



The Honorable Rosa DeLauro
Chair
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Tom Cole
Ranking Member
House Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20515

The Honorable Roy Blunt
Chair
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
Senate Appropriations Subcommittee on
Labor, Health and Human Services,
Education, and Related Agencies
Washington, DC 20510

Dear Chair Delauro, Chair Blunt, and Ranking Member Cole and Ranking Member Murray,

We are writing on behalf of the Eldercare Workforce Alliance, a coalition of [35 national organizations](#) joined together to address the immediate and future workforce crisis in caring for an aging America, to sound the alarm for this largely invisible workforce and the older adults served during the COVID-19 pandemic. With organizations that represent consumers, family caregivers, the direct-care workforce, and healthcare professionals—our coalition has proposed practical solutions to strengthen our eldercare workforce and improve the quality of care for over a decade. While Congress has responded with modest improvements over the last decade, we would like to share our collective expertise to address the immediate needs of this sector as we fight the COVID-19 pandemic.

Recognizing Essential Health Workers: As states continue to practice physical distancing with “stay-at-home” and similar orders, the definition of essential workers becomes vital.

The workforce that provides care, services, and supports for older adults in the home, Programs of All-Inclusive Care for the Elderly (PACE), community-based settings and in long-term care facilities must be included in this definition of “essential workers.” This workforce includes direct care workers, such as personal care aides, home health aides, and certified nursing assistants, who routinely provide hands-on care to older adults¹. Other key members of the health care workforce, such as mental health providers, pharmacists, and social services providers,

¹ Campbell, Stephen. “How Can States Support Direct Care Workers During This Pandemic?” (2020, March 26). PHI. <https://phinational.org/how-can-states-support-direct-care-workers-during-this-pandemic/>

should also be designated essential; these personnel provide in-person services in numerous settings, especially when telehealth is not a feasible option.

Workforce Protection and Testing: Congress must prioritize the access to personal protective equipment (PPE) to the workers that have the highest touch-level with the older adults in their care across settings. EWA appreciates and recognizes all the federal government is doing to secure the necessary equipment for the care we provide as well as the PPE necessary to provide that care. EWA appreciates that the Department of Defense has increased production of PPE through the Defense Production Act by contracting with companies to prioritize orders from the Federal Emergency Management Agency. We also acknowledge that the Administration has created a variety of new supply chains as well as developed new sterilization techniques to reuse current supplies. However, there are still significant shortages across many care settings, particularly in long-term care and home and community-based settings. The workforce in these provider settings care for older adults who are at greatest risk for COVID-19, with high mortality rates due to age and comorbid conditions. ***Congress must recognize the important role this workforce plays in care and prioritize future funding for PPE, COVID-19 testing, and other resources for these service providers. EWA also urges HHS to allow those who work in nursing homes, skilled nursing centers, and others in the senior living communities to be able to access financial relief programs from the Public Health and Social Services Emergency Fund (PHSSEF) created in the CARES Act.***

Training the Workforce and Building the Pipeline to Meet Escalating Needs:

In addition to expanding testing and access to PPE, the long-term services and supports sector will need to recruit and train more direct care workers while ensuring current and future workers have COVID-19-specific skills. To meet these needs, the federal government and states are increasingly exploring how to increase the supply of direct care workers and boost the training infrastructure.² ***EWA urges the federal government and states to implement remote training and certification options and invest in the employment pipelines for direct care workers by leveraging recruitment campaigns, providing free or low-cost training for personal care aide certification with COVID-19 modules, and guaranteeing workers access to PPE and other workforce supplies and protections.***

Expanding Geriatrics Experts:

EWA requests supplemental funding of the Geriatrics Workforce Enhancement Program (GWEP) and Geriatrics Academic Career Awards (GACA) programs to respond adequately to the needs of older adults during the COVID-19 pandemic.

