



STATEMENT FOR THE RECORD

SUBMITTED TO THE

Special Committee on Aging

United States Senate

Hearing: *Assisted Living Facilities: Understanding Long-Term
Care Options for Older Adults*

January 25, 2024

American Seniors Housing Association (ASHA)
5225 Wisconsin Avenue, N.W.
Suite 500
Washington, D.C. 20005

For further Info, contact:

David Schless, President & CEO, david@ashaliving.org

Jeanne McGlynn Delgado, VP, Government Affairs, jeanne@ashaliving.org

The American Seniors Housing Association (ASHA) appreciates the opportunity to submit this statement for the record regarding the Senate Aging Committee hearing, *Assisted Living Facilities: Understanding Long-Term Care Options for Older Adults*.

ASHA is a national organization of over 500 senior living companies who own, operate, or provide services to approximately 7,000 senior living communities across the U.S., including active adult, independent living, assisted living, memory care and life plan/continuing care retirement communities. Our members' communities serve a wide range of seniors, from those who require very little assistance with activities of daily living such as eating, bathing and dressing to those with significant needs associated with Alzheimer's disease and related forms of dementia. The Association's programs are focused on promoting quality and innovation, advancing research, exchanging strategic business information, and educating seniors and their families about the merits of senior living.

As such, we have a keen interest in the policy agenda of the Senate Aging Committee and encourage the committee to look to ASHA as a resource for timely and relevant research on issues that impact seniors relative to their housing options and long-term care needs.

As the Committee seeks to understand the many facets of assisted living as a long-term care option for older adults, we think it is important to address what we believe to be unfair and inaccurate characterization of the assisted living industry as reported in late 2023 by the *Washington Post* series "Memory, Inc." and the *New York Times*, "Dying Broke." Given that these series of articles have partly prompted this hearing, we felt it important to address some of these issues as well as call attention to our nation's aging population's growing demand for long term care.

The *Washington Post* series reported on isolated but tragic incidents of elopement from assisted living and memory care communities over a five-year time frame. Any incident of injury or death due to human error or neglect is devastating to all who are impacted, including the resident, their family, and to the senior living community itself – other residents and staff members alike. Needless to say, poor quality of care in senior living should never be tolerated.

Notwithstanding, we believe this reporting is one sided, lacks context, and misrepresents the vast majority of assisted living communities across the country. It is a disservice to the senior living owners and operators who provide quality assisted living and demeans the work of the dedicated assisted living caregiving workforce. It also fails to recognize the hundreds of thousands of highly satisfied residents and families who choose assisted living and benefit greatly from this option of care.

Elopement is a Not a Routine Event in America's Growing Senior Assisted Living Industry

The five-year *Washington Post* investigation identified almost 100 cases of elopements from assisted living communities that tragically resulted in death. However, over that same time period, the industry provided full-time housing and care for approximately six million seniors, making this a highly rare occurrence.

According to the Alzheimer's Association, approximately 60% of people with dementia will wander at some point. They will wander in assisted living communities, nursing homes and certainly while living in a private home with a spouse, child, or paid caregiver. Communities that serve these residents thoughtfully include design features to prevent elopements and incorporate safety devices, technology, and alerts to quickly identify potential "exit seekers" and respond. Trained caregivers and nurses in assisted living and memory care communities face these odds every day and work creatively and passionately to avoid the outcomes reported by the *Washington Post*. In this regard they overwhelmingly succeed.

The Federal Government Does Not Regulate Assisted Living ...States Do

It is true that the federal government does not regulate assisted living like nursing homes. However, the industry is highly and appropriately regulated at the state level where rigorous oversight is provided and laws are updated as needed or desired.

Strict licensing and practice requirements are imposed on every community and while state variations exist, they generally all address the core elements of operation and practice: residency agreements, disclosure of service costs, resident need assessments and care planning (pre- and post- admission), resident rights, community policies, staffing and training requirements (including dementia training), medication assistance services, food and dietary provisions, third-party provider offerings, resident safety, limitations on services, community survey requirements, physical plant and life safety mandates, and much more. In addition, assisted living is subject to local health department and fire safety rules and regulations.

State regulation of assisted living and memory care allows for a more responsive process when policymakers, industry, consumers, and other stakeholders call for a change in rules. ASHA and LeadingAge have jointly published a *Seniors Housing Regulatory Handbook* for the last 18 years, compiling the latest in state regulatory agency requirements for all 50 states and the District of Columbia. Over the last five years, 19 states on average each year reported changes to key licensure and/or regulatory requirements for assisted living, demonstrating the level to which states are actively engaged to ensure vigorous and ongoing oversight is in place.

Also noteworthy is that the four assisted living provider associations (ASHA, Argentum, Leading Age and NCAL) along with the National Association of State Regulatory Administrators (NARA) are currently working on the Quality in Assisted Living Collaborative (QALC) to develop Model Guidelines for states to consider adopting in key areas, such as infection prevention and control, dementia training and emergency preparedness. The group also seeks input from a designated workgroup of industry stakeholders, regulators, and consumers. These approaches to creating industry guidance or models are an appropriate and productive way to improve outcomes in assisted living, identify new challenges and inform future policy recommendations for assisted living. These initiatives should be encouraged.

The Long-Term Care Options for Older Adults is Limited

The *New York Times* series was more financially focused and called attention to a very real problem America's rapidly aging population is facing; how to pay for long-term care. Assisted living is largely a private pay model of care that grew in the late -1980's from consumers' desire for options other than a federally regulated nursing home. Our industry recognizes the challenges of meeting the growing demand and specifically meeting the needs of those in the middle-income market. A small percentage of providers engage in the Medicaid Waiver program in states that allow assisted living participation as a home and community-based service. It is a good option for Medicaid eligible seniors, but the dollars are limited, and it is not available for assisted living in all states.

