I

118TH CONGRESS
2D SESSION

H. R. 7605

To address the worsening long-term care workforce crisis and increase access to and affordability of long-term care.

IN THE HOUSE OF REPRESENTATIVES

MARCH 8, 2024

Mrs. TRAHAN (for herself and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Education and the Workforce, and in addition to the Committee on Energy and Commerce, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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A BILL

To address the worsening long-term care workforce crisis and increase access to and affordability of long-term care.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the ‘‘Safeguarding Elderly
5 Needs through Innovation and Occupational Resources
6 Act of 2024’’ or the ‘‘SENIOR Act of 2024’’.

7 **SEC. 2. FINDINGS.**

8 Congress finds the following:

1 (1) The United States population is aging more
2 rapidly than ever before, with 10,000 Americans
3 turning 65 each day. In 2034, for the first time, the
4 Nation will have more people over the age of 65
5 than under the age of 18. The population experi-
6 encing the fastest growth are persons 85 and older,
7 which is projected to grow 198 percent by 2060.

8 (2) The Department of Health and Human
9 Services estimates that 70 percent of Americans over
10 the age of 65 will require some form of long-term
11 care in their lifetime. By 2050, the number of Amer-
12 icans requiring paid long-term care services will tri-
13 ple from 8,300,00 to 27,000,000.

14 (3) According to 2020 Census data, more than
15 40 percent of baby boomers do not have any retire-
16 ment savings, let alone savings for their long-term
17 care needs. A recent report by the National Council
18 on Aging found that up to 80 percent of older adults
19 would be unable to afford 4 years in an assisted liv-
20 ing community or more than 2 years of nursing
21 home care. Put another way, 47,000,000 Americans
22 aged 60 or above do not have the financial resources
23 to cover the future care they may need.

24 (4) Caring for America's aging seniors will be
25 the single most expense domestic priority and is pro-

1 jected to deplete Federal and State Medicaid budg-
2 ets. The United States spent over $400,000,000,000
3 on long-term care in 2020, nearly 10 percent of all
4 national health care spending.
5 (5) According to the Congressional Research
6 Service, State and Federal programs account for
7 71.4 percent of all long-term care spending nation-
8 wide in 2021. Medicaid and Medicare are, respec-
9 tively, the first and second-largest public payers, ac-
10 counting for a combined 64.1 percent of all spend-
11 ing. Medicaid is by far the largest single funding
12 source for long-term care, spending approximately
13 $135,800,000,000 in 2020, a figure that is projected
14 to reach $466,000,000,000 by 2050.
15 (6) A 2023 report by AARP, indicates that at
16 least 9 percent of seniors in skilled nursing nation-
17 wide have low-acuity levels that do not warrant high
18 skilled care, but are forced into a skilled nursing
19 home where assets can be depleted, and Medicaid
20 can become the primary payer. The report by AARP
21 indicated that this number is 20 percent in 5 States.
22 (7) In 2021, the Department of Veterans Af-
23 fairs testified to Congress that if veterans in need of
24 long-term care services could choose assisted living
25 instead of a nursing home, $69,101 per veteran per

1 year would be saved by the Department of Veterans
2 Affairs.
3 (8) Strengthening cost-effective models of long-
4 term care services, providing incentives for Ameri-
5 cans to better afford their care costs, and developing
6 the workforce needed to care for the Nation's aging
7 population will reduce Federal and State Medicaid
8 spending.
9 (9) Congregate care models of long-term care
10 services, such as assisted living, are half the cost of
11 nursing homes, and less than a third of round the
12 clock home health aides.
13 (10) Assisted living provides 24/7 personal care,
14 chronic disease management, nutrition, room and
15 board, and socialization. If assisted living were not
16 an option, as many as 61 percent of senior residents
17 may be forced into far-costlier skilled nursing facili-
18 ties at a cost of $43,400,000,000 per year.
19 (11) The senior living industry lost approxi-
20 mately 400,000 jobs between 2020 and 2022, leav-
21 ing the workforce far below prepandemic employ-
22 ment levels. In order to care for the United States
23 aging population, the senior care industry will need
24 to fill more than 20,200,000 jobs by 2040.

1 **SEC. 3. ADDRESSING THE LONG-TERM CARE WORKFORCE**
2 **CRISIS.**
3 (a) WORKFORCE PROGRAMS.—
4 (1) EXPANSION OF DOL WORKFORCE PRO-
5 GRAMS.—The Secretary of Labor, acting jointly
6 through the Assistant Secretary for Employment
7 and Training and the National Director for the Of-
8 fice of Job Corps of the Employment and Training
9 Administration, shall establish new and expand ex-
10 isting education and training grant programs to sup-
11 port the expansion of the direct care workforce for
12 purposes of caring for a rapidly aging population
13 and providing home and community-based services
14 to older adults and people with disabilities. Such
15 programs shall include support for core certification
16 and training requirements for the direct care work-
17 force of assisted living facilities.
18 (2) EXPANSION OF HRSA WORKFORCE PRO-
19 GRAMS.—The Secretary of Health and Human Serv-
20 ices, acting through the Administrator of the Health
21 Resources and Services Administration, shall estab-
22 lish new and expand existing workforce education
23 and training grant programs to address shortages in
24 the direct care workforce serving the rapidly aging
25 population and providing home and community-
26 based services to older adults and people with dis-

abilities. Such programs shall include support for core certification and training requirements for the direct care workforce of assisted living facilities.

