backbone of our country's long-term care workforce. However, the profession is increasingly difficult due to strain from workforce shortages and stagnating wages. According to the Administration for Community Living, more than 1.3 million DCWs will be needed by 2030 to care for the growing population of older adults and people with disabilities.[1]

Question:

How does the lack of investments in DCWs harm access to quality long-term care?

Response:

There is a workforce crisis in Intellectual Disability and autism services. Direct Support Professionals need to be paid a living/family sustaining wage that is commensurate with the complex work and knowledge needed to support people's needs. Multiyear funding is required to sustain our services and value Direct Support Professionals as the cornerstone of quality services.

Question:

How would legislation like the Better Care Better Jobs Act,[2] which I strongly support, help boost DCWs like yourself?

Response:

I am not familiar with the pieces of the legislation to comment specifically. However, legislation that invests in the Direct Support Professional workforce is needed to sustain services for people with disability and to pay the Direct Support Professional Workforce a living wage.

---

[1] Strengthening the Direct Care Workforce, Administration for Community Living, (Apr. 12, 2024), https://acl.gov/programs/direct-care-workforce.

[2] Better Care Better Jobs Act, S. 100, 118th Cong. (2023).

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

QUESTIONS FOR THE RECORD

Brooke Vogleman

Senator Kirsten Gillibrand

Long-Term Care Workforce Support Act

Long-term care workers have often been overlooked in the fight for workers' rights. The Long-term Care Workforce Support Act would close the loopholes that exclude these workers from federal labor and civil rights laws - including requiring employers to provide a written agreement about pay, duties, schedules, breaks, and time-off policies - giving these workers stability and respect. This bill also requires employers to adequately train and provide education for employees in this field.

Question:

Does this industry have enough data to forecast workforce demands for geriatricians and advanced practitioners serving the long-term care population?

What information should be routinely collected to improve care in long-term settings to meet the workforce need as people age?

Response:

"At this time, responses are not available for printing. Please contact the U.S. Special Committee on Aging for further updates and to obtain a hard copy, if available."

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

QUESTIONS FOR THE RECORD

Dr. Matthew Connell

Chairman Robert P. Casey, Jr.

Question:

In your testimony, you discussed examples of Ivy Tech's strategy in fostering the next generations of licensed practical nurses (LPNs), certified nursing assistants (CNAs), and qualified medication aides (QMAs). Recruiting and retaining direct care workers are some of the most pressing challenges the long-term care sector currently faces.

Does Ivy Tech track graduates' career trajectories? Do graduates stay in the long-term care workforce, and what do their career trajectories look like?

Response:

Programs maintaining external programmatic accreditations that require the tracking of graduate employment status do complete graduate surveys related to employment. However, this data is used to verify employment status rather than track specific settings. Additionally, this information is not tracked consistently across all program offerings.

Ivy Tech is aligning data with the Indiana Department of Workforce Development (DWD). Once this is complete, the College will better measure the progress of students after they graduate.

We do know that over 80% of graduates remain in Indiana following graduation.

Members of the Committee noted that to expand the long-term care workforce, the federal government should remove barriers to make it easier for people to enter the field.

Question:

What barriers in our current system make it difficult for people to enter the workforce? And what could the federal government do to remove some of these barriers?

Response:

1. Educational Barriers: Many individuals face obstacles accessing education and training programs due to:
   a. Financial constraints;
   b. Aversion to training programs lasting a year or more;
   c. Lack of awareness about available career fields;
   d. Geographical limitations; and
   e. Personal variables such as childcare and other needs.

2. Credentialing and Licensing Requirements: The process of obtaining necessary credentials and licenses can be cumbersome and time-consuming. Different states may have varying requirements, leading to confusion and additional barriers, particularly for individuals relocating or seeking to work across state lines.

3. Compensation: Long-term care roles often involve demanding workloads, high stress levels, and comparatively lower wages compared to other healthcare sectors. These factors can deter individuals from pursuing careers in long-term care. The time required to meet the credential/licensing requirement may not match the return on the investment.

To address these barriers and promote greater access to the long-term care workforce, the federal government can explore various strategies:

1. Invest in Education and Training: The government can allocate funding to expand access to affordable education and training programs, including funding short-term programs with Pell Grants or other scholarships, grants, and loan forgiveness initiatives targeted at individuals pursuing careers in long-term care. One example of this would be the Public Service Loan Forgiveness program, which enables individuals going into public service to have a portion of their student loans forgiven after specific years of service and repayments on student loans.

2. Streamline Credentialing Processes: Standardizing credentialing and licensing requirements across states and implementing reciprocity agreements can

simplify the process for individuals seeking to enter the long-term care workforce from different regions.

3. Enhance Workplace Support and Compensation: Implementing policies to offer competitive wages and benefits can make long-term care careers more attractive and sustainable for individuals entering the field.

Question:

Research has shown that providing education and career advancement opportunities in long-term care can help attract and retain more direct care workers. Ivy Tech offers programs that can help this effort, such as a CNA to registered nurse (RN) licensure pathway.

Do any of the programs in Ivy Tech's School of Nursing or School of Health Sciences benefit from federal grants? If so, which grants do the programs currently receive?

Response:

Currently, the only federal grant funding supporting Ivy Tech's School of Nursing and/or Health Sciences is federal pass-through funding from HRSA through Community Health Network.

Regarding students, healthcare programs eligible for Pell grants are the Technical Certificate (TC) in Practical Nursing and the Associate of Applied Science (AAS) in Nursing. Expanding short-term Pell to include the Certified Nurse Aide (CNA) program would be beneficial.

Question:

Would Ivy Tech benefit from additional federal healthcare workforce grant programs?

Response:

Ivy Tech would consider applying for any federal grants to strengthen our programs.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

QUESTIONS FOR THE RECORD

Dr. Jasmine Travers

Chairman Robert P. Casey, Jr.

Question:

In your testimony, you noted that we will need millions of new direct care workers in a few years given our aging population. We will need to make serious changes to address our current crisis-level staffing shortages, with challenges in recruiting new workers and retaining skilled workers. Providers today are forced to cut services and turn away older adults and people with disabilities who urgently need care - because they do not have the staff to provide that care.

How can we fortify the workforce pipeline to ensure there is an adequate workforce to provide the needed services for older adults and people with disabilities?

Response:

a. We need a national nursing home careers recruitment campaign that spans not just registered nurses and clinicians (e.g., MDs, PAs, and NPs) but also includes CNAs and LPNs

b. Wages need to be increased so that they are both livable and competitive and enhance benefits (including health insurance, child care, and sick pay). Mechanisms that should be considered include wage floors, requirements for having a minimum percentage of service rates directed to labor costs for the provision of clinical care, wage pass-through requirements, student loan forgiveness, and ensuring nurse aide training is affordable.

c. We need to make nursing homes a more desirable place to work. There is a need to emphasize open communication, implement open-door policies, and establish staff councils. It is also important to enhance workers' quality of life, such as by providing flexible schedules and free food and beverages. These efforts must begin with developing better relationships with long-term care staff and gaining a full understanding of their needs and goals. the long run, long-term care settings need a clear mission, leadership that is strong but collaborative and transparent, and improvements in compensation, culture, work-life balance, opportunities for advancement, and clear communication.

d. We need to make it easier to become a CNA. Because those who are of immigrant status are a large part of the nursing home workforce, targeting recruitment efforts to these individuals and making language accommodations can help with recruitment and retention. Goodwin Living pays for fees to apply for citizenship. Can also address costs with training to become a CNA and provide incentives such as sign-on bonuses for entering careers in long-term care.

e. We can consider cross-training staff and providing opportunities for housekeeping staff and recreation therapists to work as CNAs can help locate and train new CNAs. Facilities can also scale up technical programs that train high school students to be CNAs. Career changers (individuals entering the CNA role from another job) also represent a major recruitment target. The prevalence of informal networks in CNA recruitment history suggests that nursing homes seeking to become "employers of choice" will be advantaged when recruiting.

f. We need to expose people with experiences and positive messaging around long-term care settings through different mediums (e.g., high schools, college clinicals, promotion, social media).

Question:

As you shared in your testimony, it is difficult to recruit and retain long-term care professionals, because this work is hard, both physically and emotionally. Additionally, as some of the lowest paid human service workers, many long-term care workers often have to work much more than 40 hours a week, hold multiple jobs, and rely on public assistance. We also know that long-term care workers of color are more likely to work in under-resourced settings and experience higher rates of poverty.

How could the long-term care workforce - and the people they serve - benefit from supports that offer them economic security? Based on your research, what are some policy proposals that can help accomplish this goal?

Response:

a. If there were supports that offered economic security, the long-term care workforce would not have to work multiple jobs and long hours which would allow for more time in leisure activities such as spending time with family and exercise which would subsequently affect the health of workers and care for residents.

b. To establish economic security:

i. Workforce investment boards need to recognize CNAs. These boards which focus on recruiting and getting individuals employed tend not to prioritize CNA positions. These boards assess getting individuals into employment that makes workers economically self-sufficient and does not keep workers on state programs. The role of a CNA doesn't, nor is it perceived to deliver self-sufficiency since many CNAs aren't making a living wage. Therefore, investment boards refrain from driving potential workers to these roles. Need to make CNAs a recognized role.

ii. Unions have been positively associated with benefits and increased wages for CNAs. Can consider expanding the presence of unions in long-term care settings.

iii. Staffing spending minimums: ates should mandate that a certain percentage of Medicaid payments be allocated to staffing, similar to that implemented in New York.22 For example, during the pandemic, 60%-75% of Paycheck Protection Program funds required for nursing home staffing effectively increased direct care workers' hours.23 A rule proposed by Centers for Medicare and Medicaid Services (CMS) in 2023 aims to require that at least 80% of all Medicaid payments for specific home- and community-based services (i.e., homemaker services, home health aide services, and personal care services) be spent on compensation for direct care workers.24 This rule must be finalized. Moreover, designating long-term care employers of direct care workers as eligible for health professional shortage area benefits could provide access to funds for loan repayments, sign-on bonuses, and increased wages for direct care workers.

Question:

Research has shown time and time again that understaffing in any health care sector has dire consequences for patients and for providers themselves. In the long-term care sector particularly, understaffing has been associated with poor quality of care and increased worker burnout. You have spent a great deal of your career researching and advocating for improved quality of long-term care for people receiving services and for direct care workers.

How does understaffing affect direct care workers themselves and the people they care for?

Response:

a. Understaffing results in increased workload on the direct care worker and high turnover rates which result in a workforce that is less experienced and less familiar with patients' needs.

b. Understaffing also leads to less time for residents and increased emergency room visits, hospitalizations, frailty, use of inappropriate medications such as antipsychotics, falls, restraints, pressure ulcers, pain, and urinary tract infections among residents

c. Consequently, many people in need of care are forced to move to institutional settings because community care providers are unavailable.

Question:

During the hearing, Senator Warren argued that reasonable staffing ratios would, rather than limit access to care settings, improve care and stabilize staffing at nursing homes and other care settings.

How might staffing ratios have a positive effect on recruitment and retention of staff and, ultimately, quality of care?

Response:

a. Staffing ratios would:

i. ensure that staff have a sufficient number of colleagues to support them on a shift reducing the workload

ii. relieve staff of the burden and stress that they currently experience

iii. create a better view of long-term care work

iv. allow for more staff to want to stay in long-term care settings

v. increase job satisfaction and emotional well-being

Question:

A number of discussions during the hearing centered around creating a new pool of direct care professionals to provide care across the caregiving continuum. Is current training and enhancing the direct care professional workforce pipeline sufficient to address the recruitment, retention, and burnout issues in the field? If not, what additional strategies are needed?

Response:

Current training is not sufficient. While the Institute of Medicine recommends that CNAs receive 120 hours of training, which is above CMS' federal requirement of 75 hours,90 only 12 states (Alaska, Arizona, California, Florida, Idaho, Illinois, Maine, Missouri, Oregon, Wisconsin, Virginia, and West Virginia) require this level of training. The training that direct care workers receive is usually limited and varies considerably at the state and local levels. Policy that aims to enhance training for CNAs should focus not only on the content and number of hours of training but also on enhancing how the training is delivered and evaluation of those methods by those receiving the training. Training needs to equip direct care workers with the skills to manage complex resident needs and challenging interactions. In addition to clinical skills, other skills, such as problem solving, communication, and decision-making, must be taught, and those providing the education must be trained and experienced in adult education methods. On-the-job training along with a mentoring program for new hires are additionally important. For example, having a peer mentor or belonging to a peer support group appears to be effective in reinforcing learning, addressing specific areas that need improvement, boosting morale, and improving retention

Senator Kirsten Gillibrand.

Strategic Plan on Aging

The long-term care workforce is facing high turnover and detrimental workforce shortages. The Strategic Plan on Aging Act incentivizes and supports states' efforts to create their own strategic plans for aging. States must plan for the growing aging population with adequate staffing in direct care roles.

Question:

What role would a Strategic Plan on Aging play in states addressing the long-term care workforce shortage?

Response:

A Strategic Plan on Aging would motivate states to focus on improving long-term care for the growing aging population with a priority on the workforce caring for this population.

Long-Term Care Workforce Support Act

Long-term care workers have often been overlooked in the fight for workers' rights. The Long-term Care Workforce Support Act would close the loopholes that exclude these workers from federal labor and civil rights laws - including requiring employers to provide a written agreement about pay, duties, schedules, breaks, and time-off policies - giving these workers stability and respect. This bill also requires employers to adequately train and provide education for employees in this field.

Question:

How has the current working environment contributed to turnover and retention? What can be done to address these conditions?

