



## Medicaid HCBS and PACE Weekly Recap

October 18, 2024

**Next Adult Day Network Call:** October 24 @ 2 p.m. ET; Register [here](#)

**Next PACE Network Call:** November 21 @ 1 p.m. ET; Register [here](#)

**National Policy Pulse Call.** LeadingAge’s members-only briefing and analysis call with our experts, “National Policy Pulse,” happens every Monday at 3:30 p.m. ET. Register for the calls (registration required even if you were registered for the previous 3:30 p.m. policy update calls) [here](#). Your registration will keep you on the list for all calls in 2024, and we’ll send a new registration link to members for calls in 2025 so you never miss a beat.

**LeadingAge Supports Legislators’ Request for Administration to Clear Up Negative Impacts of MA Flex Cards.** LeadingAge commends the 34 members of Congress, led by Representative Lloyd Doggett (D-TX), who urged President Biden in an October 11 [bicameral letter](#) to issue guidance explicitly excluding Medicare Advantage Flex Cards from being counted in when calculating eligibility for federal assistance and benefits allowance. As Katie Smith Sloan noted in [LeadingAge’s press statement](#), “This request for federal guidance on Medicare Advantage Flex Cards is timely, as Medicare Open Enrollment begins next week, and it is increasingly urgent.” The letter reinforces [concerns](#) LeadingAge has shared with CMS, HUD, and the White House along with Congress on how these special supplemental benefits – flexible benefit cards – are being counted as income and impacting low-income older adults’ eligibility for government assistance and benefits programs, such as federal assistance for housing, food, and more.

**LeadingAge Calls on White House to Elevate Older Adults in Extreme Heat.** Response In early July, President Biden [called](#) for multiple agencies to coalesce at an Extreme Weather Summit. Following the [summit](#) in mid-September, the White House announced an extreme heat call to action. The call to action was coupled with a [draft Extreme Heat Community Checklist](#) to help municipalities, towns, and tribal organizations prepare for and respond to extreme heat events. LeadingAge submitted comments urging the administration to take better account of the needs of older adults and their vulnerabilities to heat. We urged partnerships between communities and the providers serving older adults and more thoughtful inclusion of older adults and their unique needs and abilities. Our comments suggested broader communications techniques than internet and social media content while prioritizing support that meets older adults where they live. Though the checklist fell short of thought provoking questions that could sway a local government to consider significant investment in making communities more resilient to extreme heat like grants for energy assistance or building retrofit projects, the draft provides communities a starting point for engaging with the public about the risks of extreme heat. You can read our comments [here](#).

**DEA Submits Final Rule to Extend Telemedicine Flexibilities for a Third Time.** The Drug Enforcement Agency (DEA) [submitted](#) a final rule to the Office of Management and Budget (OMB) for a third temporary extension of the COVID telemedicine flexibilities for prescription of controlled substances. As LeadingAge previously [reported](#), the DEA is working to update COVID waivers that allowed prescribers to write prescriptions for controlled substances without an in-person meeting. Those current flexibilities are set to expire December 31, 2024. The current proposed rule to update the flexibilities, which was redrafted after considerable

pushback in 2023, has yet again hit major hurdles with advocates from across the care continuum. A former DEA staff member shared that the proposal, which has been with OMB since June 2024 would be even more restrictive than the original proposal. LeadingAge does not expect the new proposed rule to be published before the election, but the temporary extension will allow more time for advocates, prescribers, and patients to review and comment on the proposal without losing access to essential medications.

**Congress Concerned about DEA’s Approach to Telehealth Prescribing.** On October 11, a group of lawmakers from the House of Representatives pressed the Drug Enforcement Administration (DEA) over reports that it plans to limit flexibilities allowing health care providers to prescribe controlled substances via telemedicine. In a [letter](#) sent to DEA Administrator Anne Milgram, a group of lawmakers led by Representatives Doris Matsui (D-CA) and Earl L. "Buddy" Carter (R-GA) took issue with the agency's work to create a special registration process for telemedicine prescribing. During the COVID-19 pandemic, the DEA allowed for most controlled medicines, like ADHD medications, to be prescribed via telemedicine rather than in person. As LeadingAge previously [reported](#), DEA has extended the flexibilities twice, and appears poised to extend those flexibilities a third time. The DEA has not said how long the third extension will be. The current flexibilities are set to expire on December 31, 2024. In the letter, lawmakers expressed concern about reports that the DEA ultimately has plans to limit telemedicine prescribing and the misalignment with legislative intent of the registration program as well as the potential to hurt patient access to necessary drugs. Furthermore, the letter voices concern regarding time running out for DEA to finalize the rule before it reverts back to pre-COVID prescribing requirements on December 31, 2024.

**New Research Shows Wage Gap for Direct Care Workers.** On October 16, PHI released [Competitive Disadvantage: Direct Care Wages Are Lagging Behind—2024 Update](#), an analysis of wage disparities between direct care workers and comparable occupations throughout the United States. The analysis also highlights trends in the wage gap between direct care workers and comparable occupations (e.g., housekeepers, janitors, customer service representatives, retail salespersons, and food preparation workers) from 2014 to 2023. The report found that in all 50 states and the District of Columbia, direct care workers earned a lower median wage than comparable occupations in other industries. As of 2023, the latest available data, the hourly wage gap varied from -\$0.46 in Rhode Island to -\$5.56 in Texas. In 39 states, the gap was at least -\$2.00 per hour, with 19 of those states reporting a difference of over -\$3.00 per hour. Over the past decade, direct care worker median wages remained lower than median wages for similar occupations despite narrowing in 32 states. Despite some advances, the wage gap has widened in 17 states. “An array of strategies is needed to improve job quality, strengthen and stabilize the direct care workforce, and ensure access to services for all those who need them,” the report says, reflecting LeadingAge’s support for an array of solutions to address the needs of the aging services workforce.

**Last Week’s Recaps.** Here is the October 11, 2024 Recap: [Medicaid HCBS and PACE](#)