



April 18, 2023

The Honorable Brett Guthrie
Chair, Health Subcommittee
House Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

The Honorable Anna Eshoo
Ranking Member, Health Subcommittee
House Committee on Energy and Commerce
U.S. House of Representatives
Washington, D.C. 20515

Dear Chairman Guthrie and Ranking Member Eshoo:

We are pleased to offer a statement on behalf of the American Seniors Housing Association (ASHA) for the April 19, 2023 hearing; *"Examining Existing Federal Programs To Build A Stronger Health Care Workforce And Improve Primary Care"*. Thank you for addressing what has become one of the most important and pressing issues facing our country today, the workforce shortage in healthcare. While your subcommittee is not directly addressing senior living or the broader long term care industry, we believe the workforce needs and shortage should be top of mind for every member of congress given the frail population we currently serve and the aging demographics of our country.

The American Seniors Housing Association (ASHA) is a national organization of over 500 companies involved in the operation, development, investment, and financing of the entire spectrum of seniors housing – independent living, assisted living, memory care, and Continuing Care Retirement Communities (CCRCs). Our members' communities serve a wide range of seniors, from those who require assistance with activities of daily living (ADL) such as eating, bathing, and dressing, to those with significant needs associated with Alzheimer's disease and age-related dementia. Our members are on the front lines when it comes to serving frail seniors providing 24/7 expert care, supportive services, dining, housekeeping, and myriad activities that promote wellbeing and social interaction. Senior living offers a valuable and much needed option for aging seniors and their families in need of care that is community based.

As you know, the workforce shortage in the overall healthcare industry is at a crisis level. And while the shortage of doctors and nurses take the headlines, I'd like to call your attention to the significant challenges facing providers in the long-term care space and more specifically senior living in finding qualified and compassionate workers to care for and serve our residents. Caregivers, CNAs, medical technicians, housekeepers, and dining staff are all in short supply while at the same time the demand for supportive care services for older adults is increasing.

Federal Workforce Development and Training Grant Programs:

As you review and assess workforce program needs to enhance the training and development of workers, it is critical that you consider the front-line caregiver and other essential workers who serve our nation's older Americans, including our veterans. There is a need to create much-needed resources to train and develop a pipeline of direct care workers who can serve in this rewarding industry. A coordinated effort to improve our national capacity to recruit, train, and retain a high-quality, competent, and effective workforce has never been more critical.

While the federal government provides a wide range of health workforce-related programs, most of these programs are targeted to members of the healthcare workforce who have at least an undergraduate degree and, more commonly, members with post-graduate training such as physicians, dentists, nurses, physician assistants, psychologist, and social workers. Workforce development is essential to providing efficient, qualified staffing in all senior living settings as well as creating rewarding career paths in this growing industry. The senior living industry is experiencing the same shortfalls in staffing as nursing homes, home health care, hospice and should have similar access to federal or state grant programs. It is critical that no one is left out of these federal investments that are designed to grow these positions nationwide.

Many of our member companies develop and offer training programs and should have access to any available resources that will improve or enhance their programs to encourage optimal participation. When the training and development issues of the direct care workforce are addressed, the benefits accrue to the worker, the senior resident they serve, their family, the community, and the greater health care system.

Senior living plays a significant role in the greater health care system and these workers are key to maintaining the health and wellbeing of the residents they serve, thereby reducing the need for more critical services or hospitalization. When residents are safe, the overall health care system benefits. We need to develop a pipeline of workers to care for our older adults.

The Case for Immigration Reform

As stated, the senior living industry is facing an unprecedented shortage of workers. This shortage has been exacerbated by COVID-19. With the flood of retirements, childcare needs, and change of professions, we know this shortage will only intensify going forward given the characteristics of the aging population. People are living longer and requiring more care. The shortage of positions is across the board including direct caregivers, nurses, housekeepers, dining staff and more. In fact, long term care has been the hardest hit industry in the health care sector and continues to experience substantial job losses while according to BLS data, other sectors such as hospitals and physicians have nearly reached or surpassed pre-pandemic staffing levels.

The current worker shortage must be addressed not only with private market strategies to recruit, train and retain employees in more creative ways but by government policies as well.

These are hard jobs but very rewarding and meaningful. They are best suited for those with a passion for serving older Americans. It can be emotionally draining to care for those in the twilight of their lives, share their frustration and fears, and still assure that they are getting the very best care. Without these caregivers, our seniors will suffer. The dedicated caregiver that works in our senior living communities are the unsung heroes of the American workforce.

The Aging Population Demands a Stable and Adequate Workforce

By 2040, one in five people will be 65 or older. We are a rapidly aging population; advances in medicine and technology are allowing people to live longer. However, there are serious implications to those advancements that must be considered such as increased health care costs, social security uncertainty, the workforce and the overall health of the economy. Consider the following data about the aging population.

