

KEY AGING SERVICES BILLS

LEADINGAGE SUPPORTS – APRIL 2024

AFFORDABLE SENIOR HOUSING

Affordable Housing Credit Improvement Act (H.R. 3238 / S. 1557)

Introduced by Representatives Darin LaHood (R-IL), Suzan DelBene (D-WA), Brad Wenstrup (R-OH), Don Beyer (D-VA), Claudia Tenney (R-NY), and Jimmy Panetta (D-CA), and by Senators Maria Cantwell (D-WA), Todd Young (R-IN), Ron Wyden (D-OR), and Marsha Blackburn (R-TN)

Tax Relief for American Families and Workers Act (H.R. 7024)

Introduced by Representative Jason Smith (R-MO)

The Affordable Housing Credit Improvement Act would increase state Low Income Housing Credit (LIHTC) allocations by 50%; lower the threshold of Private Activity Bond financing required to trigger the maximum amount of 4% Housing Credits from 50% to 25% and enable the Housing Credit to better serve households with extremely low incomes; and other changes. LeadingAge supports the bills despite them not addressing Right of First Refusal issues that continue to rob nonprofit housing providers of their housing credit-financed developments. Two LIHTC reforms have been included in the Tax Relief for American Families and Workers Act of 2024: restoration of the previous 12.5% cut in Housing Credit authority for 2023–2025 and reduction of the private activity bond financing threshold for 4% LIHTCs from 50% to 30% for 2024 and 2025.

Expanding Service Coordinators Act (H.R. 5177)

Introduced by Representative Adam Smith (D-WA)

LeadingAge worked in support of this bill's reintroduction and to secure the bill's inclusion of funding for service coordinators in Low Income Housing Tax Credit housing. The bill would authorize an additional \$225 million each year for five years for new HUD multifamily service coordinator grants, authorize \$37 million for a new program at the U.S. Department of Health and Human Services to provide service coordinator grants to Low-Income Housing Tax Credit properties, establish a training set-aside to improve capacity and retention of service coordinators and extend qualification for the Public Service Loan Forgiveness program to service coordinators.

Fiscal Year 2025 HUD Appropriations Bill

(House and Senate bills to be introduced)

LeadingAge supports a strong HUD funding bill for fiscal year 2025 that supports the expansion of resources for new affordable senior housing, the preservation of existing affordable housing, improvements like more service coordinators, and new vouchers and other resources to address rapidly rising homelessness among older adults. The House and Senate will develop respective FY25 HUD funding bills. For FY25, President Biden proposed a number of bold initiatives for housing affordability and access, including guaranteed Housing Choice Vouchers for certain populations, the first new project-based rental assistance contracts in decades, a \$20 billion “innovation fund” that would help invest in new multifamily housing development, provide emergency housing assistance for older adults experiencing or at risk of homelessness, and grants to help local efforts on eviction prevention. LeadingAge supports these proposals but is very disappointed the White House did not request any expansion of new Section 202 housing or new service coordinators. The White House's request would renew existing project-based Section 8 and Section 202 Supportive Housing for the Elderly contracts, would renew funding for Service Coordinators, and seek supplemental funding to preserve Section 202 units undergoing conversion through the Rental Assistance Demonstration (RAD).

AGING SERVICES WORKFORCE

Asylum Seeker Work Authorization Act (H.R. 1325)

Introduced by Representative Chellie Pingree (D-ME)

Assisting Seekers in Pursuit of Integration and Rapid Employment (ASPIRE) Act (H.R. 4309 / S. 2175)

Introduced by Representative Ritchie Torres (D-NY), and Senator Kirsten Gillibrand (D-NY)

These bills would direct the Department of Homeland Security to provide employment authorization for eligible asylum applicants. Currently, such individuals are not entitled to employment authorization but may be granted such by the Department of Justice. Such employment authorization is valid until the date on which an applicant is issued a final denial of their application, including administrative and judicial review. The bills would also shorten the waiting period for receiving employment authorization to 30 days, from 180 days, the filing of the asylum application.

Bipartisan Workforce Pell Act (H.R. 6585)

Introduced by Representative Elise Stefanik (R-NY)

This bipartisan bill would expand student eligibility for Pell Grants by establishing the Workforce Pell Grants Program and requiring the Department of Education to award Workforce Pell Grants to students enrolled in eligible short-term programs, defined by the bill as those that provide 150 to 600 clock hours of instructional time over eight to 15 weeks and meet other eligibility criteria. Under current law, only students enrolled in programs that run at least 16 weeks (600 clock hours) are eligible for Pell Grants. An accrediting agency or association recognized by the Department of Education would determine a program's eligibility based on several criteria, including that the program provides education aligned with the requirements of in-demand industry sectors and occupations and meets specified completion and job placement rates.

