



January 21, 2022

Honorable Joseph Biden
President of the United States
The White House
1600 Pennsylvania Avenue, N.W.
Washington, DC 20500

Dear President Biden:

Thank you for your continued focus on the health and long-term care providers who have been the boots on the ground in the nation's battle with the Coronavirus pandemic. As one nursing home provider recently told me, "We've been holding up the roof here for more than two years." We appreciate your recognition of the hard work frontline care workers are doing every day, as well as your efforts to get supplies and relief to the organizations that employ them.

I am writing to request immediate relief for aging services providers to ensure they can continue the vital work of caring for America's older adults—and, when the time comes, to help them recover from the unprecedented impact of the pandemic. This package of relief will prioritize services and resources to help older Americans at highest risk from COVID-19.

LeadingAge represents more than 5,000 nonprofit aging services providers and other mission-minded organizations that touch millions of lives every day—including nursing homes, assisted living, life plan communities, home and community-based providers, home health, hospice, and low-income senior housing. We appreciate the openness of leaders and staff in the Administration to meeting with us to hear about how our member organizations are doing and what they need from the Administration to keep fighting COVID-19 and to begin the long journey to recovery.

As you know, people over age 65 represent close to 75 percent of those who have lost their lives to COVID-19 in the United States. The people with the highest number of chronic conditions and functional impairments—many of whom use aging services—are at the highest risk. Dedicated, mission-focused providers across the continuum of aging services are doing all they can to keep meeting the needs of the older people they serve. But we need some additional help. I hope you will work with Congress on these requests.

- **An emergency program with funds to address the staffing crisis in aging services.** It's not only hospital workers who are exhausted and leaving their jobs. Nursing homes' frontline staff are tired, stressed and quitting. New hires are scarce. Providers across the aging services continuum report staffing shortages in record numbers. Many LeadingAge members have had to put limits on serving additional older people in need (including those coming from filled-to-capacity hospitals) and even close buildings because they have been unable to hire qualified staff to

serve and care for people. Many are hiring temporary staff to fill gaps – at a cost that is two, three or four times that of permanent employees. Providers are unable to sustain the increased expense of temporary staff. We request that Congress provide a one-time relief payment of \$2,000 to the nation’s 4.6 million direct care workers and 3,100 HUD service coordinators who have been in their jobs for at least six months. In addition, we ask Congress to authorize and fund a permanent program that would increase the compensation of these workers by \$5 per hour.

- **Additional Provider Relief Funds.** The PRF well is running dry. The latest round of PRF payments funded less than 45 percent of providers’ reported COVID-related lost revenues and expenses through the first quarter of 2021. Aging service providers, who serve older adults in both congregate settings and individual homes, continue to mount expenses for COVID-19 testing, adequate staffing, personal protective equipment and increasing costs of everyday products due to the pandemic. These providers should be prioritized for remaining and returned funds as they continue to battle COVID-19. We also need Congress to appropriate another \$8-10 billion to help sustain aging services providers through the entirety of the pandemic.
- **A testing supply system dedicated to aging services.** LeadingAge member nursing homes and assisted living providers are pleased that HHS supplies them with testing materials and that HHS is open to working with us to improve the distribution system. In addition, we would like to see Congress establish a program to target test supplies to *all* aging services providers across the continuum (including low-income senior housing, life plan communities, home and community-based settings, home health, and hospice). In addition to addressing immediate needs related to the Omicron variant, such a system could be deployed in future emergencies.
- **A supply of therapeutics dedicated to aging services.** Your Administration has been clear that those most at-risk for severe COVID symptoms and death should be the first to receive therapeutics, which are in limited supply. Congress should allocate resources to support Administration efforts to target therapeutics to the most vulnerable older people, through the providers who serve them. At present, with the emphasis on infusion drugs, this is most practical for nursing home providers, but the Administration should also ensure that providers of home infusion also can access and be appropriately reimbursed for these medications. Over time, as more oral therapeutics are approved, the targeting can expand beyond providers who are able to administer infusions.
- **Extensions of key pandemic waivers for two years after the Public Health Emergency ends.** Many of the temporary flexibilities granted by HHS under waivers that are tied to the Public Health Emergency, predominantly under section 1135 of the Social Security Act, have enabled providers to quickly serve older people who need help. The challenges that these flexibilities address will take some time to resolve, even after the end of the pandemic. We request that Congress direct HHS to extend some of these flexibilities for an additional two years after the expiration of the Public Health Emergency. Specifically, we ask that Congress extend the waivers related to telehealth, including an expansion to home health and PACE providers, and key nursing home provisions including the requirement for Medicare coverage of a three-day hospital stay prior to skilled nursing facility admission (so consumers are not faced with surprise billing for SNF coverage when they thought Medicare would pay) and allowing nurse aides to work longer than four months prior to certification.

- **Support for affordable senior housing.** Almost 800,000 older adults with very low incomes and high incidences of chronic health conditions live in privately-owned, HUD-subsidized affordable housing. The CARES Act provided \$215 million to cover increased COVID-related expenses for these communities. Almost two years after enactment of the CARES Act, LeadingAge understands much remains unspent. Any supplemental relief bill should expand the eligible use categories for HUD's COVID-19 Supplemental Payments to include establishing and upgrading internet access, evidence-based wellness and mental health programming for residents, and improved access to these funds by affordable senior housing providers.

If you would like to discuss these requests or have questions, please contact Ruth Katz, LeadingAge's senior vice president for policy, at rkatz@leadingage.org.

Sincerely,

A handwritten signature in black ink that reads "Katie Smith Sloan". The signature is written in a cursive, flowing style.

Katie Smith Sloan
President and CEO
LeadingAge

CC: Secretary Xavier Becerra, Department of Health and Human Services
Secretary Marcia Fudge, Department of Housing and Urban Development