



Date: December 11, 2023

To: Committee on Health, Council of DC

From: Makeda Vanderpuije, Executive Director, LeadingAge DC

Re: Hearing on the Health Occupations Revision General Amendment Act of 2023 (B25-0545)

Chairperson Henderson and Members of the Committee on Health, thank you for the opportunity to testify today regarding the Health Occupations Revision General Amendment Act of 2023. My name is Makeda Vanderpuije and I am the Executive Director of [LeadingAge DC](https://www.leadingagedc.org), an association representing mission-driven organizations serving older adults across the District, including nursing homes, assisted livings, affordable housing, Senior Villages, home and community-based services, and Life Plan Communities (CCRCs). We are part of a network of more than 5,000 non-profit organizations serving older adults across the United States. I am also a Ward 5 Resident, and an active member of the District of Columbia Coalition on Long Term Care's Workforce Development Committee. My testimony today is based on my background and deep understanding of population health, rooted in health equity and access.

**I am submitting this written testimony to share LeadingAge DC's perspective on B25-0545.**

LeadingAge DC members are committed to providing the highest quality and care to older adults in the District. Many of LeadingAge members have been serving our community for more than 100 years, serving countless thousands of DC residents. In particular, the mission-driven nursing home members of LeadingAge DC consistently outperform their for-profit counterparts in the domains of health inspections, staffing, and quality measures as reported by the CMS Five-Star Quality Rating System. However, the current shortage of direct care professionals trained and certified to work in DC, including home health aides and certified nursing assistants is an urgent and pressing crisis to our healthcare system with dire impacts for older adults, people with disabilities and their families across our community. Available data from the DC Department of Health shows that for the past several years, there has been a significant decline in the number of individuals training to do this work, while providers report persistently high turnover rates. This is driving up costs, compromising the quality of care, and leaving vulnerable seniors without the care they need.

This is a complex problem driven by a mix of federal and local policies that strain the healthcare and aging services system. Chiefly, woefully inadequate reimbursement rates, leading to low wages and high turnover limiting the District's ability to attract, train, and retain high-quality professionals and paraprofessionals to meet the needs of residents and service providers. As advocates have testified at every given opportunity over the past few years, licensure and certification requirements for caregiving professionals need to be updated and modernized to streamline processes, reduce costs, and eliminate unnecessary administrative burden that serve as barriers for those entering employment or attempting to remain employed in DC.



I fully support the testimony of Claudia Schlosberg, Chair of the Workforce Development Committee of the District of Columbia Coalition on Long Term Care. Regarding the proposed legislation, while well intended, we are particularly concerned about the following adverse consequences:

- 1. Proposed amendments maintain distinct categories of certification for Certified Nursing Assistants (CNAs) and Home Health Aides (HHAs), eliminate the ability of CNAs or HHAs to place their certification on inactive status and continue a current regulatory requirement that to demonstrate competency at renewal or after a lapse in certification, CNAs and HHAs must provide evidence that they have taken all required CEUs and have worked for at least a minimum of eight (8) hours within the last twenty-four (24) months under the supervision of an RN or other licensed health professional. For dually licensed aides, they cannot use evidence of their work in one environment as evidence that they are competent to work in the other. This bill creates a competitive disadvantage for current and future DC aging services providers.**

As Marla Lahat, Executive Director of LeadingAge DC member Home Care Partners, previously testified, “the licensure renewal process for direct care workers who are already licensed is so confusing and expensive that some give up their licenses entirely because they’re unable to navigate the process. The problems are only exacerbated for workers who maintain dual licenses as HHAs and CNAs.”

Dually licensed workers must actively maintain their certification (or certifications in the case of aides who are both CNAs and HHAs) by paying fees, taking all required CEUs and working at least 8 hours within a 24-month period, even if they want or need to take time off for family, education or another job, or even if they are only working in one care environment. The proposed HORA amendments restrict dually licensed workers from putting one license on inactive status with the ability to reinstate later. This has created barriers for employment for aides and for employers who want to hire them.

