

116TH CONGRESS
2D SESSION

H. R. 9057

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

DECEMBER 31, 2020

Mr. CARTWRIGHT introduced the following bill; which was referred to the Committee on Energy and Commerce

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,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Improving Care for
5 Vulnerable Older Citizens and People with Disabilities
6 through Workforce Advancement Act of 2020”.

1 **SEC. 2. FINDINGS.**

2 Congress finds the following:

3 (1) As of 2016, more than 49,000,000 Ameri-
4 cans were age 65 or older. By 2030, the Census Bu-
5 reau projects that one in five Americans will be 65
6 or older. More than 75 percent of older Americans
7 suffer from chronic conditions which require person-
8 centered, coordinated care that helps them to live in
9 a home- or community-based setting. In 2012, the
10 Government Accountability Office (GAO) found that
11 34 percent of Americans who are age 60 or older re-
12 ported needing assistance performing activities of
13 daily living. According to a 2015 GAO report, be-
14 tween 67 and 78 percent of older adults who likely
15 need home-based care receive limited or no help with
16 their difficulties.

17 (2) Direct-care workers (referred to in this sec-
18 tion as “DCWs”) provide an estimated 70 to 80 per-
19 cent of the paid hands-on long-term care and per-
20 sonal assistance received by elders and people with
21 disabilities or other chronic conditions in the United
22 States. These workers help their clients bathe, dress,
23 and negotiate a range of other daily tasks. They are
24 a lifeline for those they serve, as well as for families
25 and friends struggling to provide high-quality care.

1 (3) Eldercare and disability services positions
2 account for nearly one-third of the 18,000,000
3 health care jobs in the United States. The direct-
4 care workforce alone accounts for nearly 4,500,000
5 jobs and is expected to add more than 1,300,000
6 new positions within the next decade.

7 (4) The majority of DCWs are now employed in
8 home- and community-based settings, and not in in-
9 stitutional settings such as nursing care facilities or
10 hospitals. In 2018, DCWs providing home-based
11 care already outnumbered DCWs in nursing homes
12 by more than 4 to 1.

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

19 (6) An Institute of Medicine report on the fu-
20 ture of nursing, released in October of 2010, rec-
21 ommended nurses should practice to the full extent
22 of their education and training. The report also
23 states that all health care professionals should work
24 collaboratively in team-based models, and that the
25 goal should be to encourage care models that use

1 every member of the team to the full capacity of his
2 or her training and skills.

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

10 **SEC. 3. DEMONSTRATION PROGRAM ON CARE COORDINA-**
11 **TION AND SERVICE DELIVERY.**

12 Title III of the Public Health Service Act is amended
13 by inserting after section 330M of such Act (42 U.S.C.
14 254c–19) the following:

15 **“SEC. 330N. DEMONSTRATION PROGRAM ON CARE COORDI-**
16 **NATION AND SERVICE DELIVERY.**

17 **“(a) ESTABLISHMENT OF DEMONSTRATION PRO-**
18 **GRAM.—**

19 **“(1) IN GENERAL.—**The Secretary, acting
20 through the Administrator of the Health Resources
21 and Services Administration, shall carry out a dem-
22 onstration program in accordance with this section.
23 Under such program, the Secretary shall award
24 grants to eligible entities to carry out demonstration
25 projects that focus on care coordination and service

1 delivery redesign for older adults and people with
2 disabilities who have chronic illness or are at risk of
3 institutional placement by—

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

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

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

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

24 “(1) Two demonstration projects shall focus on
25 using the abilities of direct-care workers to promote

1 smooth transitions in care and help to prevent un-
2 necessary hospital readmissions. Under these
3 projects, direct-care workers shall be incorporated as
4 essential members of interdisciplinary care coordina-
5 tion teams.

