



November 18, 2024

The Honorable Mike Johnson
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Hakeem Jeffries
Minority Leader
U.S. House of Representatives
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

Dear Speaker Johnson, Leader Schumer, Leader McConnell and Leader Jeffries,

As Congress reconvenes to enact its legislative agenda for the remainder of the 118th Congress, I am writing on behalf of LeadingAge members to request that you pass the following legislative and funding priorities before the end of this calendar year to strengthen aging services and supports for older adults across the country.

LeadingAge represents more than 5,400 nonprofit aging services providers and other mission-driven organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home.

Affordable Senior Housing

We strongly urge Congress to finalize the fiscal year 2025 (FY25) HUD funding bill this calendar year, and to fund programs at the Senate Appropriations Subcommittee on Transportation, Housing and Urban Development and Related Agencies' funding levels rather than the House bill's levels.

Specifically, we urge the final FY25 HUD funding bill to include the Senate bill's: \$115 million for about 900 new Section 202 homes; \$10 million for HUD to provide certain distressed properties, or at risk of becoming distressed, budget-based rent adjustments; \$40 million for HUD's Older Adult Home Modification Program; \$2 million to help small properties participate in the Rental Assistance Demonstration (RAD) housing preservation program; and, requirement for HUD to coordinate with the Director of the Federal Insurance Office on insurance issues, emphasizing affordable housing properties. The House bill has no such provision.

In addition, we hope the final FY25 HUD bill includes \$10 million for Rental Assistance Demonstration conversion for the preservation about 3000 existing Section 202 Project Rental Assistance Contract homes; \$50 million for about 5,000 new Older Adult Special Purpose Vouchers; \$100 million for 400 new, three-year service coordinator grants; and authorization for capital advances for new Section 202 properties to be paired with project-based Section 8 operating subsidies.

If there is another continuing resolution to fund HUD programs at fiscal year 2024 levels into 2025, recent history has shown that HUD's Section 202 Project Rental Assistance Contract funding could be insufficient to fully renew contracts more than a few or several weeks into the next fiscal year at last year's levels. It is incumbent on Congress to understand, and for any additional CR to include, anomalies needed to fully renew PRAC and Section 8 Project-Based Rental Assistance contracts, which together serve more than 1.1 million older adults, through the duration of any additional CR. Indeed, anomalies beyond these programs must also reflect the needs of other HUD programs, including for the Housing Choice Voucher program, which serves more than 900,000 older adults.

Home Health

We ask that Congress include the *Preserving Access to Home Health Act* (H.R. 5159 / S.2137) in any end of year package. The calendar year 2025 home health rule finalized a -1.975% permanent projected adjustment. This brings us to a nearly 9% permanent cut to home health payment since 2023. At the same time, a \$4.5 billion temporary adjustment looms. This combined reduction in payment will harm older adults and families in need of care and the providers who are doing their best to deliver it. Our nonprofit, mission-driven agency members are at risk. We are already seeing provider closures. This is simply unsustainable and the *Preserving Access to Home Health Act* is critical to stem the bleeding by reversing some of these cuts and repeal the provision that CMS cites as the reason that they must continue to cut the program's payment rates so drastically.

Hospice

We ask that the authority for the hospice face-to-face recertification telehealth flexibility be extended for two years along with the other Medicare telehealth authorities that originated during the COVID-19 pandemic. Provisions extending this flexibility have been included in various telehealth proposals, including the *CONNECT for Health Act* (H.R. 4189 / S. 2016), the *Telehealth Modernization Act* (H.R. 7623 / S. 3967), the *Preserving Telehealth, Hospital, and Ambulance Access Act* (H.R. 8261), which was unanimously passed out of the Ways and Means Committee, and the *Hospice Recertification Flexibility Act* (H.R. 8278), demonstrating broad bicameral and bipartisan support. The provision included in H.R. 8261 and H.R. 8278 that requires CMS to establish a modifier to track recertifications via telehealth is important to include to ensure that we have the data needed to track any impacts on efficacy and quality.

We also request that the hospice special focus program be delayed by two years. The *Enhancing Hospice Oversight and Transparency Act* (H.R. 10097) includes this provision. The special focus program is a well-intended program that we support; however, as we have expressed to CMS, we are concerned that the current algorithm would not target the providers who should be in the program causing hospice reputational damage as well as potentially harming beneficiaries by steering them to a lower quality provider.