Response:

Direct care workers represent a diverse but historically marginalized group in low-wage occupations, which contributes to the challenges of bringing direct care out of the margins of the long-term care system and recognizing its value.4,5 Direct care workers continually report that their job is physically taxing, emotionally draining, and stressful. They are underpaid, undervalued, underutilized, disrespected, and poorly treated, which all contribute to turnover and retention. We need to make long-term care settings better places to work. There is a need to emphasize open communication, implement open-door policies, and establish staff councils. It is also important to enhance workers' quality of life, such as by providing flexible schedules and free food and beverages. These efforts must begin with developing better relationships with long-term care staff and gaining a full understanding of their needs and goals. the long run, long-term care settings need a clear mission, leadership that is strong but collaborative and transparent, and improvements in compensa-

tion, culture, work-life balance, opportunities for advancement, and clear communication. aff need competitive wages and benefits.

Equity and Empowerment

In New York, 89 percent of the direct care workforce are female, and 77 percent are people of color. This is especially problematic given 40 percent of New York's direct care workers live in or near poverty, and 50 percent rely on public assistance.

Question:

What processes should be in place to empower these historically marginalized groups in the long-term care workforce?

Response:

a. Empowerment of nursing assistants has been suggested as an approach to improving morale and job satisfaction among nursing assistants thereby leading to decreases in turnover and better patient outcomes.

b. CNAs need career advancement opportunities- Pathways can be created for CNAs to transition into LPN and/or RN roles or other roles. To enhance acceptance in RN programs, such programs might consider CNA status for admission. Nursing homes can also create advanced roles for CNAs, such as the senior aide role. Clear pathways for career advancement within the direct care worker role and into other healthcare professions are essential. This fosters a sense of growth and motivates direct care workers to stay in the field and do their jobs well. As an example of a program that may help, the Department of Health and Human Services is in the process of awarding 43 Geriatrics Workforce Enhancement Program grants to develop a registered apprenticeship to support the advancement of direct care professionals. It would be ideal if additional funding was available to award a grant for every state. State programs can continue to incorporate and expand advanced training and career advancement through scholarships, stipends, and demonstration projects.

c. Long-term care settings must foster a culture of respect and appreciation for direct care workers and focus on improving the worker experience through systematic cultural change. This includes holding leaders accountable for creating positive work environments that are free of abuse and disrespect. Payors, as well as state and federal governments, must incentivize providers to better integrate direct care workers into care teams and to center their voices.26,27 It is imperative that the input of direct care workers are sought in all of these efforts and they are supported to lead change wherever possible.

d. We need to decentralize roles and create integrated teams in long-term care settings.

e. We need to elevate the role of the direct care workforce and underscore their value. For example, we need to make sure direct care workers have the information (e.g., knowledge and training), resources (e.g., protocols, equipment, staff) and support that they need to do their job.

Question:

How can relationship between long-term care settings and community partners enhance and diversity the direct care workforce?

Response:

a. Relationships between long-term care settings and community partners can enhance and diversify the direct care workforce in the following ways:

i. To address cost barriers related to training, providers and community colleges can collaborate to offer free or subsidized training programs.

ii. School boards and high school career counselors e instrumental in assisting with outreach and increasing awareness of direct care opportunities through mediums such as job fairs and technical experiences.

iii. Community partners like churches and libraries can also promote experiences and jobs in long-term care settings.

Statements for the Record

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Alzheimer's Association and Alzheimer's Impact Movement Testimony

The Alzheimer's Association and Alzheimer's Impact Movement (AIM) appreciate the opportunity to submit this statement for the record for the Senate Special Committee on Aging hearing on "The Long-Term Care Workforce: Addressing Shortages and Improving the Profession". 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 highlights the importance of policies that will help ensure a quality healthcare workforce that can meet the needs of a growing aging population, including investments in direct care workers in long-term care settings, palliative and hospice care workers, and home- and community-based services workforce.

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 advocacy affiliate, working in a 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 the development of approaches to reduce the risk of developing dementia.

Nearly seven million Americans aged 65 and older are living with Alzheimer's dementia in 2024. The total cost of caring for people with Alzheimer's and other dementias in the United States is projected to reach $360 billion in 2024. In addition, family and friends provided nearly $350 billion ($346.5) in unpaid caregiving in 2023. Medicare and Medicaid are expected to cover $231 billion, or 64 percent, of the total health care and long-term care payments for people with Alzheimer's or other dementias. Out-of-pocket spending is expected to be $91 billion, or 25 percent of total payments. Total payments for health care, long-term care, and hospice care for people living with dementia are projected to increase to nearly $1 trillion in 2050. These mounting costs threaten to bankrupt families, businesses, and our health care system. Unfortunately, our work is only growing more urgent.

Great progress has been made in advancing Alzheimer's and dementia research, providing hope to families in the midst of a terrible, fatal disease, and now that the Food and Drug Administration (FDA) has approved Alzheimer's treatments to slow progression at an early stage, it's lifted that hope higher. However, people living with Alzheimer's and other dementia face unique health care challenges, and often primary care providers are the first clinicians with whom individuals discuss cognition concerns. Quality care delivered by trained providers leads to better health outcomes for individuals and caregivers and puts less strain on health systems. Yet, too often overburdened primary care providers are unable to access the latest patient-centered dementia training. Timely detection and accurate diagnosis of Alzheimer's or another dementia allows people to access medical, social, emotional, financial, and legal benefits sooner, and for patient and family preferences to drive health care decisions. Even though the vast majority of initial diagnoses are made by primary care physicians, nearly 40 percent reported that they were "never" or "only sometimes" comfortable making a diagnosis of Alzheimer's or another dementia. Moreover, findings from the Alzheimer's Association 2019 Alzheimer's Disease Facts and Figures Special Report indicate that the vast majority of primary care physicians (94 percent) say it is important to assess all seniors for cognitive impairment, but they only report assessing, on average, about half of their patients.

The value of an accurate and early diagnosis cannot be ignored; it can significantly improve an individual's quality of life and could save up to $231 billion in 2050 in medical and care costs. We encourage the Committee to consider the following recommendations to improve care for the growing number of families affected by Alzheimer's, especially given the unique challenges the dementia care workforce faces, like recruitment, retention, career advancement, regulation, and training.

Direct Care Workforce in Long-Term Care Settings

People living with Alzheimer's and other dementia make up a significant portion of all long-term care residents, comprising 48 percent of residents in nursing homes and 34 percent of all residents in assisted living communities and other residential care facilities. Twenty-four percent of Medicare beneficiaries with Alzheimer's or other dementias reside in a nursing home, compared with one percent of Medicare beneficiaries without these conditions. Approximately 75 percent of individuals with Alzheimer's disease diagnosed at age 70 will reside in a nursing home by age 80, compared with only four percent of the general population surviving to age 80. Given our constituents' intensive use of these services, the quality of this care is of the utmost importance.

As the prevalence of Alzheimer's disease increases, so does the need for members of the paid dementia care workforce. Shortages in direct care workers will place an even bigger burden on family and friends who provide unpaid care - already an effort equivalent to nearly $257 billion annually. The United States will have to nearly triple the number of geriatricians to effectively care for the number of people projected to have Alzheimer's in 2050, while efforts to increase recruitment and retention remain slow. In 48 U.S. states, double-digit percentage increases in home health and personal care aides will be needed by 2028 to meet demand. From 2016 to 2026, the demand for direct care workers is projected to grow by more than 40 percent, while their availability is expected to decline.

Given our constituents' intensive use of these services, the quality of this care is of the utmost importance. To this end, the Alzheimer's Association developed the Alzheimer's Association's Dementia Care Practice Recommendations. Grounded in the fundamentals of person-centered care and published in a special supplement of The Gerontologist, the Dementia Care Practice Recommendations outline recommendations for quality care practices based on a comprehensive review of current evidence, best practices, and expert opinion. The Dementia Care Practice Recommendations were developed to better define quality care across all settings, including assisted living, and throughout the disease course. They are intended for professional care providers who work with individuals living with dementia and their families in long-term and community-based care settings.

Assisted living communities should ensure that the care and services provided have a person-centered focus that includes: (1) Knowing the person living with dementia. The individual living with dementia is more than a diagnosis. It is important to know the unique and complete person including his/her values, beliefs, interests, abilities, likes and dislikes - both past and present. This information should inform every interaction and belief; (2) Recognize and accept the person's reality. It is important to see the world from the perspective of the individual living with dementia. Doing so recognizes behavior as a form of communication, thereby promoting effective and empathetic communication that validates feeling and connects with the individual and his/her reality; (3) Identify and support ongoing opportunities for meaningful engagement. Every experience and interaction can be seen as an opportunity for engagement. Engagement should be meaningful to, and purposeful for, the individual living with dementia. It should support interests and preferences, allow for choice and success, and recognize that even when the dementia is most severe, the person can experience joy, and comfort, and meaning in life; (4) Create and maintain a supportive community for individuals, families and staff. A supportive community allows for comfort and creates opportunities for success. It is a community that values each person and respects individual differences, celebrates accomplishments and occasions, and provides access to and opportunities for autonomy, engagement, and shared experiences; (5) Evaluate care practices regularly and make appropriate changes. It is important to regularly evaluate practices and models, share findings, and make changes to interactions, programs, and practices as needed. A culture of continuous quality improvement is a continuing theme throughout all of the recommendations.

An adequate and well-trained workforce is fundamental to providing quality dementia care. Assisted living communities should: (1) provide a thorough orientation program for new staff, as well as ongoing training; (2) develop systems for collecting and disseminating person-centered information; (3) encourage communication, teamwork, and interdepartmental/interdisciplinary collaboration; (4) establish an involved, care and supportive leadership team; (5) promote and encourage resident, staff, and family relationships; (5) evaluate systems and progress routinely for continuous improvement.

To maintain a strong dementia care workforce, assisted living communities should: (1) have staffing levels adequate to allow for proper care at all times - day and night; (2) ensure that all staff be sufficiently trained in all aspects of care, including dementia care; (3) staff should be adequately compensated for their valuable

work; (4) staff should work in a supportive atmosphere that appreciates their contributions to overall quality care because improved working environments will result in reduced turnover in all care settings; (5) ensure that staff have the opportunity for career growth. Additionally, we know that consistent assignment is an important component of quality care for staff working with residents with dementia.

While much of the training for long-term care staff is regulated at the state level, we encourage the Committee to consider proposals that support states in implementing and improving dementia training for direct care workers, as well as their oversight of these activities. Training policies should be competency-based, should target providers in a broad range of settings and not limited to dementia-specific programs or settings, and should enable staff to (1) provide person-centered dementia care based on a thorough knowledge of the care recipient and their needs; (2) advance optimal functioning and high quality of life; and (3) incorporate problem-solving approaches into care practices.

We also urge the Committee to support states in the following efforts: (1) any training curriculum should be delivered by knowledgeable staff that has hands-on experience and demonstrated competency in providing dementia care; (2) continuing education should be offered and encouraged; and (3) training should be portable, meaning that these workers should have the opportunity to transfer their skills or education from one setting to another.

Last Congress, we were glad to support Chairman Casey's Innovation in Aging Act, S. 3473, which would invest in the research to evaluate the impact of the services provided by the aging services network on older adults' health and independence, such as long-term care and home-delivery meal programs. The Alzheimer's Association and AIM look forward to continuing working with the Committee this Congress to shape specific proposals to better train and support the direct care workforce. In the meantime, we encourage you to keep residents living with dementia top-of-mind as you continue this important work.

Expanding Capacity for Health Outcomes (Project ECHO)

We also ask that the Committee supports an expansion of the use of technology-enabled collaborative learning and capacity-building models, often referred to as Project ECHO. These education models can improve the capacity of providers, especially those in rural and underserved areas, on how to best meet the needs of all patients, including people living with Alzheimer's. In 2018, the Alzheimer's Association launched an Alzheimer's and Dementia Care Project ECHO Network - a highly successful telementoring program that has trained more than 330 health care professionals from 116 primary care practices and more than 250 professional care providers from 91 long-term care communities in a free continuing education series of interactive, case-based video conferencing sessions across the United States.

Project ECHO dementia models are helping primary care physicians in real-time understand how to use validated assessment tools appropriate for early and accurate diagnoses, educate families about the diagnosis and home management strategies, and help caregivers understand the behavioral changes associated with Alzheimer's. Project ECHO aims to improve health outcomes through a team-based approach while reducing geographic barriers and the cost of care. For example, the Alzheimer's Association's Alzheimer's and Dementia Care ECHO Program offers a free six-week telementoring program for professional care providers nationwide. Participants must be long-term care providers for people living with Alzheimer's or other dementia in long-term care settings. This dementia care training series is one of the first in the country focused on improving access to quality dementia care in the long-term setting. Each weekly session includes a short lesson on a particular aspect of dementia care, followed by a case discussion from a participating long-term care setting.

Participants express high levels of satisfaction with this program and the majority (95 percent) of primary care clinicians who participated in the Alzheimer's and Dementia Care ECHO program said the quality of care they provide improved as a result of their experience. Long-term and community-based care providers also benefit from Project ECHO dementia programs. Recent evaluations from the Alzheimer's Association demonstrate statistically meaningful increases in confidence in working with people living with dementia and overall disease knowledge post-ECHO completion and 92 percent of long-term care participants felt that the information gained through participation was valuable in their work.

In 2020, the Alzheimer's Association launched the Alzheimer's and Dementia Care ECHO Global Collaborative. We are engaging partners across the world using the ECHO model to increase equitable access to dementia detection and person-centered dementia care. This group meets quarterly and has identified three key working objectives: (1) increase the use of Project ECHO for Alzheimer's and other dementia

care; (2) increase evidence around the efficacy of the ECHO model for dementia; and (3) increase and advance policy and funding support for ECHO programs focused on dementia. This robust network currently includes 18 partners spanning four continents, with nine additional organizations exploring the ECHO model for dementia.

