



Bernard Sanders
Chair, Senate HELP Committee
332 Dirksen Building
Washington, D.C. 205-4503

Bill Cassidy
Ranking Member, Senate HELP Committee
520 Hart Building
Washington, DC 20510-1804

RE: Healthcare Workforce Shortages Request for Information

Dear Chair Sanders and Ranking Member Cassidy:

The Long-Term Quality Alliance (LTQA) appreciates the opportunity to provide input on your request for information on the drivers of healthcare workforce shortages and potential solutions.¹

LTQA is a 501(c)3 membership organization aimed at improving outcomes and quality of life for people who need long-term services and supports (LTSS), and their families.² LTQA advances person- and family-centered, integrated LTSS through research, education, and advocacy. LTQA's membership spans the full range of health care and social services delivery systems involved in provision, administration, policymaking, and advocacy for quality LTSS for both older adults and adults under age 65 with disabilities.

We commend the committee's commitment to identifying bipartisan solutions to remedy our nation's health care workforce shortages, including the recent hearing. However, we must call attention to the omission of the direct care workforce from this discussion. Direct care workers provide older adults and people with disabilities needed support with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) in both institutional settings and in the home and community. In 2020, 7.7 million Medicaid beneficiaries relied on direct care services for their daily life activities.³ **A failure to include direct care workers in discussions on the health care workforce is a significant oversight given the critical role direct care workers play in serving some of the most vulnerable members of our communities.**

The long-term care sector has long been facing a crisis in the supply of direct care workers, recently even more exacerbated by the COVID-19 pandemic. Increased need and demand for services in the home is fueling a workforce shortage, which is having a direct effect on the ability of those in need to access services and for organizations to deliver needed care and support. This shortage is felt across settings, including in their homes, communities, and congregate settings. A 2022 survey of home- and community-based services (HCBS) providers showed that over 80% had turned away patient referrals, over 60% of providers were discontinuing programs, and over 90% reported they were struggling to meet quality

¹ https://www.help.senate.gov/imo/media/doc/rfi_workforce.pdf

² See full list of LTQA members on our [website](#).

³ <https://www.kff.org/medicaid/issue-brief/10-things-about-long-term-services-and-supports-ltss/>

standards due to staffing shortages.⁴ As a result, older adults and individuals with disabilities are waiting longer for services, receiving lower quality services, and relying on informal caregivers for support.

To meet the increased demand, the long-term care sector is expected to grow by 1.3 million direct care jobs between 2018 and 2028 (including more than 1 million home care jobs). The LTSS sector will also need to fill nearly 7 million additional jobs during the same period as existing workers move into other occupations or exit the labor force.⁵ Given the rapidly aging population and the relatively static rate of the U.S. population of adults age 18-64, fewer potential paid and unpaid caregivers will be available to support older adults.⁶

Considering their essential role, direct care workers are undervalued and underutilized. In addition to the critical role direct care workers play in supporting the individuals they serve, by serving as the “eyes and ears” of the interdisciplinary care team, direct care workers can help reduce avoidable hospitalizations and other adverse health outcomes, thereby alleviating strain on medical providers.⁷ As of 2021, the median wage for direct care workers was \$14.27 per hour and median annual earnings were \$21,700 according to the Bureau of Labor Statistics.⁸ We are already in the midst of a dire direct care workforce crisis that will require us to think differently about the compensation, skills development, mobility and value placed on this workforce which provides critical services to a diverse and complex population.

We strongly urge the committee to ensure that the direct care workforce is included in its examination of the drivers of healthcare workforce shortages. Any strategies the committee considers to address health care workforce shortages should incorporate specific actions to bolster the direct care workforce.

We welcome the opportunity to discuss the drivers of direct care workforce shortages and potential policy solutions with you further. If you have any questions, please contact me at mkaschak@ltqa.org.

Sincerely,



Mary Kaschak
Chief Executive Officer

⁴ <https://www.ancor.org/wp-content/uploads/2022/10/The-State-of-Americas-Direct-Support-Workforce-Crisis-2022.pdf>

⁵ <https://academic.oup.com/gerontologist/article/61/4/497/5898205>

⁶ <https://www.phinational.org/wp-content/uploads/2022/08/DCW-in-the-United-States-2022-PHI.pdf>

⁷ <https://academic.oup.com/ppar/article/30/4/173/5902127>

⁸ <https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2/>