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(Original Signature of Member)

119TH CONGRESS
1ST SESSION

H. R. _____

To address the worsening long-term care workforce crisis and increase access
to and affordability of long-term care.

IN THE HOUSE OF REPRESENTATIVES

Mr. FITZPATRICK introduced the following bill; which was referred to the
Committee on _____

A BILL

To address the worsening long-term care workforce crisis
and increase access to and affordability of long-term care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Caring for Seniors
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

8 (1) The United States population is aging more
9 rapidly than ever before, with 10,000 Americans

1 turning 65 each day. In 2034, for the first time, the
2 Nation will have more people over the age of 65
3 than under the age of 18. The population experi-
4 encing the fastest growth are persons 85 and older,
5 which is projected to grow 198 percent by 2060.

6 (2) The Department of Health and Human
7 Services estimates that 70 percent of Americans over
8 the age of 65 will require some form of long-term
9 care in their lifetime. By 2050, the number of Amer-
10 icans requiring paid long-term care services will tri-
11 ple from 8,300,00 to 27,000,000.

12 (3) According to 2020 Census data, more than
13 40 percent of baby boomers do not have any retire-
14 ment savings, let alone savings for their long-term
15 care needs. A recent report by the National Council
16 on Aging found that up to 80 percent of older adults
17 would be unable to afford 4 years in an assisted liv-
18 ing community or more than 2 years of nursing
19 home care. Put another way, 47,000,000 Americans
20 aged 60 or above do not have the financial resources
21 to cover the future care they may need.

22 (4) Caring for America's aging seniors will be
23 the single most expense domestic priority and is pro-
24 jected to deplete Federal and State Medicaid budg-
25 ets. The United States spent over \$400,000,000,000

1 on long-term care in 2020, nearly 10 percent of all
2 national health care spending.

3 (5) According to the Congressional Research
4 Service, State and Federal programs account for
5 71.4 percent of all long-term care spending nation-
6 wide in 2021. Medicaid and Medicare are, respec-
7 tively, the first and second-largest public payers, ac-
8 counting for a combined 64.1 percent of all spend-
9 ing. Medicaid is by far the largest single funding
10 source for long-term care, spending approximately
11 \$135,800,000,000 in 2020, a figure that is projected
12 to reach \$466,000,000,000 by 2050.

13 (6) A 2023 report by AARP, indicates that at
14 least 9 percent of seniors in skilled nursing nation-
15 wide have low-acuity levels that do not warrant high
16 skilled care, but are forced into a skilled nursing
17 home where assets can be depleted, and Medicaid
18 can become the primary payer. The report by AARP
19 indicated that this number is 20 percent in 5 States.

20 (7) In 2021, the Department of Veterans Af-
21 fairs testified to Congress that if veterans in need of
22 long-term care services could choose assisted living
23 instead of a nursing home, \$69,101 per veteran per
24 year would be saved by the Department of Veterans
25 Affairs.

1 (8) Strengthening cost-effective models of long-
2 term care services, providing incentives for Ameri-
3 cans to better afford their care costs, and developing
4 the workforce needed to care for the Nation's aging
5 population will reduce Federal and State Medicaid
6 spending.

7 (9) Congregate care models of long-term care
8 services, such as assisted living, are half the cost of
9 nursing homes, and less than a third of round the
10 clock home health aides.

11 (10) Assisted living provides 24/7 personal care,
12 chronic disease management, nutrition, room and
13 board, and socialization. If assisted living were not
14 an option, as many as 61 percent of senior residents
15 may be forced into far-costlier skilled nursing facili-
16 ties at a cost of \$43,400,000,000 per year.

17 (11) The senior living industry lost approxi-
18 mately 400,000 jobs between 2020 and 2022, leav-
19 ing the workforce far below prepandemic employ-
20 ment levels. In order to care for the United States
21 aging population, the senior care industry will need
22 to fill more than 20,200,000 jobs by 2040.

23 **SEC. 3. ADDRESSING THE LONG-TERM CARE WORKFORCE**
24 **CRISIS.**

25 (a) WORKFORCE PROGRAMS.—

1 (1) EXPANSION OF DOL WORKFORCE PRO-
2 GRAMS.—The Secretary of Labor, acting jointly
3 through the Assistant Secretary for Employment
4 and Training and the National Director for the Of-
5 fice of Job Corps of the Employment and Training
6 Administration, shall establish new and expand ex-
7 isting education and training grant programs to sup-
8 port the expansion of the direct care workforce for
9 purposes of caring for a rapidly aging population
10 and providing home and community-based services
11 to older adults and people with disabilities. Such
12 programs shall include support for core certification
13 and training requirements for the direct care work-
14 force of assisted living facilities.

15 (2) EXPANSION OF HRSA WORKFORCE PRO-
16 GRAMS.—The Secretary of Health and Human Serv-
17 ices, acting through the Administrator of the Health
18 Resources and Services Administration, shall estab-
19 lish new and expand existing workforce education
20 and training grant programs to address shortages in
21 the direct care workforce serving the rapidly aging
22 population and providing home and community-
23 based services to older adults and people with dis-
24 abilities. Such programs shall include support for

1 core certification and training requirements for the
2 direct care workforce of assisted living facilities.

3 (b) DEFINITIONS.—In this section:

4 (1) ASSISTED LIVING FACILITY.—The term
5 “assisted living facility” means any licensed, reg-
6 istered, certified, listed, or State-regulated residence,
7 managed residential community, building, or part of
8 a building that provides, or contracts to provide,
9 housing with supportive services on a continuing
10 basis to individuals who—

11 (A) are elderly or have a mental health, de-
12 velopmental, or physical disability; and

13 (B) are unrelated by blood or marriage to
14 the owner or operator of the residence, commu-
15 nity, building, or part of a building, if the
16 owner or operator is an individual.