One partner in the Alzheimer's and Dementia Care ECHO Global Collaborative is the Dementia ECHO, Indian Country Program is designed to support clinicians at the Indian Health Service (IHS) and caregivers to strengthen the knowledge and care around dementia tribal patients. These teleECHO programs are interactive online learning environments where clinicians and staff serving American Indian and Alaska Native patients connect with peers, engage in didactic presentations, collaborate on case consultations, and receive mentorship from clinical experts from across Indian Country. As a result, these ECHO programs enable primary care providers to better understand Alzheimer's and other forms of dementia and emphasize high-quality, person-centered care in community-based settings, and aim to improve health outcomes while reducing geographic barriers and the cost of care through a team-based approach.

Project ECHO was especially crucial during the COVID-19 pandemic, where the models played an important role in how health providers, public health officials, and scientists in real-time share best practices and information. For example, the Agency for Healthcare Research and Quality (AHRQ) established the AHRQ ECHO National Nursing Home COVID-19 Action Network of over 100 ECHO hubs to train nursing home staff on COVID testing, infection prevention, safety practices to protect residents and staff, quality improvement, and how to manage social isolation. The Network received nearly $237 million in federal funding during the pandemic, and, as a result, was able to reach nearly two-thirds of nursing homes in the United States. Investing in Project ECHO models is an innovative way to improve the capacity of a quality healthcare workforce to meet the needs of a growing aging population, including primary care physicians, specialists, and long-term care workers.

The Alzheimer's Association and AIM are glad to support the Accelerating Access to Dementia and Alzheimer's Provider Training (AADAPT) Act, H.R. 7688, that would build upon the current Project ECHO program to provide grants specifically for Alzheimer's and dementia Project ECHOs to address the knowledge gaps and workforce capacity issues primary care providers face given the increasing population living with Alzheimer's disease and other dementia. We expect a companion bill to be introduced in the Senate soon and look forward to working with the members of the Committee on this important bipartisan legislation.

Quality Palliative and Hospice Care Workforce

There is also a need to expand the number of quality palliative and hospice care workers. We ask that the Committee supports the bipartisan Palliative Care and Hospice Education and Training Act (PCHETA) once it is reintroduced, which would ensure a high-quality palliative care and hospice workforce. Palliative and hospice care can improve both the quality of care and quality of life for those with advanced dementia. Nursing home residents with dementia who receive palliative care at the end of life, compared with those who do not receive such care, are up to 15 times less likely to die in a hospital, nearly 2.5 times less likely to have a hospitalization in the last 30 days of life, and up to 4.6 times less likely to have an emergency room visit in the last week of life. Individuals with advanced dementia who are enrolled in hospice have a lower rate of dying in the hospital, a lower rate of hospitalization in the last 30 days of life, and better symptom management. However, the availability and quality of palliative and hospice care are a concern. Less than half of surveyed nursing homes report having some sort of palliative care program. PCHETA would help ensure an adequate, well-trained palliative care workforce through workforce training, education and awareness, and enhanced research.

Home-and Community-Based Services Workforce

Expanded access to home-and community-based services (HCBS) is also crucial, and a strong HCBS workforce is needed to ensure quality care. People living with dementia make up a large proportion of all elderly people who use these important services. In fact, 31 percent of individuals using adult day services have dementia. Access to these services can help people with dementia live in their homes longer and improve the quality of life for both themselves and their caregivers. For example, in-home care services, such as personal care services, companion services, or skilled care can allow those living with dementia to stay in familiar environments and be of considerable assistance to caregivers. Adult day services can provide social engagement and assistance with daily activities. Given the demands on and responsibilities of caregivers, respite services are also critical to their health and well-being, and may allow people with dementia to remain in their homes longer. We were glad to support Chairman Casey's Nursing Home Reform Modernization Act

of 2021 last Congress, which would increase transparency, accountability, and oversight in nursing homes, improve staffing, and support innovation in the workforce structure of these facilities. We are grateful for the Committee's continued commitment to strengthening long-term care and bolstering the health care workforce, and we urge the Committee to continue to invest in the workforce through increased wages, benefits, and support. This is especially important as the majority of home care workers are disproportionately women of color.

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 will ensure a well-trained, adequate healthcare workforce, especially as the population of individuals living with dementia continues to grow.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Catholic Health Association of the United States' Testimony

The Catholic Health Association of the United States (CHA), the national leadership organization of more than 2,200 Catholic health care systems, hospitals, long-term care facilities, sponsors, and related organizations, is pleased to submit a statement for the record on this important hearing. We appreciate the Committee's interest in long-term care workforce. Our members continue to face challenges in recruiting and retaining a workforce and the well-being of nursing home residents we serve. CHA members address the needs of older adults throughout the life cycle, with many of our members being leaders in Age-Friendly health systems - hospitals, nursing homes, and primary care-ensuring the continuum of care.

Our members continue their courageous work to care for our nation's older adults despite the numerous challenges that the pandemic has brought while undergoing ongoing staffing shortages, especially in long-term care settings. The U.S. is facing a nursing home crisis with the not-for-profit nursing home sector disappearing. Since 2009, 130 Catholic-sponsored nursing homes have been sold, with 54% to for-profit entities, including private equity firms. As you continue to propose legislative solutions, we ask that you consider the bipartisan and bicameral Protecting Rural Seniors' Access to Care Act, which would prohibit the U.S. Department of Health and Human Services (HHS) Secretary from finalizing a proposed nursing home staffing rule, Medicare and Medicaid Programs; Minimum Staffing Standards for Long-Term Care Facilities and Medicaid Institutional Payment Transparency Reporting.

Our members are guided by their mission founded in Catholic social teaching of meeting individual needs through all the seasons of life, including old age, and they include some of the longest-serving nursing homes and hospices in the country. Our eldercare ministries are the legacy of religious communities of women whose selfless, loving motivation in establishing them is still manifest in their service and care. Since President Biden outlined his commitment to "improve the quality of nursing homes so that seniors, people with disabilities, and others living in nursing homes get the reliable, high-quality care they deserve,"[1] we have been working to educate policymakers about our shared mission to provide compassionate quality care for individuals in need in our communities and the challenges our members face. Catholic nursing homes strongly share this commitment is also evidenced by the high marks our facilities receive.[2] We stand ready to work with the Administration and Congress to address longstanding and systemic issues that have resulted from a lack of adequate Medicaid funding for nursing home care and a punitive regulatory environment. We offer our thoughts on the following three issues:

Workforce concerns: When we surveyed our members this year, we found that staffing was their most outstanding problem, with the use of nurse staffing agencies adding to the unsustainable costs of providing care. The national health care workforce shortage has affected nursing homes, with many registered nurses, licensed nurses, and certified nurse aide positions remaining unfilled. ECRI, a nationally renowned nonprofit and independent patient safety organization, lists staffing shortages as the number one concern that health care leaders must address[3] Exacerbating this challenge is the necessary use of expensive and temporary staffing solutions that drive up the costs of care. The impact of the NPRM's 24-hour registered nurse (RN) staffing requirement would mean:

---

[1] Fact Sheet: Protecting Seniors by Improving Safety and Quality of Care in the Nation's Nursing Homes (February 28, 2022): Available at: https://www.whitehouse.gov/briefing-room/statements-releases/2022/02/28/fact-sheet-protecting-seniors-and-people-with-disabilities-by-improving-safety-and-quality-of-care-in-the-nations-nursing-homes/

[2] 2020 Catholic Nursing Homes Report (November 17, 2020): Available at: https://elderguide.com/resources/catholic-nursing-homes-report/#:text=In%20terms%20of%20our%20raw,most%20non%2DChristian%20affiliated%20facilities

[3] ECRI, Top 10 Patient Safety Concerns 2022 (March 2022): Available at: https://www.ecri.org/top-10-patient-safety-concerns-2022

•Significant numbers of SNFs would not and could not meet the requirement, especially those in rural and underserved areas, which already have longstanding challenges with recruiting and retaining health care workers.

•Increased expenses for nursing homes to comply many of which are struggling financially and others who would have to reduce other service and program areas.

Additionally, we know that the health care workforce in nursing homes is made up of a whole team of professionals beyond RNs and also includes licensed practical nurses (LPNs), nurses aides, and other allied health caregivers. These positions represent a large segment of the direct care workers at nursing homes. We urge Congress to include initiatives that support and highlight the value and importance of the role of these healthcare professionals and pass bipartisan bills that reauthorize nurse workforce development programs, the Health Profession Opportunity Grant (HPOG) program, and other initiatives that provide needed workforce solutions for not-for-profit long-term-care facilities. We also ask that Congress work on a government-wide solution that not only includes the U.S. Department of Health and Human Services (HHS) and CMS but also the Federal Trade Commission and the Departments of State, Homeland Security, Education, and Labor to grow and develop the nursing home workforce. Lastly, technology has continued to grow in adoption in many health care settings and improve the health delivery of care. We hope that Congress shares with the Administration alternative ways of meeting the staffing standards, such as through telehealth, employing health care professionals who can monitor and assess residents remotely, and providing support to on-site staff. We urge you also to involve providers, consumers, and academic experts to work on this urgent problem.

Sustainable financing: Through the Centers for Medicare and Medicaid Services (CMS), the federal government must work with states to increase the current reimbursement rates to nursing home providers, especially as Medicaid continues to be the largest payer of long-term care services. We wholeheartedly support the importance of this program in the lives of low-income seniors and have a national education campaign, *Medicaid Makes it Possible*, telling the stories of the beneficiaries our members serve. Most importantly, we ask that you increase the federal Medicaid FMAP rate for nursing home care to incentivize states to meet their responsibility to provide full and fair reimbursement for the cost of care. The Medicaid and CHIP Payment Advisory Commission (MACPAC) found that ″low Medicaid payment rates may affect a facility's ability to pay for needed staff and may affect their willingness to accept new Medicaid patients.″[4] We join with our colleagues at the American Health Care Association and LeadingAge, which represents the nation's nonprofit aging services providers, in asking Congress for increased federal support to address this growing crisis.

Enhancing nursing home oversight through innovative partnerships: Our members continue to focus on quality care for their residents and are committed to patient safety. We understand the role that government surveyors play in helping to protect our vulnerable senior population. However, we need also to ensure that we are not simply creating a more punitive and regulated environment and are helping to improve care through training and education. Additionally, Senator Casey, the Chairman of the Aging Committee, has found that ″significant staffing shortages [at state survey agencies] and inadequate oversight put nursing home residents at risk.[5] We hope that the lessons learned these last three years of the pandemic are an opportunity for Congress to incorporate innovation into CMS' ability as a safety regulator by enhancing the public-private partnership that has been successful in the Medicare program in other health care settings such as hospitals, ambulatory care, and home health. Given the limited resources at federal and state governments devoted to enforcement, we ask that Congress work with CMS to explore how partnering with not-for-profit independent health care accrediting organizations through a deeming relationship, perhaps even limited, can help improve quality. The crisis in nursing homes must be met with an all-hands solution that brings the expertise of the health care sector, including those with a demonstrated track record in safety and quality improvement methods. This would allow CMS and state governments to devote their limited funds to poor-performing nursing homes. We hope that Congress can work with CMS on legislation or utilizing available regulatory opportunities, including the possibility of a deeming demonstration project

[4] Medicaid and CHIP Payment Advisory Commission (March 2022): Available at: https://www.macpac.gov/wp-content/uploads/2022/03/State-Policy-Levers-to-Address-Nursing-Facility-Staffing-Issues.pdf

[5] Casey Unveils New Report Detailing Nursing Home Oversight Crisis. (May 19, 2023). Available at: https://www.aging.senate.gov/press-releases/casey-unveils-new-report-detailing-nursing-home-oversight-crisis

from the Centers for Medicare and Medicaid Innovation (CMMI) to apply evidence-based quality improvement and measurement that results in savings while guaranteeing the safety of our seniors in nursing homes.

In closing, we thank you for holding this important hearing on this timely topic. We urge Congress to work with CHA, its members, other nursing home providers, consumer advocates, and other experts as you embark on the important goal of ensuring quality care for seniors in our nation's nursing homes. We will continue to provide input and welcome the opportunity to discuss the courageous and compassionate work of our members, who are caring for a rapidly aging population. We thank you for your commitment to our nation's seniors and look forward to working together on this important issue.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

LeadingAge Testimony

Dear Chairman Casey and Ranking Member Braun,

We deeply appreciate your shared leadership and commitment to meeting the care needs of older adults while advocating for innovative policy solutions to sustain the aging services sector. We applaud your continued efforts to bring light to issues impacting aging services and are eager to learn from the upcoming hearing, The Long-Term Care Workforce: Addressing Shortages and Improving the Profession.

Chairman Casey, we are particularly appreciative of your bold action to support innovative programs coupled with commensurate financial investment through the forthcoming Long-Term Care Workforce Support Act and have included a series of recommendations at the end of these comments regarding this important legislation.

LeadingAge represents more than 5,400 nonprofit and mission-driven aging services providers and other organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use advocacy, education, applied research, and community-building to make America a better place to grow old. Our membership encompasses the entire continuum of aging services, including skilled nursing, assisted living, memory care, affordable housing, retirement communities, adult day programs, community-based services, hospice, and home-based care. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home.

