



Workforce Policy Weekly

September 15, 2023

LeadingAge Policy Update Calls; all calls are at 3:30 p.m. ET. Social isolation and loneliness have been associated with an increased risk of dementia and premature mortality from all causes. The pandemic has exacerbated the loneliness issue, but it has also increased acceptance of virtual engagement to meet social needs. Join us on **Monday September 18** to hear from Meghan Young, Associate Director for Opening Minds through Art (OMA) at the Scripps Gerontology Center, Miami University. She will talk about a new virtual tool has been developed to engage older and younger adults in meaningful conversations and fun activities.

Members and other interested individuals can sign up to join LeadingAge's Policy Update calls [here](#). You can also find previous call recordings of every 3:30 LeadingAge call [here](#). Note that to access recordings of the calls you need a LeadingAge password. Any staff member of any LeadingAge member organization can set up a password to access previous calls and other members-only content.

Our Second Member Discussion: CMS's Proposed Nursing Home Staffing Mandate. Please join LeadingAge on September 21, 2 p.m. ET, for a members-only town hall featuring LeadingAge members:

- Tina Sandri, CEO, Forest Hills of DC
- Beth McMaster, President/CEO, United Church of Christ Homes
- Stephanie Igoe, Executive Director, Bethany Home

The panelists plan to prepare for the federal proposed mandate, presenting their strategy and experience with current state staffing mandates. In addition, LeadingAge will provide an overview of the proposed rule and discuss advocacy and action items. LeadingAge members can [register now for this September 21 town hall](#).

Proposed Nursing Home Staffing Mandate FAQ. LeadingAge has developed an FAQ to help answer your questions regarding the [proposed staffing mandate](#) published on September 6, 2023, in the Federal Register. The FAQ is a fluid document and will be updated as questions are answered from CMS and more details are available. Please access the [FAQ here](#).

Proposed Staffing Rule Resources. Here is [the serial post on staffing ratios](#). On this serial post page, you can find the LeadingAge recording of the September 7 Town Hall on Staffing Ratios, an in-depth analysis of the rule, the slide deck, and an Excel spreadsheet members can use to estimate the impact of the rule on their own organization. We recommend checking the serial post page frequently, as new articles, analyses, and tools are continuously posted there (as with serial posts on other topics).

Senate Committee to Vote on Healthcare Workforce Bill. The Senate Committee on Health, Education, Labor & Pensions (HELP) will hold a markup of the Bipartisan Primary Care and Health Workforce Act, sponsored by Committee Chair Bernie Sanders (I-VT) and Subcommittee on Primary Health and Retirement Security Ranking Member Roger Marshall (R-KS), on September 21. The bill seeks to address shortages of nurses and other health care jobs across the country. "After over a month of very productive and thoughtful negotiations, I am delighted to announce that Senator Marshall and I have reached an agreement on a historic bipartisan bill to expand primary care and to reduce the massive shortage of nurses and primary care doctors in America," Senator Sanders said in a September 14

[statement](#). The bill would allocate \$1.2 billion dollars over four years to nonprofit community colleges and state universities to increase the number of students enrolled in accredited, two-year registered nursing programs. Awardees would be charged with expanding class sizes, increasing the number of two-year nurses trained nationwide, increasing the number of qualified preceptors at clinical rotation sites, providing direct support for students, supporting partnerships with health facilities for clinical training, and purchasing distance learning technology and simulation equipment, among other duties. Chair Sanders and Ranking Member Marshall say the Bipartisan Primary Care and Health Workforce Act would train 60,000 nurses. LeadingAge supports the bill and looks forward to ensuring resources also appropriately support the aging services health care workforce. Read a summary of the bill [here](#).

House Ways and Means, Energy and Commerce, and Education and Workforce Committee Chairs introduce *Lower Costs, More Transparency Act*. Chairs Smith (R-MO, Ways and Means), McMorris Rodgers (R-WA, Energy and Commerce), Foxx (R-NC, Education and Workforce, and Ranking Member Pallone (D-NJ, Energy and Commerce) introduced the Lower Costs, More Transparency Act. This bill aims to increase health care price transparency and lower overall costs for patients and employers. This bill also extends community health center and other primary care workforce funding that is due to expire on Sept 30th. A couple of notable provisions for LeadingAge members include:

- Reports on Health Care Transparency Tools and Data. Requires GAO to report on existing and new health care price transparency requirements, compliance, enforcement, patient utilization, and whether requirements can be harmonized to reduce burden and duplication.
- Requires the Secretary of Health and Human Services (HHS) to submit an annual report on the impact of Medicare regulations on health care consolidation and to analyze the effects of Centers for Medicare and Medicaid Innovation demonstrations on health care consolidation.
- Requires that Medicare Advantage organizations to report to HHS certain information relating to health care providers, PBMs, and pharmacies with which they share common ownership. Additionally, this section requires the Medicare Payment Advisory Committee (MedPAC) to study and report on vertical integration between Medicare Advantage organizations, health care providers, PBMs, and pharmacies and how this integration impacts beneficiary access, cost, quality, and outcomes.