We are encouraged that in discussions with DC Health, DC Health acknowledged being open to consideration of alternative ways to ensure that CNAs and HHAs are competent to renew or reinstate their license.

We strongly recommend that the Council enact provisions in the proposed Direct Care Worker Amendment Act that direct DC Health to replace existing separate certifications for certified nurse aides and home health aides with a single certification for direct care workers and enact competency-based standards for the certification of caregiving professionals that combine competencies for home health aides and certified nursing assistants and are consistent with requirements established under federal regulations.

- 2. The amendments authorize the Mayor to reduce the age of certification from 18 to 16 but the language in the Bill needs to be clarified.**



The specific language in the Bill states, “[T]he Mayor may, in accordance with rules issued by the Mayor grant temporary registration or certification to an applicant who is at least 16 years of age, who shall be required to apply for and receive a regular, full registration or certification prior to reaching the age of 18 to continue to practice.”

We are glad to receive clarification from DC Health, confirming that the only difference between the temporary certification and the full certification is that they would not require an individual under age 18 to undergo a criminal background check. Nevertheless, this change would still require regulations, which, if measuring by prior experience, could take years to finalize. Unfortunately, we simply do not have time to wait. We urgently need this change now.

As there is no opposition to lowering the age for certification based upon existing requirements, we might achieve the result more quickly simply by striking the language in the bill and including language that plainly states that “an individual who is at least 16 years of age shall be eligible to qualify for certification as an NAP according to all existing regulations with the exception that the requirement to submit the results of a criminal background check is waived until the individual turns 18 years of age.”

**3. The Amendments expand the jurisdiction of the Board of Nursing to include oversight and regulation of Nursing Home Administrators, Assisted Living Administrators, Home Care Administrators, and all six categories of Nursing Assistive Personnel and expands the Board from 11 to 13 members.**

We feel that, despite the proposed expansion, there is insufficient representation of Nursing Home, Assisted Living, Home Care Administrators and the six categories of Nursing Assistive Personnel. For example, only one member of the Board needs to be a Nursing Home Administrator, an Assisted Living Administrator or a Home Health Administrator. This means at least two of the three categories of professional administrators will have no representation on the Board. Only one member of the Board needs to be an NAP, but there are six different categories of NAP. Professional Boards that exert oversight authority over healthcare professionals and paraprofessionals ought to include sufficient representation of the professions and paraprofessionals in order to ensure that regulation and oversight is meaningful and informed by industry practices and standards.

We understand that one of the reasons for consolidating the professional boards has been the challenge of finding qualified DC residents to serve. However, with enactment of the Health Professional Licensing Boards Residency Requirement Amendment Act of 2023, non-resident professionals who have significant professional ties to the District will be eligible for Board appointments, thus making it easier to ensure that Boards have a functioning quorum. Accordingly, we are recommending that instead of increasing the jurisdiction of the Board of Nursing, that the Council preserve the Board of Long-Term Care Administration and include



nursing facility, assisted living, and home health care administrators under its jurisdiction. We would also recommend proportional representation on the Board.

**4. Endorsement and temporary licensure provisions maintain the status quo and do not allow MD and VA health care workers to work in DC to help meet the needs of our residents.**

Despite the current and growing workforce crisis, there is nothing in these regulations that eliminates barriers that make it difficult for DC employers to hire healthcare workers who are licensed or certified in other jurisdictions including our neighboring jurisdictions of DC and Maryland.

In closing, we appreciate the efforts of DC Health to propose a comprehensive and detailed update to the HORA and look forward to further discussions and collaboration to identify critical, progressive changes that will modernize our regulatory framework. Unfortunately, this proposal misses an opportunity to reduce regulatory burdens on mission-driven healthcare providers and support the attraction, training, and retention of enough high-quality professional caregivers.

LeadingAge DC and our mission driven and not-for-profit aging services provider members are committed to ensuring quality care that meets the needs of older adult residents in Washington, DC. It is our assessment that this legislation, as drafted, would only exacerbate the challenges we face today.

Thank you for your time and consideration.