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(Original Signature of Member)

117TH CONGRESS
1ST SESSION

H. R.

To amend the Public Health Service Act to develop and test an expanded and advanced role for direct-care workers who provide long-term services and supports to older adults and people with disabilities in efforts to coordinate care and improve the efficiency of service delivery, and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

Mr. CARTWRIGHT introduced the following bill; which was referred to the Committee on _____

A BILL

To amend the Public Health Service Act to develop and test an expanded and advanced role for direct-care workers who provide long-term services and supports to older adults and people with disabilities in efforts to coordinate care and improve the efficiency of service delivery, and for other purposes.

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

1 **SECTION 1. SHORT TITLE.**

2 This Act may be cited as the “Improving Care for
3 Vulnerable Older Citizens and People with Disabilities
4 through Workforce Advancement Act of 2021”.

5 **SEC. 2. FINDINGS.**

6 Congress finds the following:

7 (1) As of 2019, more than 54,000,000 Ameri-
8 cans were age 65 or older. By 2030, the Census Bu-
9 reau projects that one in five Americans will be 65
10 or older. More than 80 percent of older Americans
11 suffer from chronic conditions which require person-
12 centered, coordinated care that helps them to live in
13 a home- or community-based setting. In 2012, the
14 Government Accountability Office (GAO) found that
15 34 percent of Americans who are age 60 or older re-
16 ported needing assistance performing activities of
17 daily living. According to a 2015 GAO report, be-
18 tween 67 and 78 percent of older adults who likely
19 need home-based care receive limited or no help with
20 their difficulties.

21 (2) Direct-care workers (referred to in this sec-
22 tion as “DCWs”) provide an estimated 70 to 80 per-
23 cent of the paid hands-on long-term care and per-
24 sonal assistance received by elders and people with
25 disabilities or other chronic conditions in the United
26 States. These workers help their clients bathe, dress,

1 and negotiate a range of other daily tasks. They are
2 a lifeline for those they serve, as well as for families
3 and friends struggling to provide high-quality care.

4 (3) Eldercare and disability services positions
5 account for nearly one-third of the 18,000,000
6 health care jobs in the United States. The direct-
7 care workforce alone accounts for nearly 4,600,000
8 jobs and is expected to add nearly 1,300,000 new
9 positions within the next decade.

10 (4) The majority of DCWs are now employed in
11 home- and community-based settings, and not in in-
12 stitutional settings such as nursing care facilities or
13 hospitals. In 2019, DCWs providing home-based
14 care already outnumbered DCWs in nursing homes
15 by more than 4 to 1.

16 (5) A 2008 Institute of Medicine report, enti-
17 tled “Re-tooling for an Aging America: Building the
18 Health Care Workforce”, called for new models of
19 care delivery and coordination, and dedicated a
20 chapter to the central importance of the direct-care
21 workforce in a “re-tooled” eldercare delivery system.

22 (6) An Institute of Medicine report on the fu-
23 ture of nursing, released in 2016, recommended
24 nurses should practice to the full extent of their edu-
25 cation and training. The report also states that all

1 health care professionals should work collaboratively
2 in team-based models, and that the goal should be
3 to encourage care models that use every member of
4 the team to the full capacity of his or her training
5 and skills.

6 (7) The Patient Protection and Affordable Care
7 Act (Public Law 111–148) emphasizes the need for
8 improving care and lowering costs by better coordi-
9 nation of care and integration of services, particu-
10 larly for consumers with multiple chronic conditions.
11 This has required developing new models of care for
12 those receiving long-term services and supports.

13 **SEC. 3. DEMONSTRATION PROGRAM ON CARE COORDINA-**
14 **TION AND SERVICE DELIVERY.**

15 Title III of the Public Health Service Act is amended
16 by inserting after section 330N of such Act (42 U.S.C.
17 254c–20) the following:

18 **“SEC. 3300. DEMONSTRATION PROGRAM ON CARE COORDI-**
19 **NATION AND SERVICE DELIVERY.**

20 **“(a) ESTABLISHMENT OF DEMONSTRATION PRO-**
21 **GRAM.—**

22 **“(1) IN GENERAL.—**The Secretary, acting
23 through the Administrator of the Health Resources
24 and Services Administration, shall carry out a dem-
25 onstration program in accordance with this section.

