



March 20, 2023

The Honorable Bernard Sanders
Chair
Committee on Health, Education,
Labor, and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education,
Labor, and Pensions
United States Senate
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chair Sanders and Ranking Member Cassidy,

The Partnership for Medicaid Home-Based Care (PMHC) is pleased to submit this comment in response to the request for information you released on March 2, 2023 regarding the health care workforce.¹ As an organization that is comprised of home care and home health agencies, Managed Care Organizations, and other entities that support home and community-based services (HCBS), PMHC applauds your interest in ensuring a stable, high-quality workforce, an issue of deep and abiding concern to members of the Partnership. Specifically, PMHC represents Medicaid-funded home care services provided by home care/personal care aides that help seniors, people with disabilities and others with daily activities such as dressing and bathing, safely managing tasks around the house, preparing meals, transporting to medical appointments and providing companionship. PMHC also represents home health agencies which provide Medicaid-funded in-home skilled continuous nursing for children and adults with significant medical needs. The ultimate goal of PMHC's members is to keep individuals in their homes and out of hospitals or other higher cost inpatient facilities. Unfortunately, in all areas that PMHC represents, we have historically had workforce deficits that have been only worsened by the COVID-19 pandemic.

The Partnership recommends Congress take the following actions to bolster the HCBS workforce:

Continue Essential Funding for the Home and Community-Based Services Workforce

Home care and private duty nursing agencies primarily depend on set Medicaid rates to pay our workforce. These historically low rates of reimbursement restrict what providers are able to pay their workforce and often our provider members experience our workforce turning to higher paying jobs in the retail market or nurses going to hospitals or other facilities and choosing traveling options rather than staying with in-home-based careers. Frankly, our agencies generally must rely on a workforce that is committed to the service over wages, because the rates across the country often compensate just above minimum wage or below prevailing market wage rates. Even so, we continue to seek solutions to address this gross underpayment. The 10 percent

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



federal medical assistance percentage increase for Medicaid home and community-based services (HCBS) under the American Rescue Plan Act (ARPA) was dedicated to protecting and strengthening the Medicaid/HCBS workforce, and it was extraordinarily helpful to our ability to provide these services. States had some flexibility on use, but generally targeted the extra funds to workforce bonuses and increased wages. PMHC believes that Congress must act to continue similar funding to avoid widespread flight of home care and other health care workers from HCBS.

Streamline Immigration Policies

Data show that roughly one in four direct care workers is an immigrant, and one in three of these immigrants has been in the U.S. for at least 25 years.² The top five countries of origin for immigrant direct care workers are Mexico (15%), the Philippines (10%), Jamaica (7%), Haiti (7%), and the Dominican Republic (6%). Given the increased need for home care in the United States and the important role that an immigrant workforce plays, PMHC believes amongst other solutions, Congress should prioritize bipartisan immigration solutions to sustain and grow the workforce needed to support our health care needs. Though we continue to support immigration options for hospital-based work, it is important to note that little immigration workforce policy has focused on at-home supports like home care. While hospitals have a pipeline to immigrant workers, the options to recruit workers from abroad for home care and other direct care roles are very restricted and limited.

Institute a 2x Minimum Wage Standard for Direct Care Workforce

At present, inadequate Medicaid rates prevent home care professionals from receiving compensation commensurate with the value they produce for our nation. The occupation's 2020 median wage reimbursement set by states is currently \$13.02 per hour, reflecting an annual salary of \$27,080, according to the latest figures from the Bureau of Labor Statistics.³ A recent study found that "all personal care aides, including those working in metropolitan and nonmetropolitan areas, had a significantly higher poverty rate than the general US civilian workforce."⁴ PMHC believes that Congress should incentivize job seekers to pursue HCBS positions by instituting a wage floor of 2x or greater than the federal minimum wage for this direct care workforce, setting a consistent bar of compensation for these invaluable health care professionals who support our Medicaid program.

Professionalize and Uplift the Home Care Workforce

PMHC has been adamant that the home care workforce is an essential part of the care team for some of the most vulnerable Americans. Similar to other health care professionals that are not able to practice at the top of their abilities, home care aides are often viewed as helpers not affiliated with an individual's medical care when in fact they generally spend the most time with

² <https://www.phinational.org/wp-content/uploads/2017/06/Immigrants-and-the-Direct-Care-Workforce-PHI-June-2017.pdf>

³ <https://www.bls.gov/ooh/healthcare/home-health-aides-and-personal-care-aides.htm>

⁴ <https://www.healthaffairs.org/doi/10.1377/hlthaff.2022.00483>



a beneficiary and are acutely able to assess medication adherence, change in behavior, appetite and other notable clinically relevant information. The role of the direct care workforce also presents an important entry to the health care field whether these workers later pursue medical school, nursing, health administration, or remain as career-long aides. We must create a federal structure that recognizes them as part of the ecosystem of health care and recognizes their essential role in providing care that delivers meaningful outcomes and value.

Again, thank you for the opportunity to provide input regarding the health care workforce crisis. We are happy to provide any additional information as you pursue bipartisan solutions. Please consider us a resource in this effort.

Sincerely,

Esmé Grewal
Chair of the Board

Darby Anderson
Chair of the Policy Committee