- 10,000 people turn 65 every day.
- By 2040, there will be about 80.8 million older persons, more than twice as many as in 2000 and is projected to reach 94.7 million in 2060.
- The 85 and older population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118% increase).
- By 2034 there will be 77 million people 65 years and older compared to 76.5 million under the age of 18. This means there will be fewer potential paid and unpaid caregivers available to support older adults.
- 2020 marked a record-low fertility rate of 1.64 children per woman and the sixth straight year of decline in the number of births. A fertility rate of 2.1 is needed to maintain a stable population.
- More than half of assisted living residents and nearly three quarters of nursing home residents have cognitive impairment and functional needs. More than 6.2 million people aged 65 and older live with Alzheimer's today. By 2025, the number is projected to reach 7.2 million — a 16% increase. Support must be available for these communities as well as family caregivers who without help, are at greater risk for anxiety, depression, and poorer quality of life than caregivers of people with other conditions.
- 69% of assisted living residents and 88% of nursing home residents have four or more chronic conditions.
- The average assisted living resident is 86 years old, a woman and needs help with three ADLs. The average nursing home resident is 83, a woman and needs help with five ADLs.

The demand projections for long term care in all settings (Assisted Living, Nursing Homes, Home Health Care) is astonishing. This data coupled with the current shortage and projected need for workers to meet this need, should elicit a call to action for policymakers and industry alike.

The Direct Care Workforce

The country is experiencing a serious decline of caregivers in every setting. Estimates on the number of workers who left the long-term care industry during the pandemic run as high as 400,000 and levels remain lower than pre-pandemic levels. These numbers reflect combined losses in the nursing home and assisted living profession. The following data underscores the need for additional workers to care for our elderly.

- The average caregiver is a 47-year-old woman.
- An estimated 4.6 million paid direct caregivers are working in home care, residential care homes such as assisted living, and nursing homes.
- Employment of home health and personal care aides is projected to grow 25 percent from 2020 to 2030, and reach a need for almost 8 million workers.
- There is also a need for 1 million new workers in the next decade. About 711,700 openings for home health and personal care aides are projected each year, on average, over the decade. Many of those openings are expected to result from the need to replace workers who transfer to different occupations or exit the labor force, such as to retire.
- The job of a caregiver is physical and emotional. It takes the right kind of person to care for a fragile senior who needs help bathing, eating and walking. Not everyone is equipped with the compassion required to do this job. Therefore, the overall applicant pool is always going to yield

fewer people who are the right “fit” relative to other industries seeking similarly skilled individuals.

Recommendation: Immigration Reform Must be in the Mix of Solutions

While employers must respond to the demands of the workforce for higher wages, benefits and flexibility, policymakers also have a responsibility to respond to the lack of workers in this country and the broken immigration system that perpetuates the problem. There are simply not enough native-born workers to meet the current and future demand and left unresolved will ultimately impact the ability to care for older adults. It is time to look beyond our borders and give immigration reform serious attention.

There are numerous nonimmigrant visa categories for people traveling and working in the U.S. but none of them are suited for the caregiver, dietary aid, med tech and other critical positions in the long-term care industry. It is time that immigration reform be given the attention it deserves as a means of not only meeting the senior care workforce needs but to strengthen our overall economy.

ASHA encourages support for the following measures:

- Create a visa category for the front-line, in demand long term care worker,
- Improve employment authorization for migrants who apply for asylum,
- Expedite processing of work applications for those in the U.S. and are in a status that allows them to work but are unable because of delays at DHS that are taking in some cases 8-12 months. This includes asylum applicants, and those with humanitarian paroles and temporary protected status,
- Create a pilot program within the existing H2-B visa category for same worker,
- Include long term care workers in future allocation of unused “green cards,”
- Grant DACA recipients, Afghans with Humanitarian Parole and TPS workers permanent legal status, and
- Establish pilot programs to assess effectiveness of creating visa programs for essential workers that are in great demand and kept business and health care systems afloat during the pandemic.

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 that are here in the U.S. awaiting work authorization that can be put to work today. Therefore, in addition to legislative action, we urge you to seek administrative remedies to expedite work authorization documents for those who are currently eligible.

DOL Shortage List: ASHA recently wrote to the Department of Labor (DOL) re: the Shortage Occupation List, Schedule A. (20 C.F.R. § 656.5). As you are aware, Schedule A was designed to provide a regularly updated, data-driven list of occupations that are experiencing labor shortages. Employers hiring in Schedule A occupations may more easily bring foreign workers permanently to the United States to fill those jobs. However, Schedule A has not been updated in decades and currently includes only physical therapists and nurses. Schedule A needs to be reformed to include senior living front line workers and used as an innovative way to attract talent to critical shortage occupations.

As senior living providers adopt new and innovative approaches to workforce recruitment, training and retaining their workers, they are looking to increased wages and benefits, shift flexibility, career path development, tuition reimbursement, discounted meals, and many more creative ways to incentivize staff and reward exceptional service. There is much competition for the essential worker outside the senior living industry such as hospitality, retail and restaurants and thereby underscoring the need for significant and serious investments in rebuilding the senior living workforce.

Conclusion

Throughout the pandemic, long term care, front line, essential workers have proven themselves to be a truly important part of our nation's critical infrastructure and crucial part of the backbone of our society. It is clear we need to increase the number of workers to care for our seniors. There are many talented immigrants who are willing to enter the senior living or other long-term care sector but are faced with insurmountable roadblocks. These workers should be given the opportunity to make a career, a good living and a difference in their own lives and the lives of others. If we are to meet the expectations set for us, policymakers must act now to expand access to new pools of staff and take steps to encourage employment in long-term care.

We also need to work toward creating a pipeline of caregivers through workforce training and development programs. These federal 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. We look forward to working with you on this critically important issue.

Thank you for your consideration of our views and recommendations.

Sincerely,

A handwritten signature in blue ink, appearing to read "David Schless".

David Schless
President & CEO