Demographic Shift

The population of older adults in the U.S. is growing rapidly. The number of adults over the age of 65 will increase by nearly 50%, from 58 million in 2022 to 83 million in 2050.[1] Projections indicate that we will need an additional 3.5 million workers including two million registered nurses in the field of aging services by the year 2030.[2,3] Many of these older adults will require a combination of care and support services provided by a robust cadre of skilled workers. Yet, the working-age, in the United States, is projected to remain static. Put simply, we do not have the necessary supply of workers to meet the current demand for aging services, and it will become increasingly difficult as the population continues to age. We must act now to prepare, develop, and empower a new generation of healthcare professionals to meet the needs of older adults and people with disabilities.

Mismatched Reimbursement Mechanisms

Our country relies on an ill-fitting patchwork of systems that fund and regulate care and support. They include critical social and safety net services, like those outlined in the Older Americans Act and other federal programs, as well as payment and regulatory systems administered by states and the federal government. This complex network of support and services is most evident in the tangled mix of state and federal funding that pays for the lion's share of Long-Term Support and Services (LTSS) through Medicare and Medicaid. In 2021, these two streams covered 64.1% of LTSS at a cost of $299.68 billion dollars.[4] These covered services range from intensive post-acute rehabilitative care extending to a network of Home and Community Based Services (HCBS) that enable older adults to live and thrive in a setting of their choosing. According to a recent AARP survey, more than 75% of adults over the age of 50 indicated their preference to age in their homes and com-

---

[1] US Census Bureau. (2023, October 31). 2023 National Population Projections Tables: Main Series. Census.gov. https://www.census.gov/data/tables/2023/demo/popproj/2023-summary-tables.html

[2] Department of Labor. (n.d.). Occupational Outlook Handbook - Registered Nurses. Retrieved March 10, 2024, from https://www.bls.gov/ooh/healthcare/registered-nurses.htm.

[3] Zallman, L., Finnegan, K., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019). Care for America's elderly and disabled people rely on immigrant labor. Health Affairs, 38(6), 919 926. https://doi.org/10.1377/hlthaff.2018.05514

[4] Congressional Research Service. (2023, September). Who Pays for Long-Term Services and Supports? Congressional Research Service Reports. Retrieved April 10, 2024,from https://crsreport.congress.gov/product/pdf/

munities.[5] Our desire to receive care in the home extends to end of life where more Americans are dying at home, due to natural causes, than any other time in the last one hundred years. This is due, in large part, to the contributions of hospice and home care professionals. Yet, both provider types, like the rest of the aging services continuum, struggle to recruit and retain the workforce necessary to meet the needs of older adults.[6]

Despite the importance of this work, low wages persist, causing burnout and high staff turnover, due to inadequate and outdated reimbursement mechanisms. During the Covid-19 pandemic states and the federal government invested in aging services through the American Rescue Plan Act and Provider Relief funds that permitted and encouraged increased flexibility and funding that many providers used to invest in the needs of staff, including raising wages. According to a KFF Report, all fifty states reported that increasing payment rates to providers is the primary mechanism they used to increase the number of workers providing services through HCBS programs.[7] Unfortunately, in the wake of the public health emergency, states and federal agencies have rolled back the funding and flexibility that allowed providers to leverage innovative programs that sustained the aging services workforce during the crisis.

Recommendation: Congress should pass the following bills to stop proposed payment cuts and address inadequate reimbursement mechanisms: Preserving Access to Home Health Act of 2023 (S.2137 / H.R. 5159), HCBS Relief Act (S.311 / H.R. 6267), Better Care Better Jobs Act (S. 100 / H.R. 4131), Expanding Veterans Options for Long Term Care Act (S.465 / H.R. 1815) and the Expanding Service Coordinators Act (H.R. 5177).

Education and Training

The current education system for direct care professionals and nurses is heavily dependent on registered and advanced practice nurses to provide program direction and classroom training. Nursing instructors working at the collegiate level, including community college, are often required to have advanced nursing degrees but are paid less than half of what their counterparts earn providing direct care, without advanced degrees.[8] Despite critical shortages, nursing schools across the United States turned away more than 91,000 qualified applicants in 2021 due to staffing shortages, limited classroom space, lack of clinical preceptors and clinical training sites.[9]

We need more nurses and caregivers to meet the increasing demand for care. To train this workforce, we need more nursing and caregiving educators. Yet, the education systems for nurse instructors and direct care nurses are not integrated. A nurse seeking to transition from care to education is required to complete costly training, despite many years of clinical experience that uniquely prepares them to train the next generation of caregivers.

Recommendation: Congress should pass the following bills to expand the nurse educator workforce - the Train More Nurses Act (S. 2853) and the Palliative Care and Hospice Education and Training Act (PCHETA) (S.2243).

Discordant Federal and State Training Requirements

Training requirements for direct care professionals lack consistency; for example, there are federal training minimums for home health aides and certified nursing assistants but no such minimums for personal care aides. States can and do mandate training minimums for various categories of direct care workers, depending upon the service they are providing, in what setting, and to which population. Incon-

---

[5] Fetterman, M. (2023, November 10). The future of aging in place...is moving? AARP. https://www.aarp.org/home-family/your-home/info-2023/future-of-aging-in-place.html#:text=And%20in%20a%202021%20AARP,both%20the%20people%20and%20places.

[6] Cross, S. H., & Warraich, H. J. (2019). Changes in the place of death in the United States. the New England Journal of Medicine (Print), 381(24), 2369 2370. https://doi.org/10.1056/nejmc1911892

[7] Burns, A., Mohamed, M., & Watts, M. O. (2023, October 24). Payment rates for Medicaid Home- and Community-Based Services: States Responses to Workforce Challenges:KFF. KFF. https://www.kff.org/medicaid/issue-brief/payment-rates-for-medicaid-home-and-community-based-services-states-responses-to-workforce-challenges/

[8] Noguchi, Y. (2021, October 25). The U.S. needs more nurses, but nursing schools don t have enough slots. NPR. https://www.npr.org/sections/health-shots/2021/10/25/1047290034/the-u-s-needs-more-nurses-but-nursing-schools-have-too-few-slots

[9] Rosseter, R., American Association of Colleges of Nursing, Bureau of Labor Statistics, Auerbach, D., Institute of Medicine, National Council of State Boards of Nursing, Buerhaus, P., U.S. Census Bureau, Nurse.com, American Nurses Foundation, American Nurses Association, American Association of Critical-Care Nurses, & Aiken, L. (n.d.). Nursing shortage. https://www.aacnnursing.org/Portals/0/PDFs/Fact-Sheets/Nursing-Shortage-Factsheet.pdf

sistent training and certification standards and a lack of stackable credentials obstruct progression and overall career pathways for direct care professionals.

Recommendation: Congress should consider developing and streamlining federal training requirements for direct care professionals and nurses. This should include an exploration of how Licensed Vocational/Practical Nurses (LVN/LPN) and experienced direct care professionals can assume increased training responsibilities for professional caregivers. This should be done with a focus on developing stackable certifications and opening pathways for aging services staff to engage in a lifetime of career development and learning.

Limited Clinical Training Sites

Nursing and direct care professional training programs rely heavily on collaborative partnerships with clinical training sites, such as skilled nursing facilities. These locations open their doors to trainees, allowing these caregivers to demonstrate the skills they learned in the classroom in a safe and supervised setting and gain valuable exposure to the rewards of a career in aging services. These locations are foundational links in the nursing and caregiving training system that can simply not be replicated. Clinical training sites are becoming increasingly scarce in part due to the CNA Training Lockout, which, under current law, prohibits nursing homes that receive certain civil monetary penalties from hosting CNA training programs for an arbitrary two years. Restricting training in these settings further impedes our ability to prepare the next generation of the healthcare workforce.

Hospice, home health, home care, and other HCBS programs grapple with the additional complexities of training staff in client's homes, where they often face unexpected challenges, such as hoarding that require a wealth of clinical and interpersonal skills without the infrastructure and staff support available in congregate environments.

Recommendation: Congress should enact the bipartisan Ensuring Seniors' Access to Quality Care Act that would eliminate the rigid provisions found in the Omnibus Budget Reconciliation Act of 1987 (OBRA) and grant the Centers for Medicare and Medicare Services (CMS) greater flexibility in reinstating valuable CNA training programs.

Supported Pathways and Services

Training programs are responding to the needs of a diverse set of learners and are deploying a myriad of resources and services to help students complete training programs and join the LTSS workforce. The most successful pathway programs engage students early in their scholastic career and provide support and services to maximize their success. These programs have a proven history of fostering diversity in health professions that will help the country to provide culturally concordant care to an increasingly diverse population of older adults.[10]

The U.S. workforce is grappling with new and unprecedented challenges, requiring employers to develop creative services and support for trainees and employees, such as housing, food, transportation, and financial support to cover short-term emergencies. Service providers are finding creative ways to meet the needs of their clients and employees. Restrictive reimbursement opportunities often limit these critical programs.

Recommendation: In addition to the targeted FMAP increase outlined above, we urge Congress to increase reimbursement to allow providers to respond to the unique needs of their workforce. This should include providing support services and emergency assistance to staff, on an as needed basis, to increase recruitment and retention. To address shortages across the aging services continuum we encourage Congress to pass the Supporting Our Direct Care Workforce and Family Caregivers Act (S. 1298).

Immigration

Foreign born workers have long played a critical role in the U.S. economy, particularly within the healthcare system where they make up 18% of the sector's workforce.[11] A report by the Congressional Budget Office found that the U.S. workforce will grow by 5.2 million workers by 2033 driven, in part because of the contributions of the foreign-born workforce.[12] This is particularly evident in the aging services sector where immigrants comprise a large proportion of staff across the sec-

---

[10] AAMC. (2021). Academic Health Center Best Practices Connecting Pipelines to Pathways for Health Equity. https://www.aamc.org/media/67211/download

[11] Batalova, J. B. J. (2023, April 7). Immigrant Health-Care workers in the United States. migrationpolicy.org. https://www.migrationpolicy.org/article/immigrant-health-care-workers-united-states

[12] Congressional Budget Office. (n.d.). Budget and economic Outlook: 2024 to 2034. Retrieved March 10, 2024, from https://www.cbo.gov/publication/59710

tor, currently accounting for 31% of the home care workforce, 21% of the residential care aide workforce, 21% of the nursing assistant workforce, and 30.3% of the nursing home housekeeping and maintenance workforce.[13,14]

Despite the well-documented positive impact of the foreign-born workforce, there have been no meaningful immigration policy reforms since the 1990 s, causing a backlog of trained and well-prepared nurses to wait years to move to the United States due to outdated caps on employment-based visas. In 2023 there were an estimated 10,000 nurses caught in this outdated system.

While the United States immigration system stands still, other countries are actively recruiting internationally trained healthcare professionals through streamlined pathways for nurses and caregivers willing to work in healthcare and aging services. We must work together to develop comprehensive and common-sense pathways for nurses and caregivers seeking to immigrate to the United States.

Recommendation: Congress should pass legislation that addresses critical gaps in the U.S. immigration system, including significantly increasing caps on employment-based visa programs, prioritizing nurses, and caregiving professionals. We urge Congress to pass the following bills to expand immigration pathways and increase supports for immigrants working in the aging services sector: Asylum Seeker Work Authorization Act (H.R. 1325) and Assisting Seekers in Pursuit of Integration and Rapid Employment (ASPIRE) Act (H.R. 4309 / S. 2175, Healthcare Workforce Resilience Act (S. 3211), Leave No Americans Behind Act (H.R. 6205), and the Immigrants in Nursing and Allied Health Act (H.R. 3731).

Ensuring Access to Medicaid Services

CMS recently proposed the HCBS Medicaid Access Rule that would require states to ensure that 80% of Medicaid payments for three home and community-based services (home health, home maker and personal care) are directed to wages and benefits for direct care workers. The expressed goal of this provision is to enhance wages and benefits for workers providing direct care. We applaud the intent, though we have grave concerns regarding data infrastructure, clinical supervisory oversight, reporting, and existing rate adequacy, among others.

CMS's proposal does not give providers enough room in their budgets to cover necessary costs including those important for high-quality care, like training and supervision. If a provider were to remain operational in the face of this requirement, they would likely end up not raising pay to try to achieve compliance but rather reducing investment in other administrative functions that support quality. If this provision is enacted as proposed, more people will go without care and not see the growth in wages that CMS is seeking.

Most critically, a proposal like this cannot be considered without more federal dollars. In the current environment, the math does not work for this proposal even if a state legislature were to provide substantially more state Medicaid dollars, an 80/20 split as defined by CMS would not be achievable nor do we feel it has the right incentives considered in its inception. As mission-driven providers of aging services our members are already teetering on the edge by offering these services through the Medicaid program. This proposal would harm providers and limit care options for older adults.

Recommendation: Congress should delay the implementation of the 80/20 requirement contained in the proposed HCBS Access Rule until a comprehensive plan is in place to fund a substantive expansion of the aging services workforce that includes affordable and accessible education, increased availability of nurse educators, and a focused FMAP increase to support infrastructure development and ensure competitive wages for all aging services workers.

Proposed Nursing Home Staffing Standard Similarly to our concerns regarding the proposed HCBS Access Rule, we are equally aware of the potential negative consequences of the proposed nursing home staffing standard. LeadingAge supports efforts to improve quality and safety in our nation's nursing homes and is committed to ensuring that high-quality nursing home care is available for those who need it. However, the proposed policies will not be implementable and will effectively limit access to nursing home care, as our mission-driven providers are forced to reduce the number of individuals they serve or to close altogether due to a lack of available workforce to meet these unfounded and unfunded standards.