Healthcare Workforce Resilience Act (S. 3211)

Introduced by Senator Richard Durbin (D-IL)

Leave No Americans Behind Act (H.R. 6205)

Introduced by Representative Bradley Schneider (D-IL)

These bipartisan, identical bills would enable skilled immigrant nurses and physicians to secure permanent legal status in the United States by designating 40,000 Congressionally authorized visas for foreign-born healthcare workers from pre-existing unused visas (15,000 for foreign-born physicians and 25,000 for foreign-born nurses). These recaptured visas would be drawn from the pool of unused employment-based visas that Congress has previously authorized.

Immigrants in Nursing and Allied Health Act (H.R. 3731)

Introduced by Adam Smith (D-WA)

This bill would authorize grants to state, tribal, and local governments and to private organizations to cover costs, including fees related to education, training, or licensure and for obtaining overseas academic or training records, for lawfully present immigrants to enter the nursing and allied healthcare workforce. The bill would also allow lawfully present immigrants to participate in the National Health Services Corps, which provides scholarships and student loan repayment for health care workers who agree to work in areas with a shortage of health care providers.

National Apprenticeship Act of 2023 (H.R. 2851 / S. 2122)

Introduced by Representative Bobby Scott (D-VA), and Senator Tammy Baldwin (D-WI)

These bipartisan bills would support the creation or expansion of registered apprenticeships, youth apprenticeships, and pre-apprenticeship programs. In addition to increasing access to hands-on learning opportunities, this bill would strengthen connections between the Department of Labor and the Department of Education, ensuring that national apprentice programs connect students with employers from in-demand sectors, like healthcare and aging services.

National Nursing Shortage Task Force Act (H.R. 4328)

Introduced by Representative Jim Costa (D-CA)

This bill would establish a National Nursing Shortage Task Force to provide recommendations to Congress and the President to address the shortage of nurses in the United States. The Task Force would be comprised of individuals with relevant expertise in nursing practice, nursing labor market analysis, nursing education, health care financing and facility management, and nursing labor unions.

Safeguarding Elderly Needs for Infrastructure and Occupational Resources (SENIOR) Act of 2024 (H.R. 7605)

Introduced by Representatives Lori Trahan (D-MA) and Brian Fitzpatrick (R-PA)

This bipartisan bill directs the U.S. Department of Labor and the Department of Health and Human Services' Health Resources and Services Administration (HRSA) to establish new and expand existing, workforce development programs to strengthen the pipeline and incentivize the development of a stronger geriatric workforce. The bill also establishes a "Senior Care Cost Reduction Program" that allows States to administer monthly cost reduction amounts to low-income seniors to help them access assisted living facilities.

Supporting Our Direct Care Workforce and Family Caregivers Act (S. 1298)

Reintroduced by Senator Tim Kaine (D-VA)

The Supporting Our Direct Care Workforce Act would authorize \$1 billion in funding to increase direct care workforce positions and to recruit, train, and retain direct care workforce staff.

Train More Nurses Act (S. 2853)

Introduced by Senators Jacky Rosen (D-NV), Mike Braun (R-IN), and Susan Collins (R-ME)

This bill would direct the Secretaries of the Department of Health and Human Services and the Secretary of Labor to conduct a review of all nursing grant programs to find ways to increase faculty at nursing schools, particularly in underserved areas. The bill would also increase pathways for Licensed Practical Nurses to become Registered Nurses.

HOSPICE BENEFIT

Improving Care and Access to Nurses (ICAN) Act (H.R. 2713 / S. 2418)

Introduced by Representative David Joyce (R-OH) and Senator Jeff Merkley (D-OR)

This bipartisan bill expands the scope of practice for APRNs including allowing them to certify terminal illness in hospice. It would allow APRNs to bill for physician services under the hospice benefit even when they are not the attending physician- a provision that LeadingAge advocated to be added to the bill in the 118th Congress. The bill would also expand the scope of practice for APRNs in skilled nursing facilities and allow nurse midwives to order home health services.

Palliative Care and Hospice Education and Training Act (PCHETA) (S.2243)

Introduced by Senators Baldwin (D-WI) and Moore Capito (R-WV)

The bill would support the training of interdisciplinary health professionals in hospice and palliative care and grants to develop and implement programs and initiatives to train and educate individuals in providing palliative care in hospital, hospice, home, or long-term care settings.