1 Under such program, the Secretary shall award
2 grants to eligible entities to carry out demonstration
3 projects that focus on care coordination and service
4 delivery redesign for older adults and people with
5 disabilities who have chronic illness or are at risk of
6 institutional placement by—

7 “(A) designing and testing new models of
8 care coordination and service delivery that
9 thoughtfully and effectively deploy direct-care
10 workers in advanced roles to improve efficiency
11 and quality of care for older adults and people
12 with disabilities; and

13 “(B) giving direct-care workers opportuni-
14 ties for career advancement through additional
15 training, an expanded role, and increased com-
16 pensation.

17 “(2) DIRECT-CARE WORKER.—In this section,
18 the term ‘direct-care worker’ has the meaning given
19 that term in the 2010 Standard Occupational Classi-
20 fications of the Department of Labor for Home
21 Health Aides [31–1011], Psychiatric Aides [31–
22 1013], Nursing Assistants [31–1014], and Personal
23 Care Aides [39–9021].

1 “(b) DEMONSTRATION PROJECTS.—The demonstra-
2 tion program under this section shall be composed of 4
3 demonstration projects, as follows:

4 “(1) Two demonstration projects shall focus on
5 using the abilities of direct-care workers to promote
6 smooth transitions in care and help to prevent un-
7 necessary hospital readmissions. Under these
8 projects, direct-care workers shall be incorporated as
9 essential members of interdisciplinary care coordina-
10 tion teams.

11 “(2) Two demonstration projects shall focus on
12 maintaining the health and improving the health sta-
13 tus of those with multiple chronic conditions and
14 long-term care needs or on training direct-care work-
15 ers to take on greater responsibilities related to spe-
16 cific diseases, including Alzheimer’s disease and de-
17 mentia, congestive heart failure, and diabetes. Under
18 these projects, direct-care workers shall assist in
19 monitoring health status, ensuring compliance with
20 prescribed care, and educating and coaching the
21 older adults and people with disabilities involved, as
22 well as any family caregivers and other members of
23 the care team.

24 “(c) ELIGIBLE ENTITY.—In this section, the term
25 ‘eligible entity’ means a consortium that consists of—

1 “(1) at least 1—

2 “(A) skilled nursing facility or other resi-
3 dential long-term care provider; or

4 “(B) home health and personal care service
5 provider; and

6 “(2) at least 1—

7 “(A) hospital or health system;

8 “(B) labor organization or labor-manage-
9 ment partnership;

10 “(C) community-based aging and disability
11 services provider;

12 “(D) patient-centered medical home;

13 “(E) federally qualified health center;

14 “(F) managed care entity, including a
15 managed health and long-term care program;

16 “(G) entity that provides health services
17 training;

18 “(H) State-based public entity engaged in
19 building new roles and related curricula for di-
20 rect-care workers; or

21 “(I) any other entity that the Secretary
22 deems eligible based on integrated care criteria.

23 “(d) APPLICATION.—To be eligible to receive a grant
24 under this section, an eligible entity shall submit to the
25 Secretary an application at such time, in such manner,

1 and containing such information as the Secretary may re-
2 quire, which shall include—

3 “(1) a description of the care coordination and
4 service delivery models of the entity, detailed on a
5 general, organizational, and staff level;

6 “(2) a description of how the demonstration
7 project carried out by the entity will improve care
8 quality, including specific objectives and anticipated
9 outcomes that will be used to measure success; and

10 “(3) a description of how the coordinated care
11 team approach with an enhanced role for the direct-
12 care worker under the demonstration project will in-
13 crease efficiency and cost effectiveness compared to
14 past practice.