---

[13] Direct care workers in the United States: Key facts - PHI. (2023, August 3). PHI. https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/

[14] Zallman, L., Finnegan, K., Himmelstein, D. U., Touw, S., & Woolhandler, S. (2019b). Care for America's elderly and disabled people relies on immigrant labor. Health Affairs, 38(6), 919 926. https://doi.org/10.1377/hlthaff.2018.05514

Recommendation: Congress should enact the Protecting American Seniors Access to Care Act (H.R. 7513) to stop the implementation of the proposed staffing standard.

Long-Term Care Workforce Support Act

We are invigorated by the bold vision outlined in the forthcoming Long-Term Care Workforce Support Act. If enacted, the investments in the long-term care workforce would help to set our sector on a new, sustainable path that will allow our mission-driven members to meet the full needs of older adults across the country. We look forward to continuing to work with the Chair to address our concerns regarding the forthcoming bill, which are outlined below.

TITLE I

Creation of a Cliff

With both sections, but particularly Section 102, we are concerned about what happens when federal financial assistance runs out. While we appreciate that the funds are to supplement and not supplant state support, there will still be a time at which the additional federal funds to support enhanced pay are no longer available. Once workers pay is raised, the new expected wage level must be sustained, and should be sustained.

Recommendation: States submit a plan as to how they propose to sustain and support higher wages once federal funding ends but that these plans cannot not rest solely on the backs of providers.

Waiting Lists

It appears that a condition of receiving money under Section 101 (page 12, lines 12-13 of the LTC Workforce Support Act draft dated 04-08-2024) is that the State provide assurances they will be utilizing the funds to eliminate waiting lists. In Section 102 (page 17, lines 5-7 of the LTC Workforce Support Act draft dated 04-08-2024), the bill requires that payment rate increases for workers be prioritized toward HCBS workers in states that have a waiting list for HCBS services. Between the two components, a sizeable proportion of the funds could go toward clearing waitlists. While we do not want people in need of services to continue to wait, waitlists have not been found to be a precise indicator of need in each state.[15] From LeadingAge's perspective, if the funds are balanced toward clearing waiting lists, they may not reach older adults or the direct care professionals who serve them. The bills focus on waiting lists may also limit the number of states that are able to take advantage of the money, for example, in a state like Texas whose waitlist comprises 50% of the total waiting list enrollment in the entire country[16] could command a large portion of dollars while states with no waiting lists but whose workforce still need support may not receive sufficient dollars.

Recommendation: Please consider dedicating specific funds to clearing waiting lists. These funds should be distinct, ensuring that other potential uses do not get crowded out.

Passthrough Threshold

Similar to our comments on the proposed HCBS Access Rule, we are supportive of the intent of an 85% passthrough threshold, particularly the fact this applies to the additional funds proposed in the bill, but it is not tenable for LeadingAge members, and we fear unintended consequences, including significant administrative burden should a pass through, as proposed by CMS, that is applicable to the entire Medicaid rate be enacted. All pass throughs regardless of whether imposed on the full rate or funds added to enhance rates fail to account for increasing costs in training, clinical supervision, technology and enabling contracts, among others. No pass-through should be considered without adequate data collection at the provider level to assess any imposed effects.

We recognize two important distinctions between the bill's proposal and the proposed HCBS Access Rule. The first is that you are providing funding. We do not want to minimize this as it is critical, and we appreciate that the Chair realizes that to reach its goals, funding needs to follow. However, the funding is time-limited; therefore, if the funding were to be reauthorized, would the threshold apply in perpetuity?

---

[15] https://www.macpac.gov/wp-content/uploads/2020/08/State-Management-of-Home-and-Community-Based-Services-Waiver-Waiting-Lists.pdf

[16] https://www.kff.org/medicaid/state-indicator/medicaid-hcbs-waiver-waiting-list-enrollment-by-target-population-and-whether-states-screen-for-eligibility

The second distinction is that, we think, the Chair intends that the threshold elements be designed with stakeholder input. We intuit this from page 16, lines 32-33 (of the LTC Workforce Support Act draft dated 04-08-2024) which refers to page 16, lines 20-27 of the same document. The proposed HCBS Access Rule threshold design did not consider the costs of critical elements like clinical supervision, training, travel, technology, and more. A stakeholder process would allow for these elements to be considered.

Recommendation: We strongly encourage that the phrase but may also include be removed from page 16, line 26 (of the LTC Workforce Support Act draft dated 04-08-2024). Providers must be included both in the rate-setting process and in the formation of any passthrough threshold for which they will be held accountable by their states.

While we recognize the improvements in the bill's passthrough proposal with regards to financing and the development of the threshold elements, as we commented on the HCBS proposed Access Rule, the infrastructure does not exist to make a passthrough work. As Medicaid programs vary, so too do states data collection processes. Few states require cost reporting for home and community-based services. Any type of uniform requirement regarding wages must have a universal reporting structure, whether that be in the form of a cost report or some other mechanism. Any data collection infrastructure needs to be inclusive of the information on rates discussed above. We understand this poses generality concerns as uniform data reporting would be tremendously difficult with the unique variability in state Medicaid programs. This is precisely the reason we urge careful consideration of broad payment allocation provisions without adequate and adequately specific data to support the proposal. Some of our state partners do not even think that this type of proposal could be implemented effectively in nursing homes, which do have more intensive reporting structures.

Recommendation: At a minimum, the thresholds must align with their timelines for implementation and structures for reporting. We urge you to contemplate a delay in the payment adequacy component of the proposed HCBS Access Rule to align with the bill's timelines. We recommend the Chair provide specified funds from the bill to create this infrastructure rather than imposing a passthrough requirement. This could begin with reporting requirements related to these specific dollars and how they are tracked.

Some providers homemaker, home health, and personal care may be subject to two parsing reporting both on total Medicaid rate expenditures, and as a function only of the increase. These conflicting thresholds depending on the source of dollars will be confusing for states and providers, administratively burdensome, and duplicative in reporting nature. How would states track this? How would providers?

TITLE II

Complex Grant Structure

We applaud the significant financial investment in training and pathway development through education and wrap-around support services such as transportation and childcare. A seismic investment of this kind requires an equally developed infrastructure to ensure these dollars are well spent and accessible to the communities that need them most. Recommendation: Where possible, combine the grant funds under one authority, such as the Bureau of Health Workforce within the Health Resources and Services Administration (HRSA). This office would be charged with educating potential grantees on the various streams of funding, providing technical assistance, and ensuring timely and comprehensive reporting and analysis.

Mental Health Services for Aging Service Professionals

The Aging Services workforce is navigating new and unprecedented challenges in the wake of the Public Health Emergency (PHE), our workforce reporting increasing levels of stress. We welcome additional support for mental health care. However, like the aging services workforce, the healthcare system is experiencing strains and limited staffing. Many of our members report increasingly limited accessibility to counselors and mental health providers. We encourage authorization of additional flexibilities to allow providers to offer virtual counseling across state lines, as Sec-

retary Beccera supported in his recent comments to the Senate Finance Committee on March 14, 2024.[17]

Recommendation: We encourage authorization of additional flexibilities to allow providers to offer virtual counseling across state lines, as Secretary Beccera indicated in his recent comments to the Senate Finance Committee on March 14, 2024.

Scholarships and Stipends Direct financial supports to aging service workers to advance their career through training and education pathways is imperative. However, 45% of the direct care workforce relies on public assistance programs.[18] We are concerned that any direct cash assistance may cause these workers to lose access to life saving benefits for their families.

Recommendation: Recommendation: We suggest clarification if these stipends or scholarships will count toward an income threshold and if they will, conducting an analysis of the potential impact on access to benefits.

TITLE III

We have a variety of questions and concerns about this Title but will highlight four provisions.

Written Agreement (Subtitle B, Sec. 312):

LeadingAge members work cooperatively with their staff to ensure a shared understanding of the terms, conditions, and expectations of employment, including compensation, benefits, etc. We are concerned that the requirement to establish binding written agreements with all direct care professionals imposes significant administrative burdens for employers, duplicates delivery of information that already is routinely provided, limits the ability of employers to make changes to its employment policies, and potentially could be interpreted to mean that employment arrangements are presumed not to be at will. We suggest exploration of alternatives, such as evaluation of employer notification requirements, rather than written agreements.

Fair Scheduling Practices (Subtitle B, Sec. 313): Ensuring that the needs of residents and clients are met in a dynamic care environment is an on-going challenge, and these provisions raise numerous practical concerns. We recognize the importance of predictability and consistency for employees, but note that resident and client need change rapidly, with constant fluctuations in caseloads, care plans, and staff schedules and availability. An employer might need to cancel or shorten a shift, or otherwise adjust work schedules for a variety of reasons; this section's requirement of a 72-hour notice of a shift changes and related provisions, in many cases, may deprive employers of the flexibility needed to ensure delivery of needed services, and impose additional costs.

Workplace Violence Prevention Standard (Subtitle C):

LeadingAge recognizes and appreciates the importance of protecting workers from acts of violence. We have participated in the work OSHA initiated in 2023 concerning a potential regulatory standard, and we are concerned that the specificity in this subtitle will potentially limit the opportunity for public comment to inform and shape future OSHA rulemaking on this important issue. As we have previously shared in written comments to OSHA, certain key principles are important, including: 1) One size does not fit all. Any OSHA standard relating to workplace violence must reflect the significant diversity of employers that would be covered by it, such as the size of the organization, the services the specific organization provides, the specific characteristics and needs of the population it serves, and the service delivery setting; 2) standards in this area must provide flexibility, not be overly prescriptive, and avoid duplicating requirements that employers already meet under federal certification or state licensing requirements, conditions of payment through state Medicaid programs, or standards applied by accrediting organizations; and 3) it is important that OSHA accurately estimate and consider the costs of complying with such a standard, including the estimated labor burden relating to the framework.

Improving Access to Job Benefits: Paid Sick Leave (Subtitle D): We agree and recognize that increased benefits are an important part of addressing the ongoing workforce shortages our sector is facing. However, we are deeply concerned about the cost of complying with this mandate absent additional funding. Additional staff

---

[17] The President's Fiscal Year 2025 Health and Human Services Budget. (n.d.). https://www.finance.senate.gov/hearings/the-presidents-fiscal-year-2025-health-and-human-services-budget

[18] Staff, N. (2023, October 24). The direct care workforce. NASHP. https://nashp.org/the-direct-care-workforce/

will be needed to accommodate the leave provided in the bill, and it's uncertain where those staff will be found. Aging services providers, including our members, are heavily dependent on public healthcare programs to reimburse them for the services they deliver, at rates established by a federal agency or by a state, depending on the program. Unfortunately, Medicaid funding is inadequate to cover the full cost of delivering care for many services and in many states, and while Medicare rates may be higher than Medicaid, they may not be sufficient to fully offset labor and non-labor costs that have risen significantly in recent years. Medicare payment rates for home health care, for example, have been subject to baseline cuts under payment rules CMS has recently finalized for this provider type.

General Comments:

Recommendation: We request that home health (section 1891) and hospice (section 1814) be added to the definition of long-term care setting (page 9, line 14-25 of the LTC Workforce Support Act draft dated 04-08-2024). They should be eligible for funds through the various grant programs they use direct care workers, and those workers deserve the same opportunities for professionalization, training, pay, etc. as their counterparts across the long-term care workforce. Home health and hospice are critical services and should be included in these funding opportunities so that they can compete for and afford quality staff.

Recommendation: Remove the phrases ″As applicable″ or ″but may also include″ in reference to including employers or providers in stakeholder engagement, advisory groups, grant opportunities, etc. in this legislation. If providers, like our members, are not engaged in the process of improving the workforce, the impact is not going to be what the proposed legislation envisions. We want to have well-paid, highly trained, and dedicated staff and want to be engaged in activities that are trying to achieve these goals. Providers voices are important, and we ask that the bill be clear at every opportunity that providers are a critical stakeholder in these important efforts.

Chairman Casey and Ranking Member Braun, we appreciate your ongoing commitment to older adults and to supporting a workforce that empowers older adults to age in the setting of their choosing. We look forward to continued partnership and collaboration to develop and sustain a robust aging services workforce.

Thank you for your consideration. Please reach out with any questions or to discuss any of the ideas in this letter.

Katie Smith Sloan
President & CEO LeadingAge

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Robin Garvey Testimony

I want to thank you both and the members of the Committee for holding this hearing on this important topic that focuses on workers, like me, who serve seniors in the long-term care industry.

My name is Robin Garvey, and I am the Director of Health and Wellness for Rittenhouse Village, which is a personal care home located in Reading, Pennsylvania.

I am writing this letter to the Committee, specifically Senator Casey. Back in February, we were fortunate to have a visit to our community from Ms. Lizzy Letter, Senate Aging Committee Staff Director. I feel the visit went very well. We discussed the daily operation of our community, some of the obstacles we face in hiring and keeping staff, and the many rewards of working with our residents. I hope she found the visit informative and helpful to her work at the Committee.

I want to speak on behalf of my staff, some of which have been here more than six years. Their dedication is above and beyond. There is never a boring day as each day comes with its challenges as well as the rewards. We have been luckier than most communities with staffing shortages. Although, in the post covid era we have seen a greater significant decline in applications. People just don't want to work. Many retired, many were just burned out and frankly many were paid well to stay home. It takes a special kind of person to be a care aid, and not everyone who walks through the door is appropriate to take care of residents who need help with bathing and eating and dressing. Because our pay scale is similar to fast food places, convenience stores and the ever-increasing warehouses, we don t always get applicants with a passion for this kind of work.