MEDICAID, HCBS & PACE

HCBS Relief Act (H.R. 6267 / S.3118)

Better Care Better Jobs Act (H.R. 4131 / S. 100)

Both bills introduced by Representative Debbie Dingell (D-MI) and Senator Robert Casey (D-PA)

Both the HCBS Relief Act and the Better Care Better Jobs Act (BCBJ) would increase available Medicaid dollars for home and community-based services (HCBS). The HCBS Relief Act would do so temporarily and therefore has fewer requirements associated with the dollars as well as fewer items the dollars can be used for. The BCBJ bill would expand funding for Medicaid HCBS permanently and is more comprehensive in its approach.

Expanding Veterans' Options for Long-Term Care Act (H.R. 1815 / S.495)

Introduced by Representatives Elissa Slotkin (D-MI), Bryan Steil (R-WI), Ann Kuster (D-NH), and David Trone (D-MD); and Senators Jon Tester (D-MT), Jerry Moran (R-KS), and Patty Murray (D-WA)

Currently, the Veterans' Administration cannot pay for assisted living for otherwise eligible veterans. This bill would authorize a three-year pilot for eligible veterans to receive assisted living care paid for by the Veterans' Administration.

PACE Part D Choice Act (H.R. 3549 / S. 1703)

Introduced by Representatives Earl Blumenauer (D-OR) and Brad Wenstrup (R-OH), and Senators Thomas Carper (D-DE) and Bill Cassidy (R-LA)

This bill would allow Medicare-only PACE participants to choose either a PACE-sponsored or standalone Part D plan—whichever works for the older adult financially. This bill would expand access to PACE for Medicare-only beneficiaries and therefore, expand access more broadly. The bill would help with home health staffing and access by changing the statutory language defining skilled needs for home health to include occupational therapy as a qualifying service to receive home health aligning it with the provision of other therapies under the home health benefit.

MEDICARE ADVANTAGE & INTEGRATED CARE

The Encounter Data Enhancement Act (S. 3307)

Introduced by Senators Catherine Cortez Masto (D-NV), Elizabeth Warren (D-MA), Bill Cassidy (R-LA), and Marsha Blackburn (R-TN)

This bipartisan legislation would improve the transparency of Medicare Advantage (MA) plans and ensure these plans are best serving the health care needs of America's seniors. Consistent with LeadingAge's advocacy, this bill would require MA plans to report important information about how much they are paying providers for services and the type of payment arrangement offered (e.g., value-based care, fee for service).

Delivering Unified Access to Lifesaving Services (DUALS) Act (S. 3950)

Introduced by Senators Bill Cassidy (R-LA), Mark Warner (D-VA), John Cornyn (R-TX), Robert Menendez (D-NJ), Tim Scott (R-SC), and Thomas Carper (D-DE)

The bill would deliver, through a single pooled payment, seamless access to care and services, including conducting a comprehensive needs assessment from which an interdisciplinary team develops an individualized service plan, and assigning a single care navigator/coordinator to assist the individual in getting their questions answered and needs met. It would also preserve and expand existing, proven integrated programs, such as the Program for All-Inclusive Care for the Elderly (PACE), and ensure they are eligible options into which dual eligibles can enroll.

MEDICARE HOME HEALTH

The Medicare Home Health Accessibility Act (H.R. 7148)

Introduced by Representatives Lloyd Smucker (R-PA), Lloyd Doggett (D-TX), Paul Tonko (D-NY), and John Joyce (R-NY)

This bipartisan bill would change the statutory language defining skilled needs for home health to include occupational therapy as a qualifying service to receive home health aligning it with the provision of other therapies under the home health benefit. This would provide an opportunity to better utilize the existing home health workforce and support home health providers during this workforce crisis and allow more beneficiaries to access care.

Preserving Access to Home Health Act of 2023 (H.R. 5159 / S.2137)

Introduced by Representatives Terri Sewell (D-AL) and Adrian Smith (R-NE), and Senators Stabenow (D-MI) and Susan Collins (R-ME)

This bipartisan bill was introduced to blunt the payment cuts experienced by home health providers since the implementation of the Patient-Driven Groupings Model (PDGM). The bill would ensure access to home health services by repealing the requirement that CMS adjust aggregate payment based on the behavior of home health providers. The bill instructs MedPAC to review and report on payment trends under Medicare Advantage, Medicaid, and other payers.

NURSING HOMES

Building America's Health Care Workforce Act (H.R. 468)

Introduced by Representatives Brett Guthrie (R-KY) and Madeleine Dean (D-PA)

This bill would reinstate the flexibilities of CMS's Temporary Nurse Aide (TNA) waiver that expired at the end of the COVID Public Health Emergency (PHE). The bill would enable TNAs to put their on-the-job experience and training toward the 75-hour federal CNA training requirement.