In a letter to Congress, EWA member [American Geriatrics Society](#) highlighted the importance of expanding geriatrics expertise. “Now more than ever, we need to provide guidance and instruction so that all health professionals—not just geriatrics experts—understand the health

² Campbell, Stephen. “Training Direct Care Workers in a Pandemic Isn’t Impossible” (2020 April, 13). PHI. <https://phinational.org/training-direct-care-workers-in-a-pandemic-isnt-impossible/>

conditions older adults face, and how those conditions may impact COVID-19. Among opportunities for advancing age-friendly care, the importance of existing platforms like the Geriatrics Workforce Enhancement Program (GWEP) and the Geriatrics Academic Career Awards (GACAs). The GWEP provides support for the current transformation of primary care, while the GACAs develop the next generation of innovators to improve care outcomes and delivery.”³ While we appreciate the authorization of these programs in the last COVID-19 supplement bill, we urge Congress to provide:

- Supplemental funding of \$8.64 million (\$180,000 for each of the 48 GWEP sites) to support necessary staff, technology, training, and materials.
- Supplemental funding of \$1.7 million for current and prior GWEP sites in key COVID-19 crisis areas to be determined by HRSA and
- Supplemental funding of \$650,000 for GACA awardees (\$25,000 for each of the 26 GACA awardees) many who are redirecting their clinical and education work to address solutions-based guidance for their institutions during the pandemic.

Expanding Access to Telehealth: While CMS has implemented a number of changes to expand coverage for Medicare telehealth services, EWA urges CMS to immediately provide waivers to allow for audio-only telehealth services (e.g. telephone calls without the need for video), including for psychotherapy⁴ and other services as needed. This policy change is especially important for older adults, many of whom are not comfortable with or do not have the resources to operate audio- and video-capable software and mobile applications. Beneficiaries with cognitive impairment and/or low vision face additional barriers that can prevent use of more advanced technology for telehealth services. Additionally, older adults’ access to essential services in home and community-based settings is critical to flattening the curve of the virus spread and to protecting both older adults and health care personnel. EWA urges CMS to authorize Medicare reimbursement for home health services provided via telehealth, including audio-only telehealth.

Expanding Paid Leave, Child Care Assistance and Tax Relief. Paid sick and family leave for the health workforce and family caregivers during the pandemic is essential. During this time of unprecedented job loss, many workers will lose hours or become unemployed, and family caregivers will need to leave work to care for loved ones. Expanded sick leave policies, increased unemployment benefits, expanded childcare policies, and relief to employers to retain workforce and sustain operations are paramount in future policy development. Moreover, EWA also supports tax relief for clinician practices, hospitals, post-acute care facilities, nursing homes,

³ American Geriatrics Society. (2020, March 23). AGS COVID-19 Recommendations. <https://www.americangeriatrics.org/sites/default/files/inline-files/American%20Geriatrics%20Society%20COVID-19%20Recommendations%20to%20Congress%20%283%2023%2020%29%20FINAL.pdf>

⁴ National Association of Social Workers & American Psychological Association. (2020, March 19). Joint letter to Congress urging Medicare reimbursement for provision of psychotherapy by audio-only telehealth during the COVID-19 pandemic. <https://www.socialworkers.org/LinkClick.aspx?fileticket=HCJpWtQQ0bU%3d&portalid=0>

assisted living, and home care agencies that serve older adults. Such tax relief would offset the expense of paid family leave for these employers.⁵

The Eldercare Workforce Alliance commends Congress for your work recognizing the needs of the country during this time and we urge you to continue to support the health care workforce in your next relief bills. EWA has compiled a number of COVID-19 workforce related materials on our website at www.eldercareworkforce.org that may be useful as you prepare this legislation. Please contact Brett McReynolds at bmcreynolds@eldercareworkforce.org if you have any questions.

Sincerely,



Nancy Lundebjerg, MPA
EWA Co-Convener



Michèle J. Saunders, DMD, MS, MPH
EWA Co-Convener

C: The Honorable Nancy Pelosi
 The Honorable Kevin McCarthy
 The Honorable Mitch McConnell
 The Honorable Charles Schumer

⁵ American Geriatrics Society. (2020, March 23). AGS COVID-19 Recommendations. <https://www.americangeriatrics.org/sites/default/files/inline-files/American%20Geriatrics%20Society%20COVID-19%20Recommendations%20to%20Congress%20%283%2023%2020%29%20FINAL.pdf>