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

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

21 “(1) at least 1—

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

24 “(B) home health and personal care service
25 provider; and

- 1 “(2) at least 1—
- 2 “(A) hospital or health system;
- 3 “(B) labor organization or labor-manage-
- 4 ment partnership;
- 5 “(C) community-based aging and disability
- 6 services provider;
- 7 “(D) patient-centered medical home;
- 8 “(E) federally qualified health center;
- 9 “(F) managed care entity, including a
- 10 managed health and long-term care program;
- 11 “(G) entity that provides health services
- 12 training;
- 13 “(H) State-based public entity engaged in
- 14 building new roles and related curricula for di-
- 15 rect-care workers; or
- 16 “(I) any other entity that the Secretary
- 17 deems eligible based on integrated care criteria.
- 18 “(d) APPLICATION.—To be eligible to receive a grant
- 19 under this section, an eligible entity shall submit to the
- 20 Secretary an application at such time, in such manner,
- 21 and containing such information as the Secretary may re-
- 22 quire, which shall include—
- 23 “(1) a description of the care coordination and
- 24 service delivery models of the entity, detailed on a
- 25 general, organizational, and staff level;

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

5 “(3) a description of how the coordinated care
6 team approach with an enhanced role for the direct-
7 care worker under the demonstration project will in-
8 crease efficiency and cost effectiveness compared to
9 past practice.

10 “(e) PLANNING AWARDS UNDER DEMONSTRATION
11 PROGRAM.—

12 “(1) IN GENERAL.—Each eligible entity that re-
13 ceives a grant under this section shall receive a
14 grant for planning activities related to the dem-
15 onstration project to be carried out by the entity, in-
16 cluding—

17 “(A) designing the implementation of the
18 project;

19 “(B) identifying competencies and devel-
20 oping curricula for the training of participating
21 direct-care workers;

22 “(C) developing training materials and
23 processes for other members of the interdiscipli-
24 nary care team;

1 “(D) articulating a plan for identifying
2 and tracking cost savings gained from imple-
3 mentation of the project and for achieving long-
4 term financial sustainability; and

5 “(E) articulating a plan for evaluating the
6 project, encompassing workforce outcomes, care
7 outcomes, and cost outcomes.

8 “(2) AMOUNT AND TERM.—

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

12 “(B) TERM.—Activities carried out under
13 a grant awarded under paragraph (1) shall be
14 completed not later than 1 year after the grant
15 is awarded.

16 “(f) IMPLEMENTATION AWARDS UNDER DEM-
17 ONSTRATION PROGRAM.—

18 “(1) IN GENERAL.—Each eligible entity may re-
19 ceive a grant for implementation activities related to
20 the demonstration project to be carried out by the
21 entity, if the Secretary determines the entity—

22 “(A) has successfully carried out the ac-
23 tivities under the grant awarded under sub-
24 section (e);

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

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

5 “(D) aims to provide training to a sizeable
6 number of direct-care workers and to serve a
7 sizeable number of older adults and people with
8 disabilities.

9 “(2) USE OF FUNDS.—The implementation ac-
10 tivities described under paragraph (1) shall in-
11 clude—

12 “(A) training of all care team members in
13 accordance with the design of the demonstra-
14 tion project; and

15 “(B) evaluating the competency of all staff
16 based on project design.

17 “(3) EVALUATION AND REPORT.—

18 “(A) EVALUATION.—Each recipient of a
19 grant under paragraph (1), in consultation with
20 an independent evaluation contractor, shall
21 evaluate—

22 “(i) the impact of training and de-
23 ployment of direct-care workers in ad-
24 vanced roles, as described in this section,
25 within each participating entity on out-

1 comes, such as direct-care worker job satis-
2 faction and turnover, beneficiary and fam-
3 ily caregiver satisfaction with services, rate
4 of hospitalization of beneficiaries, and ad-
5 ditional measures determined by the Sec-
6 retary;

7 “(ii) the impact of such training and
8 deployment on the long-term services and
9 supports delivery system and resources;

10 “(iii) statement of the potential of the
11 use of direct-care workers in advanced
12 roles to lower cost and improve quality of
13 care; and

14 “(iv) long-term financial sustainability
15 of the model used under the grant and the
16 impact of such model on quality of care.

17 “(B) REPORTS.—Not later than 180 days
18 after completion of the demonstration program
19 under this section, each recipient of a grant
20 under paragraph (1) shall submit to the Sec-
21 retary a report on the implementation of activi-
22 ties conducted under the demonstration project,
23 including—

1 “(i) the outcomes, performance bench-
2 marks, and lessons learned from the
3 project;

4 “(ii) a statement of cost savings
5 gained from implementation of the project
6 and how the cost savings have been rein-
7 vested to improve direct-care job quality
8 and quality of care; and

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

17 “(4) AMOUNT AND TERM.—

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

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

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