Ensuring Seniors' Access to Quality Care Act (H.R. 3227 / S. 1749)

Introduced by Representatives Ron Estes (R-KS) and Gerald Connolly (D-VA), and Senators Mark Warner (D-VA) and Tim Scott (R-SC)

LeadingAge worked with House and Senate leaders on the reintroduction of the Ensuring Seniors' Access to Quality Care Act to address the two-year "CNA training lockout" that is contributing to the nursing home staffing crisis. The bill would allow nursing homes to reinstate their CNA training programs provided any relevant deficiencies cited in a survey are corrected; deficiencies did not result in immediate risk to resident safety or arise due to resident harm from abuse or neglect; and the nursing home has not received a repeat deficiency related to resident harm in the past two years. The bill would also provide nursing home operators access to the National Practitioner Data Bank, a national criminal background check system, to give employers greater ability to screen potential job candidates.

Improving Access to Medicare Coverage Act (H.R. 5138)

Introduced by Representatives Joe Courtney (D-CT), Glenn 'GT' Thompson (R-PA), Susan DelBene (D-WA), and Ron Estes (R-KS)

This bill would apply hospital outpatient observation stays toward the three-day qualifying hospital stay requirement so that Medicare patients who spend three days in a hospital, regardless of inpatient or observation designation, can access post-acute care in a skilled nursing facility. LeadingAge is one of more than 30 national stakeholders who engaged in the reintroduction of this bill, which is an important step toward addressing the three-day stay requirement waived during the COVID-19 Public Health Emergency.

Protecting Rural Seniors' Access to Care Act (H.R. 5796 / S. 3410)

Introduced by Representative Michelle Fischbach (R-MN) and Senator Deb Fischer (R-NE)

Protecting American Seniors' Access to Care Act (H.R. 7513)

Introduced by Representative Michelle Fischbach (R-MN)

LeadingAge proactively worked with House and Senate leaders on the introduction of the Protecting Rural Seniors' Access to Care Act. This bill would prohibit CMS from implementing the proposed federal minimum staffing rule and instead convene an advisory panel on the nursing home workforce shortage. The subsequent Protecting American Seniors' Access to Care Act, similar to H.R. 5796, would also prohibit HHS from implementing its minimum staffing rule but does not establish a workforce advisory panel; this bill passed out of the House Committee on Ways and Means on March 6. LeadingAge is opposed to the implementation of any federal minimum staffing standard until there is a sufficient workforce to staff the proposed standards and the necessary funding is made available to pay these additional staff. Rural and underserved communities already face a crisis in access to care, and the CMS proposed staffing mandate for nursing homes would only make it harder for older adults and families in these communities, and across the country, to get needed care.

VA Report on Proposed CMS Staffing Ratios Act (S. 3841)

Introduced by Senators Angus King (I-ME) and Kevin Cramer (R-ND)

The bill requires an assessment of the ability of the Department of Veterans Affairs (VA) to continue meeting the long-term care needs of veterans at VA and VA-affiliated nursing homes if the Centers for Medicare and Medicaid's (CMS) minimum staffing rule were to be implemented. It would require the Secretary of Veterans Affairs to submit a report on the VA's findings to Congress within 60 days of the bill becoming law.

TECHNOLOGY

CONNECT for Health Act of 2023 (H.R. 4189 / S. 2016)

Introduced by Representative Mike Thompson (D-CA) and Senator Brian Schatz (D-HI)

This bipartisan bill would permanently remove geographic restrictions on telehealth services and expand originating sites to include the home and other clinically appropriate sites, allow more eligible health care professionals to utilize telehealth services, remove unnecessary in-person visit requirements for tele-mental health services, and permanently authorize hospice face to face recertification to take place via telehealth.

Telehealth Modernization Improvement Act of 2024 (H.R. 7623 / S. 3967)

Introduced by Representatives Buddy Carter (R-GA), Lisa Blunt Rochester (D-DE), Greg Steube (R-FL), Terri Sewell (D-AL), Mariannette Miller-Meeke (R-IA), Jefferson Van Drew (R-NJ), and Joe Morelle (D-NY); and Senators Tim Scott (R-SC) and Brian Schatz (D-HI)

This bill would extend the following waivers relevant to aging services: permanently remove geographic requirements for telehealth services; allow the home to serve as an originating site; expand practitioners who can bill for telehealth services (for example, allowing physical and other therapists to bill); continue to allow audio-only technology; and continue to allow the hospice face to face recertification to be done via telehealth.