The majority of my staff are single mothers trying to support their families. I will add that Discovery Senior Living pays more than other communities in our area, which is helpful in attracting new hires. While the work is hard, my staff love their jobs because they know they make a difference in their residents lives. Any programs your committee is proposing that will help these women and men advance in their careers is appreciated.

I will say I am fortunate to have a staff and organization that I can proudly say serves our seniors well. There are very good, reputable communities in our state that provide a great service. Of course, there are also those communities that have failed their residents. They may get a lot of media attention but please don't assume that all homes operate like those. I encourage you to visit homes that do serve the resident community safely, have a compassionate staff and put people over profit.

I'd like to share my path to date. I have worked in this industry for over 40 years. I started my career right out of high school as a nurse's aide for a privately owned skilled facility. I soon figured out this would be my career path. I loved the interaction with the residents who soon became a second family. During my time there I received my Practical Nursing License and transitioned to a hospital setting. I spent the next 24 years there working on a unique floor in the fact that my patients were chronically ill and would spend weeks there. I left in 2013 as this hospital started to phase out their LPN's. I loved my time there and had learned so much. I was then offered the position as Director of Wellness for a personal care community and have met my calling. I have been in this role ever since. While working I have also received my certification as a Personal Care Home Administrator, I am also a Certified Dementia Practitioner and also been certified as a Train the Trainer for Medication Administration for DHS. For someone who has compassion, a good work ethic and a desire to advance in this industry, opportunities are available, and I continue to take advantage of them.

Our community runs well for many reasons. Our management team and regional team work well with each other, not against each other. We are here for one goal, to enrich the lives of our seniors safely. We have many safety features in place. For example, we use wander-guards for those who start to become a risk of wandering. When this occurs, these residents are evaluated to determine if they still remain appropriate for our community. Our residents with moderate to late-stage dementia are on every 1 hour or 2-hour safety checks. We have monthly fire drills and elopement drills are done monthly for each shift. My staff complete shift to shift reports to ensure that pertinent information is passed along. Our building has family meet-

ing night every other month to discuss concerns they are having. We have ongoing training for staff and have routine staff meetings to discuss their concerns and follow up as needed.

Finally, I want to talk about my seniors. It is no secret that many, no matter what community they live in, want to live and pass in their own homes. Unfortunately, for some that is not possible. With the support of families and a team approach, slowly we can show them that life is not over but they are just moving to a new phase. I'm grateful to be part of that process.

I encourage you to reach out to homes all over and see first-hand what goes into making a successful and safe community for our seniors.

Thank you for your time. it is truly a privilege to share my experiences with you.

Sincerely,

/s/

Robin Garvey, LPN, DHW, CDP

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Joint NAHCA, NCPSSM, CALTCM Testimony

The National Association of Health Care Assistants (NAHCA), the National Committee to Preserve Social Security and Medicare (NCPSSM) and the California Association of Long-Term Care Medicine (CALTCM) write to endorse your thoughtful bill, the Long-Term Care Workforce Support Act. The measures would strengthen and uplift a key workforce that supports tens of millions of older adults and younger Americans with disabilities who need our support to lead rich and rewarding lives. As we read the bill, the overall goal is to empower ALL those who provide supports and services, regardless of the setting in which they choose to work. This is a major step forward in recognizing that the "Careforce" - the term we prefer to use in referencing direct care professionals (DCPs) - must be regarded as a skilled profession that practices in many settings and assists individuals with many types of conditions.

No longer can we afford to treat direct care professionals as low-skill individuals whose training is assumed to be equivalent to individuals working in fast food establishments and distribution centers. Direct care professionals are called on to master a complex set of sophisticated, difficult tasks - and to do this will require keeping each individual's goals, preferences and priorities uppermost in mind as the touchstone of person-centered care.

While the programs outlined in this LTC Workforce Support Act are needed, awarding grants and funds to providers by itself is insufficient to move the needle; additional approaches are needed.

We know this from NAHCA surveys, from which evidence emerged that in many cases, the tens of millions of additional dollars that flowed to nursing homes during the pandemic were too often not used for their intended purposes of improving the safety of the Careforce and residents. Instead, thousands of Certified Nursing Assistants (CNAs) across the country continued to work without adequate personal protective equipment (PPE), and without hazard pay, for many months, even as the pandemic's toll in the sector became dire. Staffing levels in many facilities plummeted as CNAs fell ill - and that translated into a greater workload for those remaining. Few were offered increased compensation, better benefits and childcare assistance -- even though schools were closed. Remarkably, even the most basic mental and emotional health resources were not provided widely, as CNAs watched resident after resident die from the virus. This track record suggests that additional funding for workforce development should be conditioned on meeting much tougher and highly transparent accountability and performance standards.

Perhaps more important, it suggests that the variability in operations and training that we see cannot be addressed only with more employer funding. New incentives are also needed for states, which often make it difficult for CNAs, home health aides and personal and home care aides to have their training recognized when they apply for jobs across multiple types of settings. Most of all, what is needed is a new national approach to help coordinate and lead training of the Careforce sector that can be fielded quickly -- and paired with a broadly-scaled recruiting and job improvement initiative in partnership with states and employers across the long-term care spectrum.

At this juncture, if status quo education, training and certification methods are not adjusted, a true workforce "crisis" among DCPs will ensue in only 5-7 years. We know this because the Bureau of Labor Statistics (BLS) has clearly projected the demand side of the DCP equation: The U.S. will need 1.2 million more DCPs by 2030 -- more than any other occupation -- in order to meet the needs of our accelerating age wave, but many analyses have concluded that the nation is not on track to meet this goal. The people needed to care for our fellow citizens will not materialize under current outdated training and recruitment systems - and no technology is going to replace millions of workers in the long-term care sector for the foreseeable future.

To address the challenge of finding, training and retaining millions of new employees -- as well as replacing the millions who leave their jobs each year -- we respectfully suggest consideration of the following:

1. Online training can now be organized into core competencies and grounded in long- term care clinical and social best practices -- which go well beyond typical state and federal education requirements. Fortunately, there are top-quality instructors in the long- term care field who are eager to conduct these trainings. Rather than keeping them local, the Department of Labor (DOL) and the Department of Health and Human Services (HHS) can scale them by creating video content for online mass learning. These trainings and materials should be posted on federal websites for anyone to access, and states would be encouraged to recognize the online training as suitable for a wide range of DCP positions, including residential, community-based, and in-home settings. At the same time, states, training organizations, including technical colleagues, and employers can continue to oversee and administer in-person skills demonstrations and certifications.

2. Beyond training, we recommend a national marketing and recruiting campaign to reach individuals from all backgrounds and ages. Recruiting materials would be structured for broadcast on television and a range of internet streaming services and platforms.

3. Finally, we propose that DOL and HHS work together to provide guidance for how employers can create a wage structure that compensates the Careforce at a livable wage. This could begin with constituting a commission, which we recommend be chaired by a DCP, to harness existing real-world expertise and experience.

In closing, we wish to thank you, Senator Casey, for significantly boosting the visibility of direct care professionals who constitute a major part of the U.S. workforce - and who deserve a much, much better deal than they are getting today. The National Association of Health Care Assistants (NAHCA) and the National Committee to Preserve Social Security and Medicare (NCPSSM) look forward to supporting the Long-Term Care Workforce Act and to working with you and your staff as it progresses and evolves.

Sincerely,

Lori Porter Max Richtman
CEO and co-founder President and CEO
National Association of Health National Committee to Preserve
Care Assistants Social Security and Medicare
Michael R. Wasserman, MD, CMD Chair, Public Policy Committee
California Association of Long-Term Care Medicine

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

PHI Testimony

PHI commends the United States Senate Special Committee on Aging for today's hearing focused on the long-term care workforce. PHI is a New York-based national non-profit organization that has been the nation's leading expert on the direct care workforce for three decades. PHI works to transform eldercare and disability services by promoting quality direct care jobs as the foundation for quality care.

The impetus for this hearing was the Long-Term Care Workforce Support Act, introduced by U.S. Senators Bob Casey, Tim Kaine and Tammy Balwin with 23 cosponsors and 44 endorsing organizations. This is a historic piece of legislation designed to systematically improve direct care job quality and address the workforce crisis in long-term care.

PHI has enthusiastically endorsed this comprehensive bill, which we had the opportunity to inform and which enshrines many of PHI's long-standing policy priorities related to compensation, training, employment conditions, evaluation, and more.

Here we highlight five promising elements of the Act (among others).

1. Increased Federal Funding for Long-Term Care Services: The first section of the bill proposes to increase the federal match for long-term care services, with explicit requirements for states to invest the additional funds in bolstering the workforce and increasing access to services. One key provision is for states to spend at least 85 percent of the funds on "compensation, benefits, working conditions, and training for direct care professionals and direct care managers." This permanent increase in federal funding-building on the short-term support provided to states through the American Rescue Plan Act of 2021-is critically needed to strengthen and sustain the direct care workforce.

2. Further Investments in the Direct Care Workforce. In addition, the bill authorizes the Secretary of Health and Human Services (HHS)-in consultation with other federal agencies-to award a range of grants to support workforce recruitment, training, compensation, and retention. As one example, Section 206 calls for a $10 million investment in demonstration projects on education, training, and career advancement across care settings-and Section 211 allocates the same amount to a national technical assistance center to support states' workforce efforts. As another example, Section 231 designates grants to establish mental health and resiliency programs for direct care workers. These various grant-funded efforts could offer immediate benefits for participants as well as helping build the evidence base on the most effective strategies to scale and sustain.

3. Creation of a National Training Standards Commission: In alignment with PHI policy priorities, this bill proposes to create a National Direct Care Professional Training Standards Commission under the Secretary of HHS. This provision promises to address the inadequacy, inequity, and inefficiency of the current direct care training landscape by establishing national training standards and supporting states to meet those standards. The bill underscores that training standards should be "competency-based, industry-recognized, and portable across settings and States" and names a broad swath of perspectives that should be represented on the Commission, including organizations that represent older adults, people with disabilities, and direct care workers themselves. Consistent and sufficient training standards would help elevate direct care jobs, strengthen career ladders and lattices, and consistently prepare workers to provide quality care across settings.

4. Development of a National Direct Care Compensation Strategy: Reflecting another key PHI policy priority, the Long-Term Care Workforce Act directs the Secretary of HHS to convene an Advisory Council to jointly develop a national direct care compensation strategy. According to Sections 402 and 403, the national strategy should recommend actions that the federal, state, and local governments and other actors can take to set a livable wage for direct care workers, including calculating the full cost of labor provided by direct care workers; establishing reimbursement rates that adequately cover labor costs; and tying training and career development to compensation rates, among other recommendations. Achieving livable and competitive wages for all direct care workers is a matter of social justice as well

as a critical step toward attracting and retaining a sufficient workforce to meet the growing demand for long-term services and supports.

5. Enhanced Data Collection, Research, and Evaluation: The bill also includes numerous provisions related to data collection, research, and evaluation, exemplifying the importance of transparency, accountability, and evidence-informed policymaking. For example, Section 101 calls for robust reporting by states and an annual evaluation of the enhanced federal investment in long-term care through 2036-helping ensure effective implementation and impact. Section 221 directs the Secretary of HHS, in coordination with several other federal agencies, to conduct and publish data on direct care worker well-being, filling a critical gap in nationally representative research on this workforce. Most ambitiously, Section 501 calls for the Secretaries of HHS and Labor to commission an external evaluation of the Act, with assessment of workforce outcomes related to recruitment, retention, wages, benefits, working conditions, health, and more.

Beyond these provisions, the Long-Term Care Workforce Act includes a number of other vital elements, including the creation of a Direct Care Professional Equity Technical Assistance Center; a grant program designed to address wage theft and enhance enforcement of wage and hour laws; provisions related to fair scheduling, workplace violence prevention, and paid sick and safe leave; and more. As such, the bill is a testament to the collective effort of PHI and other experts and advocates across our country to elevate the voices, needs, and rights of direct care workers and the individuals they support.

PHI extends our gratitude to Senators Casey, Kaine, and Baldwin and to the collaborative team involved in shaping this legislation, and we offer our ongoing support and advocacy for this bill as it progresses through Congress. We are hopeful about the bill's potential to catalyze positive change and committed to ensuring its principles are translated into impactful action.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Premier Transforming Healthcare Together Testimony

Premier Inc. appreciates the opportunity to submit a statement for the record on the Senate Special Committee on Aging hearing titled "Long-Term Care Workforce: Addressing Shortages and Improving the Profession" on April 16, 2024. Premier shares the Committee's goal of ensuring those receiving care in long-term care (LTC) facilities - one of the country's fastest-growing populations and among the most vulnerable - receive safe, high-quality care.

The U.S. continues to face a serious shortage of healthcare workers in the LTC setting[1], a reality that has not abated as the COVID-19 pandemic subsides. The shortage is exacerbated by a lack of qualified and interested candidates to fill open positions, with 46 percent of nursing homes[2] limiting admissions due to labor shortages. The demand for LTC is high and will only increase as the population ages.

Premier believes addressing these challenges will require a multi-pronged approach, and a mix of both near term and longer-term solutions. Our recommendations include:

•The proposed rule from the Centers for Medicare & Medicaid Services (CMS) on minimum staffing standards in LTC facilities could exacerbate and create new challenges, as Premier elaborated on in formal comments to CMS. As the Medicare Payment Advisory Commission (MedPAC) noted in its October 2023 meeting, "the evidence of the relationship between quality and total staffing is mixed."[3] Given that current research is inconclusive, any mandates prior to further study would be premature. Instead of finalizing a flawed policy, CMS should work with stakeholders to further study and understand the impact of staffing ratios on access to quality care for residents.