House Budget Committee Launches Health Care Task Force. House Budget Committee Chairman Jodey Arrington (R-TX) and Budget Committee Member Rep. Michael C. Burgess, M.D. (R-TX) announced the launch of a Budget Committee Health Care Task Force. The Task Force will lead the Committee's work examining key drivers of health care costs to the federal budget and proposals to improve outcomes while reducing health care spending. Rep. Burgess (R-TX), task force chair, is soliciting feedback from stakeholders and experts on solutions to improve outcomes, reduce federal health care spending in the budget, as well as opportunities to build upon CBO's ability to project the impact of health care policies. The task force is specifically interested in seeking feedback on actions Congress could take to improve outcomes while lowering health care spending. Responses could address (but are not limited to): 1) Regulatory, statutory, or implementation barriers that could be addressed to reduce health care spending; 2) Efforts to promote and incorporate innovation into programs like Medicare to reduce health care spending and improve patient outcomes; 3) Comments on CBO's modeling capabilities on health care policies, including limitations or improvements to such analyses and processes; 4) Examples of evidence-based, cost-effective preventive health measures or interventions that can reduce long term health costs; and, 5) Recommendations to reduce improper payments in federal health care programs. Comments should be submitted by October 15, 2023, to hbc.health@mail.house.gov.

IRS: Immediate Moratorium on ERC Processing of New Claims. On September 14, IRS Commissioner Danny Werfel [announced](#) an immediate moratorium on all processing of new Employee Retention Credit claims, citing increasing and substantial fraudulent claims that are flooding the agency. The moratorium will apply to all new claims filed between September 14 and December 31, 2023, although the agency does not specify whether or when new claims processing will resume. The processing time on claims already submitted will be lengthened from an average of three to an average of six months. The slow-down is intended to give the agency more time to carefully review existing claims, and protect unwitting, ineligible businesses from incurring costly penalties and interest repayments for funds received in error. Recognizing, too, that many honest, small businesses have been taken advantage of by unscrupulous third-party consultants, Commissioner Werfel said that a process is being developed to allow such small businesses to repay monies they may have already received in error without penalty. Also, a special process is being developed to allow firms with an existing, yet-unprocessed claim to rescind their submission if they discover, upon further review, that their business is not eligible. More detail on that is pending for this fall. Meanwhile, “taxpayers are encouraged to review IRS guidance and tools for helping determine [ERC eligibility](#), including [frequently asked questions](#) and a new [question and answer guide](#) ... to help businesses understand if they are actually eligible for the credit.” The IRS is working with the Justice Department to see how to pursue and exact penalties on aggressive firms that have intentionally ignored ERC rules and pushed ineligible businesses to apply. LeadingAge continues to closely monitor the updates from IRS on the ERC, and further analysis will be forthcoming.

Bureau of Labor Statistics Report Shows the Rate of Growth in Total Employer Compensation Costs Slowed Compared to the Prior Quarter. The most recent Bureau of Labor Statistics Employer Costs for Employee Compensation report, September 12, shows total employer compensation costs (wages, salaries and benefits) for private industry workers nationally, across all sectors, averaged \$41.03 per hour worked in June 2023, just slightly higher than the \$40.79 total private industry compensation costs reported in March. The wages and salaries component averaged \$28.97 per hour worked and accounted for 70.6 percent of employer costs. The report shows that while employers spent more on total compensation in the second quarter of the year than they had in the first quarter, the growth in the private industry compensation figure from March to June 2023 (+.59%) was smaller than the growth from December 2022 to March 2023 (+1.4%). The June average for the health care and social assistance industry specifically was slightly higher than the all-sectors figure, at \$42.33 per hour. Within that grouping, the average for the nursing and residential care facilities subsector was \$29.29 per hour, with the wages and salaries component averaging \$21.36 per hour. The September report is [available here](#) and supporting data are [available here](#) in easy to read charts showing geographical differences and other details.

CDC Advisory Committee Recommends Updated Vaccines to Anyone Over 6 months Old. Following the Food and Drug Administration’s (FDA) September 11 approval of new COVID vaccine formulations, the Centers for Disease Control and Prevention’s (CDC) Advisory Committee on Immunization Practices (ACIP) voted 13-1 on September 12 to recommend anyone above 6 months of age get an updated COVID shot this fall. Once CDC Director Mandy Cohen signs off on the recommendation, the shots will be made available to Americans who want them. The expert panel at the CDC also recommended that people who are immunocompromised get more than one shot, similar to previous recommendations. There had been some debate about whether the experts would recommend shots just for older adults and those who are immunocompromised, but they decided to advise everyone to get an updated Covid-19 shot to prevent severe disease.

