



**Testimony of Neil Richardson, Coordinator
DC Coalition on Long Term Care
Before the Committee on Health, Council of the District of Columbia
Budget Oversight Hearing for the Department of Health
Councilmember Christina Henderson, Chair
June 6, 2025**

Introduction

Good morning, Chairperson Henderson and members of the Committee on Health.

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.

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 Bennett and the Department of Health to vocally support and swiftly implement this Act. Championed by Chair Henderson, 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 Bennett 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.

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.

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.

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

The Department of Health should be a leading advocate for expanding training capacity citywide.

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.

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 Bennett, 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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