



**Testimony of Neil Richardson, Coordinator
DC Coalition on Long Term Care
Before the Committee on Executive Administration and Labor Council of the District of
Columbia
Budget Oversight Hearing for the Department of Aging and & Community Living
Councilmember Anita Bonds, Chair
June 11, 2025**

Introduction

Good morning, Chairperson Bonds and members of the Committee on Executive Administration and Labor Council of the District of Columbia.

My name is Neil Richardson, and I serve as Coordinator of the DC Coalition on Long Term Care. The Coalition is a 30-year-old alliance of consumers, advocates, and healthcare providers committed to ensuring that low-income DC residents with chronic conditions and disabilities can age safely and with dignity in their communities, supported by high-quality long-term care services.

I bring to this role decades of public policy and strategic planning experience, including service under three District mayors. I was the founding Director of Continuing Education at the University of the District of Columbia and served as Deputy Director at DC Appleseed. As a lifelong Washingtonian whose family has called the District home for more than a century, I am proud to live in Ward 1 and to advocate on behalf of our aging residents.

Background

The District faces a deepening crisis in our long-term care workforce. Low wages, increased demand for care, and a lack of training infrastructure are converging to threaten the very system that allows older residents and people with disabilities to live with independence and dignity. This is not just a workforce challenge—it is a public health emergency in slow motion.

While we recognize the fiscal pressures on the city, including reductions in federal funding such as FMAP, we believe now is the time for action—not retrenchment.

That's why the Coalition urges the Council to fully fund and implement the **Certified Nurse Aide Amendment Act of 2024**, which mandates wages at 120% of the District's minimum wage.

The Fiscal Impact Statement (July 1, 2024) projects this will cost approximately \$90 million over three years—less than 0.5% of the District’s \$23 billion budget.

Two facts underscore the urgency:

1. **This law has already been enacted**—it must be implemented.
2. **The crisis is worsening**—these caregivers are not optional. They are essential to our healthcare system.

As the city weighs proposals to spend hundreds of millions on a football stadium, we must ask: *What are our priorities?* Should we fund entertainment for billionaires—or essential care for our elders, many of whom face housing insecurity, hunger, and chronic health conditions? If the numbers add up and the deal is good for the city, we request that a portion of the net revenue be set aside to strengthen our long term care and senior citizen sector.

As a coalition, we are deeply concerned by the limited attention and low prioritization that elder issues continue to receive from the Bowser administration. The DC Department of Aging and Community Living (DACL) plays a critical role in representing the interests of seniors and people with disabilities. The Coalition looks forward to working with DACL to take a more proactive and assertive stance in advocating for residents who are aging in place. This includes strengthening coordination across the many agencies involved in elder care and playing a more active role in addressing the growing workforce crisis in the long-term care sector.

Recommendations

We offer six recommendations to strengthen DC’s long-term care system and the workforce that sustains it:

1. Fully Implement the Certified Nurse Aide Amendment Act

We urge Director Hines and DACL to vocally support and advocate for the full implementation of this Act. This legislation is a long-overdue correction to the historic undervaluation of direct care workers. The Mayor’s proposed budget, which freezes wages and eliminates enhancements, would only deepen the crisis.

2. Support the Creation of a Long Term Care Coordinator

Coordination is lacking across agencies that influence long-term care quality and workforce development. We call on Director Hines to endorse the creation of a **Long Term Care Coordinator**—a position with real authority to convene and align the efforts of:

- Department of Employment Services and the Workforce Investment Council
- Department of Aging and Community Living
- Department of Health Care Finance
- Office of the State Superintendent of Education
- University of the District of Columbia

This coordinator must not be symbolic—it must be empowered to deliver results. DACL is perfectly placed to be the direct link between the coordinator and other agencies in the District government.

3. Expand Access to Certified Medication Aide Training

Despite updated regulations in 2021, no Medication Aide training programs have been approved. This inaction hampers our ability to delegate routine medication administration and better utilize nursing staff. DOH should prioritize application approvals and reduce bureaucratic delays. While this falls outside of the direct purview of DACL, the impact of not having this training in full gear puts added pressure on the workforce and medical facilities that serve people in their care.

4. Strengthen and Clarify Dementia Training Rulemaking

The Coalition supports new dementia care training requirements, but implementation must be realistic. DC is currently an outlier in its rigidity. We call on DACL to be more engaged in specific issues around rulemaking including in the new Dementia training.

5. Expand Training Capacity, Especially at UDC

We are alarmed that UDC's Workforce Development and Lifelong Learning division is facing an 11% budget cut. With over 3,000 direct care job openings projected annually, we must:

- Remove unnecessary barriers for existing and new training providers
- Bolster interagency collaboration
- Explore creation of a specialized community college or technical training institute to support healthcare careers, in tandem with the Advanced Technical Center

DACL should be an advocate for expanding training capacity citywide.

7. Ensure Stable and Ongoing Funding for DC Villages

The District cannot manage the long term crisis without a strong plan for residents aging in place. We are fortunate to have a strong and growing network of Villages in the city and it has grown to include more types of supportive services for a broader number of older adults. The Coalition asks for full funding of the Villages (\$350K). The proposed funding is not sufficient to sustain existing Village operations in addition to planned start of new Villages.

- We call on DACL to advocate for the full funding (\$350K) for Villages in the FY26 budget.

6. Continue Progress on Replacing Credentia

We applaud the Department's efforts to reduce reliance on Credentia, particularly in accepting CNA endorsements from Virginia and Maryland. Continued reforms in certification processing are crucial to stabilizing the workforce pipeline. DACL should be more involved in facilitating issues in the training and testing pipeline which have a direct impact on the people the agency serves.

Conclusion

The time for incremental action has passed. We need bold, coordinated, and sustained investment in the people who care for our most vulnerable residents. That includes fair wages, robust training, and a system that values care work as essential—not expendable.

We thank the Committee, Director Hines, and our government partners for your service and welcome the opportunity to work with you to strengthen long-term care in the District.

Respectfully submitted,

Neil Richardson

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