

Testimony of Neil Richardson, Deputy Director
DC Appleseed Center for Law and Justice

Council of the District of Columbia
Committee on Health
A Public Roundtable

PR25-0290 Director of the Department of Health Dr. Ayanna Bennet Confirmation
Resolution of 2023

October 5, 2023

INTRODUCTION

DC Appleseed is a non-profit research and advocacy organization dedicated to making the District a better place to live and work for all. For over 25 years, DC Appleseed has worked to improve the District paying particular attention to the needs of our most vulnerable residents including children, the elderly, those at risk for HIV/AIDS, and individuals with special needs.

BACKGROUND

DC Appleseed urges the DC Council to approve Dr. Ayanna Bennett as Director of the Department of Health. DC Appleseed is pleased that the District of Columbia has attracted a well respected and experienced leader to head up a critical agency that touches every District resident. We are also hopeful that Dr. Bennett's background and focus on health equity will continue here in DC as the city aspires to close the health gap in which the color of one's skin is too often a predictor of ones' health and overall wellness. Long term care services affect the poor far more than the wealthy who can afford private pay options. Consistent and quality care should be provided to ALL no matter where they live, what they look like or their income status. Lastly, strong leadership is needed to re-energize an agency seems to be fatigued, understaffed and secretive.

RECOMMENDATIONS

DC Appleseed recommends the following:

1. Improve wages and job quality for direct service health care workers.
2. Advocate for more resources for training and education providers to address retention challenges and chronic staffing shortages.
3. Reinvigorate the Board of Nursing to approve medication aide programs.

Improve wages and job quality for Direct Service Health Care Workers

In the District of Columbia this work sector is made up in near entirety by people of color and women. There are also a significant number of immigrants. The vast majority of our direct support professionals live outside the District in Maryland and Virginia. These workers are doing some of the most essential services for residents who need help from dressing, eating, bathing to many

other activities of daily living. For a brief moment during the pandemic our society realized the value of services provided by this work sector. But in addition to yard signs filled with gratitude, these workers need higher wages and better benefits.

Here are some ideas:

1. Amend the DC Living Wage Act to establish a real living minimum wage of \$24/hour and ensure that it rises with inflation for all Direct Care Workers who assist seniors or people with disabilities in the District.
2. Require the District's Medicaid agency to rebase provider payment methodologies so that providers can pay this living wage and higher rates for workers with more years of experience and/or advance credentials.

Advocate for More Resources for training and education so that providers can address retention challenges and chronic staffing shortages.

In the District of Columbia, not unlike San Francisco, the cost of living is high and there is a significant shortage of affordable or workforce housing in the city. There is also a lot of competition and high demand for "low wage" jobs. Direct service health care workers are paid on average less than people in retail, warehouse work or dog walking, jobs that are important but not essential for people living with serious health challenges.

Here are some ideas:

1. Support efforts to eliminate tuitions/costs for associated with training for residents who agree to work not less than two years in DC.
2. Provide funding to home health providers to support on the job mentoring to new employees.
3. Provide funding to support the Geriatric Career Builders Apprenticeship Program.
4. Establish and fund a Direct Care Worker Pay Equity and Education Fund to fund the needed wage increases and support additional educational resources and supports.
5. Replace the separate credentialing for/between Home Health Aides and Certified Nursing Assistants with a single, universal credential. Phase out the "Bridge Course".

Reinvigorate the Board of Nursing to Approve Medication Aide Workers

The Board of Nursing has a poor track record of making public information available and transparent in this work sector. From 2020 until today, we cannot get a list of all approved training providers for the medication aide certificate, how many students took training and how many have passed. Although this credential was certified four years ago -- in 2019 -- and despite employer demand, the District government to date has not approved any training programs.

Here is an idea:

1. Relevant and knowledgeable Board of Nursing staff could meet with the DC Coalition on Long Term Care (and other stakeholders) to provide an update on the status of the credential. They could then work together in developing training programs to certify medication training aides.