•In addition, Premier urges Congress to help address the root cause of the problem and advance legislation to alleviate persistent healthcare workforce shortages. The nation needs to strengthen the LTC training pipeline by providing additional support for existing graduate medical education programs as well as for new educational opportunities for non-physician healthcare workers.

•Congress should consider policies that incentivize nursing homes and other LTC providers to implement electronic health records (EHRs) and electronic clinical surveillance technology to help LTC staff work more effectively and maximize their workflow, provide meaningful assistance with infection control and help prevent clinician burnout.

•Congress should enact bipartisan legislation providing federal protections for healthcare workers who experience violence and intimidation in their workplace settings and grants to reduce incidences of violence.

I. BACKGROUND ON PREMIER INC.

Premier is a leading healthcare improvement company, uniting an alliance of more than 4,350 U.S. hospitals and approximately 300,000 continuum of care providers to transform healthcare. With integrated data and analytics, collaboratives, supply chain solutions, consulting and other services, Premier enables better care and outcomes at a lower cost. Premier's sophisticated technology systems contain robust standardized data gleaned from 45 percent of U.S. hospital discharges, 2.7 billion hospital outpatient and clinic encounters and 177 million physician office visits. Premier is a data-driven organization with a 360-degree view of the supply chain, working with more than 1,460 manufacturers to source the highest quality and most cost-effective products and services. Premier plays a critical role in the rapidly evolving healthcare industry, collaborating with healthcare providers, manufacturers, distributors, government and other entities to co-develop long-term innovations

[1] Heiks C, Sabine N. Long Term Care and Skilled Nursing Facilities. Dela J Public Health. 2022 Dec 31;8(5):144-149. doi: 10.32481/djph.2022.12.032. PMID: 36751604; PMCID: PMC9894029

[2] American Health Care Association, State of the Nursing Home Sector. March 2024.

[3] https://www.medpac.gov/wp-content/uploads/2023/03/October2023—MedPAC—meeting—transcript—SEC.pdf

that reinvent and improve the way care is delivered to patients nationwide. Headquartered in Charlotte, North Carolina, Premier is passionate about transforming American healthcare.

II. CONCERNS WITH CMS PROPOSED RULE ON MINIMUM STAFFING REQUIREMENTS IN LTC FACILITIES

Proposed minimum staffing standards are unworkable given workforce limitations

CMS proposes to require that LTC facilities have individual minimum standards of 0.55 hours per nursing day (HPRD) for registered nurses (RNs), 2.45 HPRD for nurse aides (NAs) and maintain sufficient additional nursing personnel (including Licensed Practical Nurse/ Licensed Vocational Nurse [LPN/LVNs]). Additionally, CMS proposes to require LTC facilities to have an RN onsite and available to provide direct resident care 24 hours a day, seven days a week. As it stands, Premier believes these proposals are unworkable because of ongoing workforce shortages. There are simply not enough RNs and NAs in the workforce available to meet the demand that would result from the proposed staffing requirements. CMS estimates the rule would require LTC facilities to hire 12,639 additional RNs and 76,376 additional NAs. According to a recent analysis, less than one in five nursing facilities in the nation could currently meet the proposed required minimum HPRD for RNs and NAs.[4] The healthcare sector is still in a historic workforce crisis and the proposal would only exasperate the labor market that expands beyond LTC facilities to all healthcare settings including hospitals. Premier is deeply concerned that the proposal would lead LTC facilities to attempt to pull RNs and NAs away from other healthcare settings which would cause significant disruptions across the continuum of care.

Furthermore, in order to meet the staffing requirements if finalized as proposed, Premier is concerned that LTC facilities will have to limit the number of beds that they staff. As is, there is an insufficient number of LTC beds available to meet current demands, and that schism is expected to worsen as the population continues to age. By limiting the number of staffed LTC facility beds, pressure will be placed on acute care facilities who will be unable to discharge patients to a LTC facility in a timely manner. Therefore, Premier has significant concerns that this proposal will worsen boarding issues at acute care facilities and result in higher overall costs to the healthcare system.

Lack of funding to implement staffing requirements

CMS estimates the proposal will require LTC facilities to absorb an additional $4 billion in wage costs annually. However, that figure understates the potential impact, as it does not consider any future wage increases or adjustments. A September 2023 analysis found the mandate would cost even more than suggested in the rule - $6.8 billion annually to cover the cost of hiring the 102,000 additional caregivers necessary to meet the requirements.[5] However, the proposed rule does not provide any funding mechanism to help facilities offset this expected massive increase in costs. LTC facilities are already grappling with chronic Medicaid underfunding, soaring inflation and funding instability due to the lingering effects of the COVID-19 public health emergency. Premier fears that imposing staffing mandates without any financial support would lead to greater widespread financial instability across the LTC sector that is likely to result in facility closures and compromise access to quality care.

Proposed national approach does not account for state variation

Additionally, Premier has concerns that the national staffing mandate proposed by CMS fails to account for wide variability across the states within the LTC sector. For example, some states are home to numerous LTC facilities with well over 500 beds, while average LTC facility capacity in other states is much smaller, reflecting different demographic factors and patient access needs. Further, state Medicaid rates for LTC facility care vary from $170 a day to more than $400 a day. Given these vastly different dynamics, it is unreasonable to have the same requirement

[4] ″What Share of Nursing Facilities Might Meet Proposed New Requirements for Nursing Staff Hours?″. Kaiser Family Foundation. September 18, 2023. What Share of Nursing Facilities Might Meet Proposed New Requirements for Nursing Staff Hours?:KFF

[5] ″CMS Proposed Staffing Mandate: In-Depth Analysis on Minimum Staffing Levels″. CliftonLarsonAllen LLP. September 2023. CLA Staffing Mandate Analysis - September 2023 (ahcancal.org)

in every state, which is why 46 states have adopted their own minimum staffing policies.

Consideration for variation across skilled nursing facilities (SNFs)

Premier is also concerned that the proposal does not take into account variation in patient mix across SNFs. Notably, at the October MedPAC 2023 meeting[6], research was presented that indicates that SNFs with a higher portion of beneficiaries covered under Medicaid or by Medicare Part D's low-income subsidy (LIS) are associated with lower staffing levels. Therefore, a staffing mandate is highly likely to have a disproportional, negative impact on SNFs with those patient mixes as it will exacerbate the staffing challenges they are already grappling with.

Emergency preparedness

Premier is concerned about the negative consequences the proposal may have on emergency preparedness. A new HHS Office of Inspector General (OIG) report found that roughly 77 percent of nursing homes in areas prone to natural disasters reported challenges with emergency preparedness activities last year.[7] An estimated 62 percent of nursing homes reported at least one challenge regarding staffing and an estimated 50 percent noted at least one challenge regarding transportation. Some nursing homes also reported issues with securing beds for evacuated residents and planning for infection control and quarantine during emergencies. Given the reality around staffing limitations during natural disasters, Premier encourages CMS to shift its focus away from mandates and, rather, advance policies that provide resources and enable staff to protect patients during emergencies.

Instead of implementing a flawed policy that could exacerbate the current challenges that LTC providers face in fully staffing their facilities, Premier urges CMS and Congress to work together to enact policies that help address the root of the problem, such as the recommendations outlined below.

III. OPPORTUNITIES FOR CONGRESSIONAL ACTION ON BEHALF OF THE LTC WORKFORCE

Boosting the non-physician pipeline -Congress should take steps to bolster the ranks of non-physician clinical roles, including nursing, but also other vital roles such as pharmacists, occupational therapists, respiratory therapists and more. An issue we frequently hear with respect to nursing shortages is that the pool of willing candidates exceeds the number of available training slots in schools of nursing, at least partly due to limited number of available training faculty. Premier encourages Congress to consider ways to increase capacity, including examining whether all educators in such programs should require an advance degree or if there are opportunities for flexible standards that might create additional training capacity if some educators are permitted to have a bachelor's degree only for example.

In addition, loan forgiveness programs should be considered to incent new talent to join the field. However, in many cases healthcare workers opt to not accept loan forgiveness funds because they are accounted for as income and can have a detrimental impact on an individual's finances if pushed into a higher tax bracket. Similarly, healthcare workers are often hesitant to accept employer assistance funds as they can also be counted as income and force the worker into a ″benefit cliff.″ Therefore, Premier urges Congress to ensure that the tax implications of loan forgiveness programs do not act as inadvertent disincentives to individuals participating.

Premier also recommends that Congress seek opportunities to provide support to grant programs that expand vocational programs to help train for clinical roles that do not require four-year degrees, such as home health aides; nursing assistants; or technicians for pharmacy, radiology, and laboratory. For example, most states permit training opportunities for emergency medical technicians (EMTs) to begin in high school and similar programs should be considered for other non-four-year degree programs in the healthcare space. Premier additionally encourages Congress to support approaches and programs that connect high school students to health careers by enhancing recruitment, education, training and mentorship opportunities. Inclusive education and training experiences expose students and providers to backgrounds and perspectives other than their own and heighten cultural awareness in healthcare, resulting in benefits for all patients and providers. Studies also show

---

[6] https://www.medpac.gov/wp-content/uploads/2023/03/October2023—MedPAC—meeting—transcript—SEC.pdf

[7] ″Nursing Homes Reported Wide-Ranging Challenges Preparing for Public Health Emergencies and Natural Disasters″. HHS OIG. September 1, 2023. https://oig.hhs.gov/oei/reports/OEI-06-22-00100.asp

that underrepresented students are more likely to serve patients from those communities.

Finally, Premier recommends that Congress provide continued strong funding for existing health workforce training programs under the Health Resources and Services Administration (HRSA) intended to target allied health professionals. Congress should continue to support the National Health Service Corps (NHSC), which provides scholarships and loan repayment funds for medical providers who agree to practice in medically underserved areas. Congress should also consider support for ″earn while you learn″ programs that support the growth and development of healthcare workers while employed in a healthcare facility.

Leveraging qualified international resources - More can be done to leverage qualified international healthcare workers domestically in ways that will ensure appropriate standards of care are met and labor shortages in the LTC sector are addressed. Premier applauds Congress for extending the Conrad 30 program in the second mini-omnibus package enacted in March. As advocated by Premier, the program allocates each state 30 waivers that exempt J-1 physicians from the requirement to return to their country of origin in exchange for three years of service in an underserved community. Premier encourages Congress to pass the bipartisan Conrad State 30 and Physician Reauthorization Act (H.R. 4942 / S. 665), which would reauthorize the program for an additional three years and increase the number of J1 visas from 30 to 35 for certain eligible states.

Premier also urges Congress to pass the Healthcare Workforce Resilience Act (H.R. 6205 / S. 3211), which would initiate a one-time recapture of up to 40,000 unused employment-based visas - 25,000 for foreign-born nurses and 15,000 for foreign-born physicians. The legislation would increase the number of highly trained nurses in the US healthcare system over the next three years by expediting the visa authorization process for qualified international nurses who are urgently needed but remain overseas due to backlogs and other bureaucratic delays despite many being approved to come to the US as lawful permanent residents. The bill would also allow for thousands of international physicians who are currently working in the US on temporary visas with approved immigrant petitions to adjust their status.

Finally, Premier recognizes that several U.S. health systems have an international footprint and believes this may serve as an opportunity for these international outposts to recruit and train healthcare workers to U.S. standards. By working collaboratively with the State Department and the Health Resources and Services Administration (HRSA), international training programs could help match workers with shortage areas in U.S. communities. Therefore, Premier urges Congress to consider a grant program or pilot program to test leveraging U.S. healthcare facilities overseas to recruit and train healthcare workers for placement in shortage areas in the U.S.

Support use of technology and workflow solutions to address burnout - Clinical burnout is a symptom of a system in distress. If not addressed, the healthcare worker burnout crisis will hinder access to care, increase healthcare costs cause and worsen health disparities. However, technology can play a critical role in decreasing burnout in clinical settings. Congress can help empower LTC facility staff to work more effectively and maximize their workflow by providing post-acute care providers incentives to adopt health information technology more readily to standardize patient data, improve care quality and reduce costs. Unfortunately, clinical analytics technologies are currently not widely used in nursing homes and other long-term and post-acute settings to help them combat infection spread during any future disease outbreaks and during their day-to-day operations as programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act excluded LTPAC providers.[8]

The rate of adoption and use of interoperable health IT among LTC providers lags far behind acute and ambulatory care providers.[9] This has created an uneven playing field in our healthcare eco-system that makes it challenging to treat the nation's older adults, chronically ill and vulnerable patients. As a result of technology gaps, it is more difficult to broaden data exchange between stakeholders, especially during instances of shared care and transitions of care between hospitals and the LTC sector. The pandemic also highlighted limitations[10] around quality, safety, infection

[8] HHS Assistant Secretary for Planning and Evaluation, Health Information Technology Adoption and Utilization in Long-Term and Post-Acute Care Settings. December 2023.

[9] Office of the National Coordinator for Health IT, Report to Congress: Update on the Access, Exchange, and Use of Electronic Health Information through Trusted Networks. March 2024.

[10] HHS Office of the Inspector General, Lessons Learned During the Pandemic Can Help Improve Care in Nursing Homes. February 2024.

control and public health reporting. A clear need exists for a comprehensive cross-continuum infection prevention and antimicrobial stewardship workflow, which could be utilized by infection preventionists, pharmacists, and other clinicians for clinical decision support, patient care, patient safety monitoring, and public health reporting, which is often lacking from LTC's EHRs currently in use.

To bolster the capabilities of LTC facility staff and improve patient care, Premier encourages Congress to consider policies that incentivize nursing homes and other LTPAC providers to implement EHRs and electronic clinical surveillance technology to provide meaningful assistance with infection control.