15 “(e) PLANNING AWARDS UNDER DEMONSTRATION
16 PROGRAM.—

17 “(1) IN GENERAL.—Each eligible entity that re-
18 ceives a grant under this section shall receive a
19 grant for planning activities related to the dem-
20 onstration project to be carried out by the entity, in-
21 cluding—

22 “(A) designing the implementation of the
23 project;

1 “(B) identifying competencies and devel-
2 oping curricula for the training of participating
3 direct-care workers;

4 “(C) developing training materials and
5 processes for other members of the interdiscipli-
6 nary care team;

7 “(D) articulating a plan for identifying
8 and tracking cost savings gained from imple-
9 mentation of the project and for achieving long-
10 term financial sustainability; and

11 “(E) articulating a plan for evaluating the
12 project, encompassing workforce outcomes, care
13 outcomes, and cost outcomes.

14 “(2) AMOUNT AND TERM.—

15 “(A) TOTAL AMOUNT.—The amount
16 awarded under paragraph (1) for all grants
17 shall not exceed \$600,000.

18 “(B) TERM.—Activities carried out under
19 a grant awarded under paragraph (1) shall be
20 completed not later than 1 year after the grant
21 is awarded.

22 “(f) IMPLEMENTATION AWARDS UNDER DEM-
23 ONSTRATION PROGRAM.—

24 “(1) IN GENERAL.—Each eligible entity may re-
25 ceive a grant for implementation activities related to

1 the demonstration project to be carried out by the
2 entity, if the Secretary determines the entity—

3 “(A) has successfully carried out the ac-
4 tivities under the grant awarded under sub-
5 section (e);

6 “(B) offers a feasible plan for long-term fi-
7 nancial sustainability;

8 “(C) has constructed a meaningful model
9 of advancement for direct-care workers; and

10 “(D) aims to provide training to a sizeable
11 number of direct-care workers and to serve a
12 sizeable number of older adults and people with
13 disabilities.

14 “(2) USE OF FUNDS.—The implementation ac-
15 tivities described under paragraph (1) shall in-
16 clude—

17 “(A) training of all care team members in
18 accordance with the design of the demonstra-
19 tion project; and

20 “(B) evaluating the competency of all staff
21 based on project design.

22 “(3) EVALUATION AND REPORT.—

23 “(A) EVALUATION.—Each recipient of a
24 grant under paragraph (1), in consultation with

1 an independent evaluation contractor, shall
2 evaluate—

3 “(i) the impact of training and de-
4 ployment of direct-care workers in ad-
5 vanced roles, as described in this section,
6 within each participating entity on out-
7 comes, such as direct-care worker job satis-
8 faction and turnover, beneficiary and fam-
9 ily caregiver satisfaction with services, rate
10 of hospitalization of beneficiaries, and ad-
11 ditional measures determined by the Sec-
12 retary;

13 “(ii) the impact of such training and
14 deployment on the long-term services and
15 supports delivery system and resources;

16 “(iii) statement of the potential of the
17 use of direct-care workers in advanced
18 roles to lower cost and improve quality of
19 care; and

20 “(iv) long-term financial sustainability
21 of the model used under the grant and the
22 impact of such model on quality of care.

23 “(B) REPORTS.—Not later than 180 days
24 after completion of the demonstration program
25 under this section, each recipient of a grant

1 under paragraph (1) shall submit to the Sec-
2 retary a report on the implementation of activi-
3 ties conducted under the demonstration project,
4 including—

5 “(i) the outcomes, performance bench-
6 marks, and lessons learned from the
7 project;

8 “(ii) a statement of cost savings
9 gained from implementation of the project
10 and how the cost savings have been rein-
11 vested to improve direct-care job quality
12 and quality of care; and

13 “(iii) results of the evaluation con-
14 ducted under subparagraph (A) with re-
15 spect to such activities, together with such
16 recommendations for legislation or admin-
17 istrative action for expansion of the dem-
18 onstration program under this section on a
19 broader scale as the Secretary determines
20 appropriate.

21 “(4) AMOUNT AND TERM.—

22 “(A) TOTAL AMOUNT.—The amount
23 awarded under paragraph (1) for all grants
24 shall not exceed \$2,900,000.

1 “(B) TERM.—Activities carried out under
2 a grant awarded under paragraph (1) shall be
3 completed not later than 3 years after the grant
4 is awarded.”.