Testimony of Neil Richardson, Coordinator
DC Coalition on Long Term Care

Council of the District of Columbia
Committee on Health

Performance Oversight
Christina Henderson, Chairperson

February 18, 2026

Testimony to the DC City Council

Good Morning, my name is Neil Richardson, Coordinator of the DC Coalition on Long Term Care.

INTRODUCTION The DC Coalition on Long Term Care is a 30-year-old collaboration uniting consumers, advocates, and healthcare providers to partner with the District government on long-term care policies and programs. Our mission is to ensure that **all** Washington, DC, residents with chronic conditions and disabilities can age in their communities safely, with dignity, and with access to quality care.

I bring decades of experience in policy development and strategic planning, having served under three District mayors. I was the founding Director of Continuing Education at the University of the District of Columbia and previously served as Deputy Director at DC Appleseed. As a lifelong Washingtonian whose family has lived here for over a century, I am proud to call Ward 1 home. I am honored to serve as Coordinator of the Coalition.

BACKGROUND The District is facing a critical workforce shortage in the home and institutional healthcare sector, which disproportionately affects low-income residents who rely on these services to age in place. Low wages and the increasing demand for care, driven by our aging population, have created an urgent need for workforce development solutions. Additionally, **the city lacks sufficient training providers to meet the growing demand for skilled caregivers, further exacerbating the crisis.**

The DC Coalition on Long Term Care acknowledges the budget challenges facing the District government. We have followed recent the recent Council and Mayor breakfast meeting in which priorities were discussed. We also recognize the unpredictability of federal policy changes and are aware of the awful implications of the decoupling decision forcing the city to fund federal priorities instead of local ones.

Fully Implement the Wage Increases in the Certified Nurse Aide Amendment Act of 2024
This Act, championed by Councilmember Henderson, addresses the historic underinvestment in our caregiving workforce by setting a wage standard of no less than 120% of the District's living wage. While we acknowledge budget pressures, our work sector is in crisis, affecting the entire spectrum of workers, including Registered Nurses. Implementing this wage increase is a necessary first step toward strengthening the workforce and ensuring long-term care stability.

I want to begin by expressing my sincere appreciation to Chair Henderson and this Council for passing the Certified Nurse Aide Amendment Act in October 2024. This legislation was thoughtful, necessary, and responsive to the urgent workforce challenges facing our long-term care system.

However, many of the most important provisions of this law depend entirely on implementation by the Department of Health, which is the subject of today's hearing. And it is in this area—implementation—where we continue to face serious and troubling problems.

Here is an example of what **bureaucratic failure** looks like on the ground.

Over the past year, our Coalition has followed the Advisory Committee created by this legislation. The charge was clear: to merge the CNA and HHA licenses into a single, universal credential and to develop a fair and practical transition plan for existing workers.

From March through June, the committee met almost weekly. We understood that in the beginning they worked collaboratively. The curricula was merged and aligned. They refined skills lists. They developed a thoughtful, streamlined transition process. In July, the Board of Nursing formally endorsed the plan.

In other words, **the work was done.**

Yet, instead of moving forward, that work was effectively set aside.

Senior leadership at DC Health overruled the committee's recommendations and replaced them with a far more complicated and bureaucratic approach—one that has never been fully shared with the very people who developed the original plan.

To this day:

- No draft rules have been issued.
- No regulations have been circulated.
- No formal guidance has been provided.

- No clear timeline has been established.

The advisory committee has not met regularly since October. **We were astonished to find out early in the new year that three new temporary categories had been created, CNA-H, HHA-F and CAN- D.** Multiple scheduled meetings were canceled at the last minute. Members of the committee are now being told that they will soon review yet another version of a plan.

Meanwhile, more than a year has passed since this law was enacted.

The Committee has not even begun the formal rulemaking and public comment process—a process that DC Health's own attorneys estimate could take six months to a year.

In the middle of a workforce crisis, this pace is simply unacceptable.

Unfortunately, this experience is not an isolated case. It reflects a broader pattern of delay and dysfunction in the Department's ability to carry out laws passed by this Council and fulfill its basic responsibilities.

Let me offer a few other concrete examples.

First, we have been waiting more than four years for DC Health to approve Medication Aide training. This would allow CNAs to expand their skills, earn higher wages, and relieve pressure on overburdened nurses. Four years later, there is still no approval.

Second, in 2024, the Council removed unnecessary barriers by allowing CNAs to work in home care settings. Despite this change, providers were told by senior DOH leadership to wait for guidance before hiring CNAs. More than a year later, that guidance has still not been issued.

Third, in 2020, the Council passed the Dementia Training for Direct Care Workers Act. Six years later, implementation remains stalled. Thousands of workers and providers still do not know how to comply.

Fourth, coalition members consistently report that the Office of Health Facilities Licensing fails to process license renewals in a timely manner. Agencies often operate for weeks or months without renewed licenses through no fault of their own.

These are not minor administrative glitches.

They have real consequences. What is going on?

Because of these delays and inefficiencies, vulnerable seniors and people with disabilities are going without care. Families are struggling. Providers cannot expand services. Workers cannot advance in their careers.

The workforce shortage we face is not confined to one agency. It spans DC Health, the Board of Nursing, DHCF, DOES, and OSSE. Yet our systems remain fragmented and siloed.

That is why our Coalition advocated for the creation of a Long-Term Care Strategic Coordinator—someone empowered to align agencies, resolve bottlenecks, and drive coordinated action. We look forward to this role being a core of the work performed by the Age Friendly Coordinator.

We need a whole-of-government response. And DC Health must be a leader in that effort.

Finally, as we enter what will be an extremely difficult budget season, I want to emphasize one more critical point.

DC has the **largest wage gap in the country** for direct care workers.

The CNA legislation included provisions to raise wages to 120 percent of the living wage. Those provisions reflect this Council's recognition that workforce stability depends on economic dignity. We cannot build a strong care system on poverty wages. The District must find the resources to pay these workers what they deserve—just as it consistently finds resources for stadiums, tax giveaways, and large-scale development projects. If we can invest in billionaires, we can invest in caregivers.

Direct care workers are a **high demand occupation** that can lead to higher paying jobs including senior nursing roles. **Training programs at the adult charter schools have wait lists and there is not comprehensive community college or career and technical institute to fill the gap**. We request that the agency and Dr. Bennett commit to workforce development as a critical part of the health equity infrastructure. We make special note that in California, Dr. Bennett was a champion of long term care workforce pathways, training and retention. She brought together relevant agencies in the state to create a coherent cross agency workforce road mapping process. We need the California version of Dr. Bennett and we need her to be supported by the Deputy Mayor.

In closing, I urge this Council to continue exercising strong oversight of the Department of Health, to demand clear timelines and accountability, and to ensure that the laws you pass are actually implemented.

Our seniors, our families, and our workforce cannot afford further delay.

Thank you for your leadership and for the opportunity to testify.

On behalf of the DC Coalition on Long Term Care – Neil Richardson
ltccoalition@homecarepartners.org

https://dclongtermcare.org/