(b) DEFINITIONS.—In this section:

(1) ASSISTED LIVING FACILITY.—The term ''assisted living facility'' means any licensed, registered, certified, listed, or State-regulated residence, managed residential community, building, or part of a building that provides, or contracts to provide, housing with supportive services on a continuing basis to individuals who—

(A) are elderly or have a mental health, developmental, or physical disability; and

(B) are unrelated by blood or marriage to the owner or operator of the residence, community, building, or part of a building, if the owner or operator is an individual.

(2) DIRECT CARE WORKFORCE.—The term ''direct care workforce'' means a workforce that is composed of individuals who, in exchange for compensation, provide services at an assisted living facility to an individual who is elderly or who has a mental health, developmental, or physical disability, that promote such individual's independence, including—

1 (A) services that enhance independence
2 and community inclusion for such individual,
3 including traveling with such individual, attend-
4 ing and assisting such individual while visiting
5 friends and family, shopping, or socializing;
6 (B) services such as coaching and sup-
7 porting such individual in communicating
8 needs, achieving self-expression, pursuing per-
9 sonal goals, living independently, and partici-
10 pating actively in employment or voluntary roles
11 in the community;
12 (C) services such as providing assistance
13 with activities of daily living (such as feeding,
14 bathing, toileting, and ambulation) and with
15 tasks such as meal preparation, shopping, light
16 housekeeping, and laundry; or
17 (D) services that support such individual
18 at home, work, school, or any other community
19 setting.
20 **SEC. 4. SENIOR CARE COST REDUCTION PROGRAM.**
21 Part A of title III of the Older Americans Act of 1965
22 (42 U.S.C. 3021 et seq.) is amended by adding at the end
23 the following:

1 “SEC. 317. SENIOR CARE COST REDUCTION PROGRAM.

2 “(a) ESTABLISHMENT OF PROGRAM.—The Assistant
3 Secretary, acting through the Administration, shall estab-
4 lish a ‘Senior Care Cost Reduction Program’ for making
5 allotments to States to administer monthly cost reduction
6 amounts to assist low-income seniors to reside and receive
7 services in assisted living facilities located in the State as
8 an alternative to more costly institutional care.

9 “(b) STATE APPLICATION.—In order to be eligible to
10 receive an allotment under this section, the State shall
11 submit an application to the Assistant Secretary at such
12 time, in such manner, and accompanied by such informa-
13 tion as the Assistant Secretary may reasonably require.

14 “(c) COST REDUCTION AMOUNT.—

15 “(1) INITIAL AMOUNT.—Upon establishment of
16 the Program, the monthly amount provided by the
17 State to eligible recipients shall be $1,000.

18 “(2) ADJUSTMENTS IN CONSUMER PRICE
19 INDEX.—Beginning one year after the establishment
20 of the Program, and each subsequent year, the
21 monthly amount required under paragraph (1) shall
22 be increased by the percentage, if any, by which the
23 Consumer Price Index for all urban consumers (all
24 items; United States city average) for the most re-
25 cent calendar year exceeds the Consumer Price

1 Index for the previous calendar year, rounded to the
2 nearest dollar.
3 ''(d) ELIGIBILITY.—In order to be eligible for a cost
4 reduction amount under this section, the individual
5 must—
6 ''(1) submit an application to and be approved
7 by the relevant State agency tasked with admin-
8 istering the Program;
9 ''(2) be at least 70 years old as of the date of
10 application;
11 ''(3) be accepted for admission as a resident in,
12 or currently reside in, an assisted living facility
13 which has been approved by the relevant State agen-
14 cy to participate in this Program;
15 ''(4) be either a 'chronically ill individual' (as
16 defined in section 7702B(c)(2) of the Internal Rev-
17 enue Code of 1986) or eligible to receive long-term
18 services and supports under the relevant State's
19 Medicaid program; and
20 ''(5) be determined to be financially eligible,
21 pursuant to subsection (e).
22 ''(e) FINANCIAL ELIGIBILITY.—An individual is fi-
23 nancially eligible under this section only if the individ-
24 ual's—

1 "(1) net monthly income is less than the ap-
2 proved monthly fees for the services provided at the
3 assisted living facility;
4 "(2) net annual income is not higher than 60
5 percent of the median income for the State in which
6 the individual resides, as determined by the Sec-
7 retary of Housing and Urban Development; and
8 "(3) resources are not greater than $19,000 if
9 single, or $25,000 if married.
10 "(f) IMPLEMENTATION.—The Secretary, acting
11 through the Assistant Secretary, may issue such regula-
12 tions as may be necessary to carry out this section.
13 "(g) ASSISTED LIVING FACILITY DEFINED.—As
14 used in this section, the term 'assisted living facility'
15 means any licensed, registered, certified, listed, or State-
16 regulated residence, managed residential community,
17 building, or part of a building that provides, or contracts
18 to provide, housing with supportive services on a con-
19 tinuing basis to individuals who—
20 "(1) are elderly or have a mental health, devel-
21 opmental, or physical disability; and
22 "(2) are unrelated by blood or marriage to the
23 owner or operator of the residence, community,
24 building, or part of a building, if the owner or oper-
25 ator is an individual.".

SEC. 5. AUTHORIZATION OF APPROPRIATIONS.

Amounts that have been returned to or recovered by the Health Resources and Services Administration or the Department of the Treasury, including all amounts returned or recovered after the date of enactment of this Act, from amounts made available and disbursed to eligible health care providers for health care-related expenses or lost revenues attributable to coronavirus under the heading "Public Health and Social Services Emergency Fund" in title VIII of division B of Public Law 116–136, title I of division B of Public Law 116–139, and title III of division M of Public Law 116–260, are authorized to be appropriated to carry out this Act and the amendment made by this Act.

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