

Testimony of Claudia Schlosberg, J.D.
Chair, Workforce Development Subcommittee
DC Coalition on Long Term Care

Before the
Committee on Health
Agency Performance Oversight
DC Health
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Good morning, Chairperson Henderson and Members of the Committee on Health. My name is Claudia Schlosberg, and I am testifying in my capacity as Chair of the DC Coalition on Long Term Care's Workforce Development Subcommittee. The DC Coalition on Long Term Care brings together consumers, advocates, providers and provider associations and organized labor to improve access to high quality care for District seniors and people with disabilities. We know that access to high quality care depends in large part on having a sufficient workforce to provide needed hands-on care and assistance. The Department of Health and particularly the DC Board of Nursing, play vital roles in helping to ensure that there are sufficient, qualified workers at all levels to meet the support and health care needs of DC's growing population of older adults and people with disabilities.

Unfortunately, DC's supply of trained and certified direct care workers falls far short of demand, leaving many seniors and people with disabilities without needed care and placing additional burdens on family members. Coalition members have been testifying about this issue for four years. We have offered numerous recommendations, many of which were incorporated into the recommendations developed by the Mayor's HealthCare Workforce Task Force in the summer of 2022 and adopted in early 2023. While we are pleased that the Department of Health has indicated an interest in developing a reciprocity agreement for CNAs and HHAs with Maryland and Virginia and is open to making some needed updates to the Health Occupation Regulations Act, and to the renewal process, the pace of reform has been glacial.

In the absence of meaningful reforms, during the past four years, our long-term care provider surveys¹ document that the direct care workforce shortage continues to grow. Preliminary findings from our most recent survey,² reveal that nearly 75% of surveyed providers say it is more difficult or much more difficult to recruit workers than just one year ago; while 65% say it is more difficult or much more difficult to retain workers. Providers continue to report that direct care workers are leaving for jobs in other sectors that are less difficult, pay more and have

¹ To view the Coalition's Workforce Provider Surveys in 2020, 2021, 2022, and 2023, please go to: <https://www.dclongtermcare.org/workforce/>

² The 2024 Workforce Survey will close on January 18, 2024. Once fully analyzed, it will be posted on the DC Coalition on Long Term Care Website at the link provided above.

better benefits. This is consistent with a recent report from AARP that found that DC has the highest wage gap in the country, with direct care workers earning \$5.03 less per hour than their counterparts in other sectors. As a result, more seniors and people with disabilities are going without care.

Recent data from the Board of Nursing appear to affirm that DC's direct care workforce labor pool is shrinking at alarming rates. During the last direct care worker renewal cycle which ended on October 30, 2023, the number of home health aides went from 8,380 to 6,683, a loss of 1,707 workers or 20.4 percent. The number of certified nursing assistants went from 5,103 to 2,756, an astounding loss of 2,346 workers or 46%. The number of trained medication aides (TMEs) has declined by 30% during the same period,³ and by 50% since February 2022. Notably, according to the Board of Nursing website, Certified Nursing Assistants, Home Health Aides and TMEs cannot work beyond December 31, 2023, without an active license. Though incomplete, data from the Board of Nursing shows that the number of new workers also is declining. In 2018, 1,078 HHA and CNA students passed the certification exam, but in 2021, there were fewer students and only 798 passed the exam.⁴ Further, in 2023, the Board of Nursing decertified Bethel Training Academy, leaving DC with only five schools certified to offer Home Health Aide Training.

These numbers strongly point to a deepening caregiver crisis. We not only are losing aides in large numbers, but we are training fewer new aides. Yet, we see little evidence of a sense of urgency and continue to be concerned about lack of a coordinated response among the various agencies that have responsibility to ensure an adequate workforce. We recognize that many needed reforms will take time, but unfortunately, we no longer can afford to wait.

Accordingly, as an interim measure, we urge the Mayor to use her emergency authority to authorize DC Health to revive pandemic era waivers that allowed Maryland Certified Nursing Assistants to work in DC as CNAs and Home Health Aides without additional endorsement. We also urge the Mayor to allow DC CNAs to work as Home Health Aides without taking the Bridge Course.

Second, the Board of Nursing must move quickly to release funds for the High Need Health Careers Scholarship and Healthcare Loan Repayment Program, enacted into law in 2022, which covers the cost of training for new HHA and CNA students.

Third, operationalize the Medication Aide Certification program. Standards for this certification, which allows CNAs and HHAs to administer medications, were finalized by the Board of Nursing as part of the Nursing Assistive Personnel regulations in 2019. At least three training schools

³ We sent emails to the Board of Nursing on January 9 and January 18 seeking the Board's interpretation of these numbers but to date, have received no response.

⁴ We are still waiting to receive data for 2022 and 2023.

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applied to offer this course. At least two of those applications have been pending since 2022. Employers view this certification as way to reduce the workload of nursing staff, while advancing the skills and pay of incumbent direct care staff. In other words, this is a real step in a career ladder that benefits employees and employers. What is taking so long?

Fourth, we need to lower the age of certification for aides from 18 to 16 and combine CNA and HHA credentials into a single universal credential. These reforms are embedded in the Direct Care Worker Amendment Act of 2023. We urge Council to move this legislation forward and hold District agencies accountable for timely implementation.

In closing, I refer back to my testimony from February 28, 2023. **The District's Workforce Investment Council, as well as the DC Health Sector Partnership project that DC needs to fill thousands of direct care jobs to meet current demand and the future needs of our healthcare system. To have any hope of meeting this demand, we need focused, coordinated action across multiple agencies to address systemic and operational deficiencies, leadership to drive needed reforms and you, members of the Council, to hold agencies accountable.**

Thank you for the opportunity to testify. I am happy to answer questions.