Medicaid

We ask that Congress include the *Ensuring Access to Medicaid Buy-in Programs Act* (H.R. 8107) in any end-of-year package. This bill creates a demonstration program to allow 5 states to test removing the requirement that 1915(c) waivers can only serve individuals who meet a nursing home level of care and allowing home and community-based services (HCBS) to be offered to those who meet other, to be determined, needs-based criteria for care. The bill would also codify Medicaid Access Rule reporting requirements for HCBS waiting lists to better monitor access to care for seniors and people with disabilities. The bill would also lift

the age limit on the Medicaid buy-in program. All of these changes would increase access to Medicaid HCBS programs and allow for better tracking of what is going on in state Medicaid programs.

Medicare Advantage

We urge Congress to prioritize passage of the *Improving Seniors' Timely Access to Care Act* (H.R. 8702 / S.4532) before the end of the year. Medicare Advantage (MA) plans have dramatically scaled up care denials in recent years and are placing serious barriers to patients receiving the medically necessary care they need. The *Improving Seniors' Timely Access to Care Act* is a bipartisan, bicameral bill with broad stakeholder support that has been scored as budget neutral by the Congressional Budget Office. Most importantly, this legislation is critical to removing unnecessary delays and inappropriate denials of medically necessary Medicare services for older adults through their MA plans. This legislation will bring much-needed transparency and accountability to these processes, as well as codifying and enhancing elements of the Advancing Interoperability and Improving Prior Authorization Processes rule finalized by CMS on January 17, 2024.

Nursing Home Staffing

LeadingAge strongly supports the goal of ensuring access to the highest quality care in our nation's 15,000 nursing homes. However, the Centers for Medicare and Medicaid Services (CMS) final rule on minimum staffing levels for nursing homes is impossible to implement due to its failure to address the chronic reimbursement challenges and workforce shortages plaguing the health and long-term care sectors.

Federal action on minimum staffing standards must be realistic to achieve its intended effect and should be preceded by serious workforce investments to attract, incentivize, and train registered nurses and nurse aides that are currently in short supply. Until there are enough qualified applicants and adequate funding to address staffing shortages across the long-term care continuum, we urge Congress to halt implementation of the final minimum staffing rule.

We also request that Congress prioritize the *Ensuring Seniors' Access to Quality Care Act* (H.R. 8244 / S. 1749) for inclusion in a year-end legislative package. Certified Nursing Assistants (CNAs) are an integral part of the long-term care workforce. Unfortunately, too many nursing homes have had their CNA training programs suspended for a full two years or longer due to an outdated provision in federal law. This legislation would help address this challenge by modifying requirements that otherwise prohibit a nursing home from running nurse aide trainings and competency evaluations when the nursing home has been subject to civil monetary penalties, as long as the facility has addressed deficiencies associated with the penalties and has not been found to have deficiencies related to patient harm or quality of care.

Workforce

The United States is grappling with a healthcare crisis as the number of older adults with complex care needs grows, but the healthcare and aging services workforce has not increased at the rate necessary to meet the growing demand for care and support. Since 2020, nearly 100,000 registered nurses (RNs) have left the profession, and an additional 610,388 RNs have indicated plans to leave by 2027. This escalating staffing shortage is drastically limiting access to essential care, putting the health and well-being of millions of older adults at risk. Immediate Congressional action is necessary to maintain access to critical care and services.

We, therefore, urge you to pass the *Healthcare Workforce Resilience Act* (H.R. 6205 / S. 3211) before the end of the year. This bill would reallocate 40,000 unused, congressionally authorized visas to fill critical gaps in

the healthcare sector. It would designate 15,000 visas for foreign-born physicians and 25,000 visas for foreign-born nurses. Applicants would be subject to rigorous national security and criminal background checks and employers must verify that hiring foreign nationals will not displace qualified American workers, safeguarding domestic job opportunities while addressing critical gaps in the healthcare workforce.

The aging population in the United States is experiencing unprecedented growth that is placing increasing demands on our system of long-term care services and supports. This demographic shift underscores the need for sustainable care models, investments in workforce expansion, and policy reforms to ensure accessible, high-quality care and services for our country's aging population. It is with these goals in mind that we urge you to take action on the legislative and funding priorities outlined in this letter before the end of the year. To discuss these important issues further, please contact Linda Couch, senior vice president of policy and advocacy, at lcouch@leadingage.org.

Sincerely,



Katie Smith Sloan
President and CEO
LeadingAge