17 (2) DIRECT CARE WORKFORCE.—The term “di-
18 rect care workforce” means a workforce that is com-
19 posed of individuals who, in exchange for compensa-
20 tion, provide services at an assisted living facility to
21 an individual who is elderly or who has a mental
22 health, developmental, or physical disability, that
23 promote such individual’s independence, including—

24 (A) services that enhance independence
25 and community inclusion for such individual,

1 including traveling with such individual, attend-
2 ing and assisting such individual while visiting
3 friends and family, shopping, or socializing;

4 (B) services such as coaching and sup-
5 porting such individual in communicating
6 needs, achieving self-expression, pursuing per-
7 sonal goals, living independently, and partici-
8 pating actively in employment or voluntary roles
9 in the community;

10 (C) services such as providing assistance
11 with activities of daily living (such as feeding,
12 bathing, toileting, and ambulation) and with
13 tasks such as meal preparation, shopping, light
14 housekeeping, and laundry; or

15 (D) services that support such individual
16 at home, work, school, or any other community
17 setting.

18 **SEC. 4. SENIOR CARE COST REDUCTION PROGRAM.**

19 Part A of title III of the Older Americans Act of 1965
20 (42 U.S.C. 3021 et seq.) is amended by adding at the end
21 the following:

22 **“SEC. 317. SENIOR CARE COST REDUCTION PROGRAM.**

23 “(a) ESTABLISHMENT OF PROGRAM.—The Assistant
24 Secretary, acting through the Administration, shall estab-
25 lish a ‘Senior Care Cost Reduction Program’ for making

1 allotments to States to administer monthly cost reduction
2 amounts to assist low-income seniors to reside and receive
3 services in assisted living facilities located in the State as
4 an alternative to more costly institutional care.

5 “(b) STATE APPLICATION.—In order to be eligible to
6 receive an allotment under this section, the State shall
7 submit an application to the Assistant Secretary at such
8 time, in such manner, and accompanied by such informa-
9 tion as the Assistant Secretary may reasonably require.

10 “(c) COST REDUCTION AMOUNT.—

11 “(1) INITIAL AMOUNT.—Upon establishment of
12 the Program, the monthly amount provided by the
13 State to eligible recipients shall be \$1,000.

14 “(2) ADJUSTMENTS IN CONSUMER PRICE
15 INDEX.—Beginning one year after the establishment
16 of the Program, and each subsequent year, the
17 monthly amount required under paragraph (1) shall
18 be increased by the percentage, if any, by which the
19 Consumer Price Index for all urban consumers (all
20 items; United States city average) for the most re-
21 cent calendar year exceeds the Consumer Price
22 Index for the previous calendar year, rounded to the
23 nearest dollar.

1 “(d) ELIGIBILITY.—In order to be eligible for a cost
2 reduction amount under this section, the individual
3 must—

4 “(1) submit an application to and be approved
5 by the relevant State agency tasked with admin-
6 istering the Program;

7 “(2) be at least 70 years old as of the date of
8 application;

9 “(3) be accepted for admission as a resident in,
10 or currently reside in, an assisted living facility
11 which has been approved by the relevant State agen-
12 cy to participate in this Program;

13 “(4) be either a ‘chronically ill individual’ (as
14 defined in section 7702B(e)(2) of the Internal Rev-
15 enue Code of 1986) or eligible to receive long-term
16 services and supports under the relevant State’s
17 Medicaid program; and

18 “(5) be determined to be financially eligible,
19 pursuant to subsection (e).

20 “(e) FINANCIAL ELIGIBILITY.—An individual is fi-
21 nancially eligible under this section only if the individ-
22 ual’s—

23 “(1) net monthly income is less than the ap-
24 proved monthly fees for the services provided at the
25 assisted living facility;

1 “(2) net annual income is not higher than 60
2 percent of the median income for the State in which
3 the individual resides, as determined by the Sec-
4 retary of Housing and Urban Development; and

5 “(3) resources are not greater than \$19,000 if
6 single, or \$25,000 if married.

7 “(f) IMPLEMENTATION.—The Secretary, acting
8 through the Assistant Secretary, may issue such regula-
9 tions as may be necessary to carry out this section.

10 “(g) ASSISTED LIVING FACILITY DEFINED.—As
11 used in this section, the term ‘assisted living facility’
12 means any licensed, registered, certified, listed, or State-
13 regulated residence, managed residential community,
14 building, or part of a building that provides, or contracts
15 to provide, housing with supportive services on a con-
16 tinuing basis to individuals who—

17 “(1) are elderly or have a mental health, devel-
18 opmental, or physical disability; and

19 “(2) are unrelated by blood or marriage to the
20 owner or operator of the residence, community,
21 building, or part of a building, if the owner or oper-
22 ator is an individual.”.

23 **SEC. 5. AUTHORIZATION OF APPROPRIATIONS.**

24 Amounts that have been returned to or recovered by
25 the Health Resources and Services Administration or the

1 Department of the Treasury, including all amounts re-
2 turned or recovered after the date of enactment of this
3 Act, from amounts made available and disbursed to eligi-
4 ble health care providers for health care-related expenses
5 or lost revenues attributable to coronavirus under the
6 heading “Public Health and Social Services Emergency
7 Fund” in title VIII of division B of Public Law 116–136,
8 title I of division B of Public Law 116–139, and title III
9 of division M of Public Law 116–260, are authorized to
10 be appropriated to carry out this Act and the amendment
11 made by this Act.