It is noteworthy that among available settings, assisted living remains the lowest cost option for long-term care:

Provider	Setting	Monthly Cost	Yearly Cost
Home Health Care (44 hours per week/52 weeks)	Homemaker Health Aide	\$5,148	\$61,776
Assisted Living Community (12 months of care/housing)	Private, One Bedroom	\$4,500	\$54,000
Nursing Home Care (365 days of care)	Semi- Private Room	\$7,908	\$94,896
	Private Room	\$9,034	\$108,408
Adult Day Health Care (5 days per week/52 weeks)	Day Program	\$1,690	\$20,280

Source: Genworth, Monthly Median Costs: National (2021)

Note that home care is not a 24/7 service, nor does it provide housing, meals, snacks, utilities, housekeeping, and resident engagement activities which are included in the assisted living setting.

As ASHA wrote in a Letter to the Editor to the *New York Times*, “many Americans do have sufficient savings and home equity to pay for long-term care at home or in assisted living. But many have underestimated the consequences of longer life spans and have either been unable to adequately save or have not prepared for the costs associated with the myriad physical and cognitive care needs that are common at advanced ages.”

Policymakers, along with stakeholders must collaborate to address ways to incentivize retirement savings, pursue policy options to reignite the long-term care insurance market and/or consider new government assistance programs to subsidize the cost of care. We look forward to working with the Committee to do that.

The Workforce Shortage Requires an “All of the Above Approach”

There is a workforce shortage in the overall health care industry, and it is especially challenging in the senior living industry. As most understand, the pandemic was and continues to be a significant contributor to the shortage. Assisted living providers are making great strides to attract and retain a solid workforce by offering higher wages and benefits, responding to the call for more flexibility in scheduling to address childcare and other obligations, offering enhanced training and creating career paths for team members. According to data from the Bureau of Labor Statistics (BLS), wages in key metropolitan statistical areas (MSAs) have increased by double digits in most markets for Certified Nursing Assistants since pre-COVID.

MSA	CNA Average Hourly Pay 2019	CNA Average Hourly Pay 2022	% Increase in Average Hourly Pay 2019 to 2022
Washington, DC	\$15.20	\$17.84	17.37
Philadelphia, PA	\$14.70	\$18.29	24.42
Boston, MA	\$16.64	\$19.26	15.75
New York, NY	\$17.67	\$21.87	23.77
Houston, TX	\$13.68	\$15.68	14.62
Chicago, IL	\$14.37	\$18.01	25.33
Detroit, MI	\$14.60	\$17.54	20.14
Milwaukee, WI	\$13.91	\$17.89	28.61
St. Louis, MO	\$12.68	\$16.67	31.47
Atlanta, GA	\$13.36	\$15.30	14.52
Seattle, WA	\$15.97	\$21.34	33.63
Miami, FL	\$12.64	\$15.90	25.79
Dallas, TX	\$13.36	\$16.04	20.06
Los Angeles, CA	\$16.16	\$18.85	16.65
Denver, CO	\$16.49	\$18.40	11.58
Portland, OR	\$16.30	\$20.53	25.95
San Francisco, CA	\$21.28	\$22.08	3.76
Omaha, NE	\$15.04	\$17.27	14.83
Salt Lake City, UT	\$14.60	\$16.74	14.66
Phoenix, AZ	\$15.34	\$18.42	20.08
Tampa, FL	\$13.41	\$16.58	23.64
Minneapolis, MN	\$16.95	\$19.83	16.99
Las Vegas, NV	\$17.19	\$18.48	7.50

Source: Bureau of Labor Statistics (BLS)

The work is hard and demands a person who has compassion for older adults. Not all workers in this country are suited for this mission driven work which makes the challenge even greater. There are simply not enough native-born workers to meet the current and future demand for long-term care. Left unresolved, it will ultimately impact the ability to care for older adults. It is time to look beyond our borders and give immigration reform serious attention. We understand the need to couple border security with legal immigration reform. We support efforts to address both challenges. However, there are thousands of people here in the U.S. awaiting work authorization. Therefore, we urge action to expedite work authorization documents for those who are currently eligible.

We also need to work toward creating a pipeline of caregivers in this country, through workforce training and development programs. Existing federal workforce development grant programs should be made available to all providers to ensure the greatest reach for those willing to participate. Without care providers, the U.S. cannot responsibly care for its seniors.

The Value Proposition of Senior Living is Significant

Making the transition to senior living allows older adults the ability to be socially connected and feel engaged with life. This becomes more important as we age, and not just for mental health reasons. Isolation is a serious health risk for older adults. We now know that people who do not or cannot maintain connections with friends, family and neighborhood will experience greater numbers of chronic and life-limiting health problems, such as heart disease, diabetes, and cancer. The benefits of belonging to a community and spending leisure time productively are too important to ignore.

The industry welcomes the opportunity to create more awareness among the Senate Aging Committee about what the industry is achieving in senior care for residents, caregivers, families, and the broader healthcare system. The hard work and dedication of senior living professionals and the overwhelming resident and family satisfaction deserves to be recognized.

The aging population and demand for long-term care in the very near future requires policy makers to give serious thought to innovative approaches to create more options for older adults who need care and housing. We look forward to working with the Committee to advance opportunities to meet this critical need.