CDC Will Change NHSN LTC Surveillance Definition of “Up to Date.” The CDC will change the NHSN surveillance definition of “up to date” for reporting weeks beginning on September 25, 2023, to align with the new (pending) ACIP recommendations for COVID-19 vaccines. Once the new vaccine and new (pending) vaccination recommendations are applied to surveillance data collection, the percentage of long-term care residents and healthcare personnel who are reported as up to date for COVID vaccine may change. (Note this does not change anything about requirements for initial shots and boosters; it changes only the definition of “up to date” for reporting purposes starting on September 25.) The CDC is providing several trainings for long-term care facilities to discuss these anticipated changes. Please register in advance by selecting one of the options below:

<p>When: Sep 18, 2023 02:00 PM Eastern Time (US and Canada)</p>	<p>Topic: Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities</p> <p>Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_YxYp42hwT5KncquBBpLttg</p>
<p>When: Sep 22, 2023 02:00 PM Eastern Time (US and Canada)</p>	<p>Topic: Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities (REPLAY) Webinar</p> <p>Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_7bPDRWYETNSf6mnlo6gQvw</p>
<p>When: Sep 25, 2023 1:00 PM Eastern Time (US and Canada)</p>	<p>Topic: Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities (REPLAY) Webinar</p> <p>Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_JGOOXuiSAW1VFzS-baw</p>
<p>When: Oct 2, 2023 1:00 PM Eastern Time (US and Canada)</p>	<p>Topic: Up to Date Vaccination Status: Surveillance Definition Change for Long Term Care Facilities (REPLAY) Webinar</p> <p>Register in advance for this webinar: https://cdc.zoomgov.com/webinar/register/WN_TDnotOroSbiPut3-2-5RtQ</p>

LeadingAge Submits Comments on Physician Fee Schedule. Today, LeadingAge submitted comments on proposed CY2024 Physician Fee Schedule. The comments focused on three areas: first, CMS' proposed Caregiver Training Services (CTS), second, adding Marriage and Family Therapists (MFT) and Mental Health Counselors (MHC) to the hospice interdisciplinary team, and finally, integrating resident based care settings into the future of the Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs). To read the comments [click here](#).

House, Senate, White House Wrangle on Appropriations. A September 12 [release](#) from the White House outlines many of the damaging impacts of House appropriations bills, including state-by-state impacts. Early in the year, as part of an agreement to raise the federal debt ceiling, the White House, Senate, and House agreed on overall fiscal year 2024 (FY24) spending caps. The Senate proceeded to write its 12 appropriations bills under the confines of those caps plus a \$14 billion addition tacked on late in the Senate process. The House proceeded to write its bills at levels much less than the agreement allowed. In all, the House and Senate bills are about \$70 billion apart from each other in total funding. The House bills, the White House said, would result in the elimination of 20,000 HUD Housing Choice

Vouchers, including 6,000 used by older adults; would result in half a million fewer people receiving job training and employment services through the Department of Labor; and would eliminate funding for the Agency for Healthcare Research and Quality, which would end long COVID research and delay other priority health services research at the National Institutes of Health. Also on September 12, the Senate began consideration of a package of three appropriations bills that leadership expects will receive bipartisan support. The Senate package includes the [HUD](#), Agriculture, and Military Construction-VA bill. LeadingAge continues to urge stakeholders to [contact their members of Congress](#) on appropriations bills. With the House and Senate bills miles apart, a continuing resolution (CR) to keep federal programs funded past the October 1 start of FY24 will be necessary but its path to enactment is unclear as members of the conservative House Freedom Caucus have said they will oppose any CR that does not also include the Border Security Act (HR 2).

LeadingAge Joins 680 Stakeholders Urging Congress to Fund the Government. On September 12, LeadingAge joined a coalition of 680 local, state, and national organizations in sending a letter to every member of the House and Senate urging passage of a clean, bipartisan continuing resolution (CR), including emergency funding that supports current services and addresses urgent needs. Without additional funding, the government will face a potential shutdown when the new fiscal year begins on October 1. “Shutdowns harm our nation’s overall economy, the financial security of individuals and families, government efficiency, and the public’s access to needed services,” the letter states. “A shutdown would put the nation’s economy at risk, delay or interrupt services to millions, and disrupt the jobs of over a million workers, making it harder for people to put food on the table, a roof over their heads, and stay safe and healthy.” [Click here to read the full letter.](#)

Last Week’s Workforce Weekly Update. Here is the September 8, 2023 [Workforce Policy Update.](#)