Testimony of Neil Richardson
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Before the Council of the Whole
Budget Oversight Hearing

May 3, 2024 9:30 AM

My name is Neil Richardson, and I am the Deputy Director at the DC Appleseed Center for Law and Justice. DC Appleseed is a non-profit, non-partisan organization that aims to make the District a better place to live and work through litigation, teamwork, and advocacy. Since its launch thirty years ago, DC Appleseed has emphasized the importance of economic growth and economic mobility. Beginning in 2008, DC Appleseed entered into a collaboration with the DC Coalition on Long Term Care. The DC Coalition on Long Term Care brings together diverse constituencies, including consumers, advocates, health care providers and the workforce, to advocate to improve the quality of and expand access to long term care to ensure that DC residents can age safely and with dignity in their community. The Coalition has more than 80 organizations and leaders in long term care as part of our Coalition. For over 20 years, the Coalition

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has made significant progress in the District. Beginning in 2023, DC Appleseed has served as the acting convener for this Coalition.

We are in a crisis in long term care for our most vulnerable residents. The District's challenges stem from two factors that are also affecting the entire country: the workforce is shrinking at the exact same time that the older population is burgeoning. In DC, the crisis is acute and getting worse.

An estimated 36,000 D.C. residents require support with their daily care and living independently. Of these, 19,500 are persons age 18-64 who need temporary or permanent care and 16,500 are age 65 and over and unable to live independently without support. These numbers are projected to increase by 10% every 5 years.

- In response to a 2023 survey by the Long Term Care Coalition, over 50% of home health agencies stated that they did not have enough aides to staff all their clients on every shift.
- Institutional providers reported that approximately one out of five Certified Nursing Assistant positions are vacant.
- Across all care settings, providers report that long term care staff are leaving the workforce or are not reporting to work.
- 1 out of 3 District residents who depend on long term care support cannot get the care they need because there are not enough workers.
- According to the DC Workforce Investment Council (WIC), DC needs 3,000 new workers to enter the sector every year for the next seven years. Unfortunately, the District is training fewer direct care workers today than before the Covid-19 pandemic.

The impacts of the District's long term care crisis will be felt by many: hospital patients needing to be discharged into home care; rehabilitation facilities; long-term care facilities and nursing homes; adult children, spouses and others caring for loved ones; and long-term care providers across the spectrum of home health, adult day health and assisted living settings. Should we remain in the District as we age, this crisis will likely impact both you and me. We must act now.

Several of the DC Coalition on Long Term Care's requests have budget implications:

- Find or raise the funds to ensure pay equity for direct care workers who care for older adults as the Council did for early childhood educators.   Last year alone, DC lost 30% of the long term care workforce at a time when demand is increasing. Workers are leaving for higher paying, less stressful jobs and they will continue to do so until we address this wage gap . We need to get the average salary to the same level as childcare workers which is 135% above the minimum wage. Raising wages would cost between $10-20 million dollars. The high end of the number takes into account the anticipated cost of workers returning to this sector, whereas the lower number funds existing workers.

- Restore funding to DC Department of Aging and Community Living ("DACL") to provide in-home services. The proposed FY 2025 budget represents a nearly $1 million cut from the FY 2024 approved budget and a 25% cut from FY 2023 actual expenditures. DACL contractors are not able to maintain current service levels. While we have not yet reached the middle of this fiscal year, the District is already running out of funds for FY 2024. Additional cuts for FY 2025 clearly would not meet the District's needs for in-home services.

- Restore the $5 million dollars cut from the University of the District of Columbia's budget for Workforce Development and Lifelong Learning due to declining enrollment. Given the dire workforce shortages that we face, we need to be investing more in workforce training, not cutting funding. The District must invest in Workforce Development and Lifelong Learning and provide the post-secondary vocational education the city clearly needs.

The DC Coalition on Long Term Care also makes a few asks with only minimal budget implications:

- <u>Convene and coordinate the Long Term Care work sector</u>. We request that the Mayor assign a convener to bring together the wide variety of District

agencies involved in supporting this work sector, including: DC Health Care Finance, Board of Nursing, Department of Health, DC Office of the State Superintendent of Education, Department of Employee Service, University of the District of Columbia, Deputy Mayor Education, Workforce Investment Council and the Department of Aging and Community Living. All of these agencies need to be work in sync for this work sector to function well. No entity or agency is bringing these agencies together to work through bureaucratic issues, and a challenge in one agency affects all the others.

- <u>Streamline the licensing and renewal process for aides</u>. Agencies who employ aides reported that the vast majority of aides could not renew their licenses without significant help from the agency. The difficultly of the process puts additional strains on office staff and on the aides, who are trying to manage this complex process while serving patients.

- <u>Create a universal credential</u>. The skills needed to be a certified nursing assistant or a home health aide are identical. The only difference is one is working a hospital setting and the other a home. We recommend that the District create a universal credential for both roles to allow workers to serve patients in both settings of care.

- <u>Commit to reciprocity</u>. During COVID, the Mayor declared a public health emergency that allowed for Maryland and Virginia aides to do their essential work in DC without the onerous hoops out of state practitioners must jump through in order to work here. Very simply, we can not solve our workforce crisis in the short or medium term relying on solely on DC residents. Ask the Mayor to declare that because of the workforce challenges the city is facing to declare a public health emergency. This will not cost any money and can support consumers of these services.

- <u>Allocate sufficient funding to the Board of Nursing ("BON") to release data to the public</u>. The DC Coalition on Long Term Care has attempted to use

the Freedom of Information Act ("FOIA") to obtain information from BON to determine how many people take and pass direct care worker certification exams in the District. Since 2020, the BON has not released any data to the public, nor have they responded to the DC Coalition on Long Term Care's FOIA requests. The Council should ensure that BON has adequate funding to make this information available.

- <u>Launch the Medication Aide Certification Program.</u> This certification program would provide critical skills and would serve as an important step on the career pathway for long term care workers seeking to increase their earnings. In 2019, the BON developed a proposed curriculum. While UDC and several other training programs applied to offer this training in 2022, two years later these applications have not been processed and progress toward establishing this important health care credential is moribund.

Thank you for permitting me to testify today. I welcome any questions.