Protecting the healthcare workforce - The healthcare workforce is currently experiencing severe shortages because of unprecedented pressures, pushing our healthcare system to its limits. Last year, Premier published the results of a survey that it conducted in conjunction with the Agency for Healthcare Research and Quality that provided key insights on the incidence of workplace violence in healthcare settings. The survey revealed that 40 percent of healthcare workers have experienced an act of workplace violence in the two years prior to the survey and more than half of all survey respondents felt that workplace violence incidents had increased during their tenure.

Premier urges Congress to pass the bipartisan Safety from Violence for Healthcare Employees (SAVE) Act (S. 2768 / H.R. 2584) which would provide federal protections for healthcare workers who experience violence and intimidation in their workplace settings. Premier believes that these legal protections would help provide healthcare workers with a safer environment in which to deliver patient care and help improve worker retention in the healthcare field.

IV. CONCLUSION

In closing, Premier appreciates the opportunity to share these recommendations with the Committee and looks forward to working with Congress as it considers policies to ensure patients in LTC facilities have access to the highest level of care. If you have any questions regarding our comments or need more information, please contact John Knapp at john—knapp@premierinc.com.

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

American Seniors Housing Association Testimony

The American Seniors Housing Association (ASHA) appreciates the opportunity to submit this statement for the record regarding the Senate Aging Committee's recent hearing, The Long-Term Care Workforce: Addressing Shortages and Improving the Profession.

ASHA is a national organization of over 500 senior living companies who own, operate or provide services to approximately 7,000 senior living communities across the U.S., including active adult, independent living, assisted living, memory care and life plan/continuing care retirement communities. Our members' communities serve a wide range of seniors, from those who require very little assistance with activities of daily living (ADL) such as eating, bathing, and dressing to those with significant needs associated with Alzheimer's disease and related forms of dementia. The Association's programs are focused on promoting quality and innovation, advancing research, exchanging strategic business information, and educating seniors and their families about the merits of senior living.

The topic of this hearing, the long-term care workforce, is a top priority for ASHA. The workers who support older adults living in senior living communities across the country are the backbone of these caregiving operations. The work they do is crucial, and without a steady and adequate supply of caregivers, nurse assistants, medication technicians, housekeepers, servers, and the many more essential workers who provide care for our aging population, there will be fewer options for care when we need it most. As we face the needs of an ageing population, one in which people are living longer and with more chronic conditions, it is imperative that we have the workforce in place to meet these needs.

As you and the members of this Committee consider proposals to address these shortages, it is critical that you take a broad view on policy needs to ensure we have an adequate pipeline of workers by creating and granting access to training tools, grant programs, and other resources to be successful in the long term care sector. This also includes consideration and action on immigration policies to allow foreign workers who are willing, able, and compassionate about caring for older adults, to work in this country.

Senior living plays a significant role in the greater health care system and these workers are key to maintaining the health and wellbeing of the residents they serve, thereby reducing the need for more critical services or hospitalization. When residents are safe, the overall health care system benefits.

America Has a Labor Shortage and the Impact is More Profound in Senior Living and Long-Term Care Communities

As this Committee fully understands, the long-term care industry is facing an unprecedented shortage of workers. This shortage has been exacerbated by COVID-19, which wreaked havoc on the industry and our members continue to work hard to recover. The headwinds persist but the industry must position itself to prepare for the groundswell of baby boomers who will need service enriched housing in the next decade. The current worker shortage must be addressed not only with private market strategies to recruit, train, and retain employees in more creative ways, but by government policies as well.

These are hard jobs but very rewarding and meaningful. They are best suited for those with a passion for serving older Americans. Without these caregivers, our seniors will suffer. The dedicated caregiver in our senior living communities are the unsung heroes of the American workforce.

The Aging Population Demands a Stable and Adequate Workforce

By 2040, one in five people will be 65 or older. We are a rapidly aging population; advances in medicine and technology are allowing people to live longer. However, there are serious implications to those advancements that must be considered such as increased health care costs, social security uncertainty, the workforce and the overall health of the economy.

The demand projections for long term care in all settings (Assisted Living, Nursing Homes, Home Health Care) is astonishing. An estimated 4.6 million paid direct caregivers are working today in home care, residential care homes such as assisted

living, and nursing homes. Employment of home health and personal care aides is projected to grow 25 percent from 2020 to 2030 and reach a need for almost eight million workers. This data coupled with the current shortage and projected need for workers to meet this need, should elicit a call to action for policymakers and industry alike.

Federal Workforce Development Policies

Workforce development programs at the federal, state and local level as well as those offered by employers in the long-term care industry are necessary components in preparing individuals to fill the growing demand for essential workers, especially the direct caregiver workforce. The recent introduction of the Long-Term Care Workforce Support Act, introduced by Chairman Casey (D-PA), Senator Baldwin (D-WI) and Senator Kaine (D-VA), prioritizes the need for such programs as the industry and country faces the real risk of not having enough available and willing workers to keep pace with the growing demand for their services.

This important legislation makes a significant investment in workforce development and training grant programs to be offered at the state level, offering a wide range of worker supports, skills training, demonstration projects, technical assistance as well as worker protections. It covers targeted populations for special focus i.e. rural and low income, those who need assistance with basic skills development, as well as the creation of a national Technical Assistance Center. Wage subsidies, loan forgiveness, affordable childcare, workplace transportation, and other financial assistance are also important incentives to individuals who choose to serve and care for older adults. We will continue to seek opportunities to connect trained workers who take advantage of these programs with career opportunities in senior living communities.

Given the immediate need to secure workers, we believe prioritization should be given to grant programs that will result in an efficient yet effective approach to growing the workforce sooner than later.

Other legislative proposals that are noteworthy include:

•Bipartisan Workforce Pell Act. This bill would extend the use of Pell grants to fund training programs as short as eight weeks. The restriction of the grants to mostly two- and four-year college degrees has made short-term skills training programs unaffordable for people in lower-income brackets.

•The Improve and Enhance the Work Opportunity Tax Credit Act. WOTC is a federal tax credit available to employers for hiring and employing individuals from certain targeted groups who have faced significant barriers to employment, but it is in need of an update due to its erosion in value and effectiveness

We support workforce development grant programs as critical resources to building a supply of caregivers and other essential workers in the long-term care field but efforts to understand how existing programs have succeeded in growing the workforce as well as the impact on wages and career path development, will inform future programs. Job corps, apprenticeship programs, community college programs and much more should be inventoried and evaluated for effectiveness, efficiency and quality. It is important that effective programs tailored to meet the needs of the long-term care worker are extended and enhanced while new programs are created to meet the growing need. Efforts should include identifying innovative models that work and scale them as well as fostering new learning models.

Immigration Reform Must be in the Mix of Solutions

While employers must respond to the demands of the workforce for higher wages, benefits and flexibility, policymakers also have a responsibility to respond to the lack of workers in this country and the broken immigration system that perpetuates the problem. There are simply not enough native-born workers to meet the current and future demand and left unresolved will ultimately impact the ability to care for older adults. It is time to look beyond our borders and give immigration reform serious attention.

There are numerous nonimmigrant visa categories for people traveling and working in the U.S., but none of them are suited for the caregiver, dietary aid, med tech and other critical positions in the long-term care industry. It is time that immigration reform be given the attention it deserves as a means of not only meeting the senior care workforce needs but to strengthen our overall economy.

ASHA encourages support for the following measures:

•Create a visa category for the front-line, in demand long term care worker,

•Improve employment authorization for migrants who apply for asylum,

•Expedite processing of work applications for those in the U.S., and are in a status that allows them to work but are unable because of delays at DHS that are tak-

ing in some cases 8-12 months. This includes asylum applicants, and those with humanitarian paroles and temporary protected status,

•Create a pilot program within the existing H2-B visa category for same worker,

•Include long term care workers in future allocation of unused ″green cards,″

•Grant DACA recipients, Afghans with Humanitarian Parole and TPS workers permanent legal status, and

•Establish pilot programs to assess effectiveness of creating visa programs for essential workers that are in great demand and kept business and health care systems afloat during the pandemic.

We understand the need to couple border security with legal immigration reform. We support efforts to address both challenges. However, there are thousands of people that are here in the U.S. awaiting work authorization that can be put to work today. Therefore, in addition to legislative action, we urge you to seek administrative remedies to expedite work authorization documents for those who are currently eligible.

DOL Shortage List: ASHA wrote to the Department of Labor (DOL) re: the Shortage Occupation List, Schedule A. (20 C.F.R. ◆ 656.5). As you are aware, Schedule A was designed to provide a regularly updated, data-driven list of occupations that are experiencing labor shortages. Employers hiring in Schedule A occupations may more easily bring foreign workers permanently to the United States to fill those jobs. However, Schedule A has not been updated in decades and currently includes only physical therapists and nurses. Schedule A needs to be reformed to include senior living front line workers and used as an innovative way to attract talent to critical shortage occupations.

Immigration Reform Is Good for the Economy

Congress will have to address the broken immigration system and the sooner it does the better for our seniors. Although government programs such as Social Security, Medicare, and Medicaid have helped reduce poverty and improve the health of the older population, current projections indicate that these programs-as currently implemented-are not sustainable. Immigration fuels the economy. The last serious attempt at reform was in 2013 when the Senate passed S. 744 - the Border Security, Economic Opportunity and Immigration Modernization Act. When immigrants enter the labor force, they increase the productive capacity of the economy and raise GDP. In The Economic and Budgetary Effects of Immigration Reform: S. 744 Revisited, Douglas Holtz-Eakin, President, American Action Forum translates CBO's projected impacts of S. 744 from 2013 to the 2024-2033 budget window, and in his analysis found that:

The population would increase by three percent over 10 years, the labor force would be 3.5 percent larger, the capitol stock would increase by two percent, productivity would increase 0.7 percent and GDP would be up 3.3 percent, indicating that reform would have broad benefits for labor force growth, employment, economic output, and the federal budget.

The Work Ahead

Throughout the pandemic, long term care, front line, essential workers have proven themselves to be a truly important part of our nation's critical infrastructure and crucial part of the backbone of our society. It is clear we need to increase the number of workers to care for our seniors. There are many talented immigrants who are willing to enter the senior living or other long-term care sector but are faced with insurmountable roadblocks. These workers should be given the opportunity to make a career, a good living and a difference in their own lives and the lives of others. If we are to meet the expectations set for us, policymakers must act now to expand access to new pools of staff and take steps to encourage employment in long-term care.

Without care providers, the U.S. cannot responsibly care for its seniors. We look forward to working with you on this critically important issue. Please reach out to ASHA's Vice President of Government Affairs with questions or comments.

Thank you.

Sincerely,

David Schless
President & CEO

U.S. SENATE SPECIAL COMMITTEE ON AGING

"THE LONG-TERM CARE WORKFORCE: ADDRESSING SHORTAGES AND IMPROVING THE PROFESSION"

APRIL 16, 2024

STATEMENTS FOR THE RECORD

Moving Forward Nursing Home Quality Coalition Testimony

The Moving Forward Nursing Home Quality Coalition is submitting a statement for the record on the urgency and importance of enlacing policies to strengthen and support the long-term care workforce. Direct care professionals are the backbone of this workforce, providing care to older Americans and people with disabilities across settings, especially in home care, assisted living, and nursing homes. Despite their difficult and essential role, direct care professionals' wages and benefits remain low and many live in or near poverty. The direct care profession must be improved in terms of training, compensation, and value.

•Enhanced recruitment and, as importantly, retention of direct care professionals are vital to optimize quality of life for older adults and individuals living with disabilities. Historically, most of the initiatives to grow and strengthen this workforce have occurred at the state level, but that approach alone will not resolve this complex issue - it will require a long-term strategic plan at the federal level to elevate the profession of caregiving.

•Improving wages and benefits and addressing social determinants of health such as housing, transportation, and childcare are critical to attract more people into the long-term care workforce and retain them over time. Grant funding and one-time payments are important but insufficient approaches for bringing caregivers up to a family-sustaining wage. Updating State Medicaid payment rates, incentivizing states to consider how to dedicate sufficient payments for direct care professional compensation, and addressing the lack of long-term care financing are important approaches to achieving the goal of adequate direct care professional compensation. There must be transparency and accountability so that increased funding received by providers goes towards the intended purpose of increasing wages and benefits.

•States also need assistance in operationalizing workforce programs and working across state agencies such as Departments of Labor, Health and Human Services, Education, and others. Current systems are fragmented, and cross-agency communication is often limited. Inter-agency collaboration is vital to promoting and standardizing comprehensive long-term care workforce efforts within and across states.

•Identifying potential funding sources (state, federal, private) is essential to develop and sustain comprehensive, integrated long-term care workforce programs. Again, state grant programs will help but will not likely be sufficient to create systemic, national change. Long-term care employers of direct care professionals including home health and home care agencies, nursing homes, and assisted living communities generally do not qualify for Health Professional Shortage Area designation to access many existing federal workforce development programs under HRSA. Therefore, state programs should continue to include and expand advanced training and career advancement programs through scholarships, stipends, registered apprenticeship, and demonstration projects of career lattice and ladder models.

•Inter-agency efforts to oversee expansion and growth of the long-term care workforce are vital. These efforts must include direct care professionals and representatives of different care settings to inform strategic planning. Greater inter-agency collaboration would represent an important step forward in building and sustaining the long-term care workforce.

•There should be more active policy work at the federal level to promote the safety and well-being of direct care professionals across settings.

We applaud federal leaders for recognizing and prioritizing the needs of direct care professionals in long-term care, to build this essential workforce that supports millions of older adults and people with disabilities across our nation.

○