



March 20, 2023

The Honorable Bernard Sanders
Chair
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

The Honorable Bill Cassidy, M.D.
Ranking Member
Committee on Health, Education, Labor,
and Pensions
United States Senate
Washington, DC 20510

RE: Request for Information on Health Care Workforce Shortages

Dear Chair Sanders and Ranking Member Cassidy:

The American Network of Community Options and Resources (ANCOR) appreciates the opportunity to provide comment on the Committee's work to find legislative solutions to address the current health care workforce shortages.

Founded more than 50 years ago, ANCOR is a national, nonprofit association representing 2,000 private community providers of long-term supports and services to people with intellectual and developmental disabilities (I/DD), as well as 56 state provider associations. Combined, our members support more than one million individuals with I/DD across their lifespan and are funded almost exclusively by Medicaid. Our mission is to advance the ability of our members to support people with I/DD to fully participate in their communities.

Efforts to Strengthen the Health Care Workforce Must Include the Direct Support Workforce

We are appreciative of the focus of this committee on ways Congress can strengthen the health care workforce. Policies to ensure Americans have better access to health care cannot neglect the critical long-term services and supports aging individuals and people with disabilities rely on every day, and the direct care workforce that supports them. Direct care work encompasses a broad range of activities, from supporting people in tasks of daily living like eating and bathing, to managing medications and chronic health conditions, to facilitating community integration and career planning.

Studies of the direct care workforce demonstrate that over the past decade the demand for direct care workers has nearly doubled. And this demand is not slowing. In fact, the direct care

workforce is expected to require nearly a million more new workers by 2030—more projected growth than in any other occupation in the country.¹

Unfortunately, the vast growth in demand for direct care workers comes at the same time that the direct care workforce is in the midst of a catastrophic shortage. Without measures to strengthen the retention and recruitment of direct care workers, millions of people will be left without access to critical home- and community-based supports.

The Direct Support Workforce Crisis Endangers Access to Critical Services

ANCOR's members offer a broad range of supports to help people with I/DD live full and independent lives in their communities. The direct care workers providing these services are direct support professionals (DSPs), who not only provide essential caregiving services to people with I/DD, but also provide an array of supports ranging from assistance in grocery shopping to job training and employment supports.

But the direct care workforce crisis impacts the ability of DSPs to provide critical home- and community-based services. This crisis stems from decades of underinvestment in the program and stagnant reimbursement rates that leave providers unable to offer wages that are competitive with those of hourly-wage industries, such as fast food, retail, and convenience stores. The COVID-19 pandemic has exacerbated the existing crisis to levels that threaten the very infrastructure of community-based services.

In 2022, ANCOR surveyed its community-based provider network to measure the impact the workforce crisis has had on their ability to provide services. Data from the *State of America's Direct Support Workforce Crisis 2022* indicates² that 83% of providers are turning away new referrals due to insufficient staffing, while 63% of providers have been forced to discontinue programs and services—a staggering 85.3% increase since the beginning of the pandemic.

As providers continue to grapple with the loss of staff and subsequent program closures, people with I/DD are experiencing diminishing access to community-based services. When people lose access to home- and community-based services, they increasingly end up in institutions or hospitals, further straining the health care staff employed in those settings.

Congress Must Prioritize Strengthening the Direct Care Workforce

We urge this committee to consider policies to strengthen the direct care workforce as part of its strategy to strengthen the broader health care workforce. The impact of the direct care workforce is felt in the health care system and impacts the life-sustaining services for millions of Americans.

¹ PHI, [Direct Care Workers in the United States: Key Facts](#) (Sept. 2022).

² American Network of Community Options and Resources, [The State of America's Direct Support Workforce Crisis 2022](#) (Oct. 2022).

Please consider legislation to strengthen the retention and recruitment of direct care workers, such as:

Supporting Career Pipeline Programs for Direct Support Professionals

The workforce crisis necessitates additional investments in the training and professionalization of the direct support workforce. ANCOR supports legislation that would authorize federal grant programs to support the training, recruitment, retention, and advancement of the direct support workforce.

Increasing Provider Payment Rates

Disability service providers are primarily reliant on Medicaid funds as their only funding source. In most states, services are funded by stagnant Medicaid reimbursement rates, which have not kept pace with rising inflation. DSP wages are determined by the Medicaid reimbursement rates state agencies set when contracting with providers of long-term services and supports like home and community-based services. As a result, providers are increasingly unable to compete against other private industries that can offer more competitive wages. ANCOR supports legislation that would provide increased federal funding to states to address stagnant payment rates as a means of promoting the recruitment and retention of direct support workers.

Creating a Standard Occupational Classification for Direct Support Professionals

There is no federal standard occupational classification (SOC) for DSPs. SOCs are used to help all levels of government to identify employment trends and design policies including state rate setting for Medicaid supports. Without a classification that accurately reflects the DSP workforce, there is no comprehensive mechanism for collecting data on DSPs and policymakers cannot make informed decisions to assist with recruiting, retaining, or adequately paying DSPs.

States also utilize the SOC code in developing rate models that detail categories of provider expenses, including DSP wages and benefits. However, because there is currently no occupational classification for DSPs, state models vary widely.³ Creating a SOC for DSPs would help with stabilizing DSP wages. ANCOR supports passage of legislation to create a SOC for DSPs.

Conclusion

We thank you for the opportunity to submit comments to address the ongoing health care workforce crisis. We urge you to support legislation to strengthen the direct support workforce. If you have questions or would like to discuss further, please feel free to contact Elise Aguilar, ANCOR's Director of Federal Relations, at eaguilar@ancor.org.

³ Health Management Associates, [Review of States' Approaches to Establishing Wage Assumptions for Direct Support Professionals When Setting I/DD Provider Rates](#) (July 2022).

Sincerely,

A handwritten signature in grey ink, appearing to read "Elise Aguilar". The signature is fluid and cursive, with the first name "Elise" being more prominent than the last name "Aguilar".

Elise Aguilar
Director of Federal Relations