



Mary Myers, MS, RN
Chairman of the Board

William A. Dombi, Esq.
President

February 9, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House of Representatives
Washington, DC 20515

The Honorable Charles Schumer
Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House of Representative
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Robert C. "Bobby" Scott
Chairman, Committee on Education and Labor
U.S. House of Representative
Washington, DC 20515

The Honorable Bernie Sanders
Chairman, Budget Committee
U.S. Senate
Washington, DC 20510

The Honorable Virginia Foxx
Ranking Member, Committee on Education and Labor
U.S. House of Representative
Washington, DC 20515

The Honorable Lindsey Graham
Ranking Member, Budget Committee
U.S. Senate
Washington, DC 20510

Dear Speaker Pelosi, Leader Schumer, Leader McCarthy, Leader McConnell, Chairman Scott, Chairman Sanders, Ranking Member Foxx and Ranking Member Graham:

The National Association for Home Care and Hospice (NAHC) is the largest trade association representing the interests of home care and hospice agencies nationwide including nonprofit, proprietary, urban and rural based, hospital affiliated, public and private corporate entities, and government run providers of home health care and hospice since 1982.

The Forum of State Associations (Forum) is an affiliated organization of NAHC. NAHC and members of the Forum advocate for legislative, regulatory and other changes that will help to improve the quality and availability of home care and hospice services throughout the nation.

Together, NAHC and the Forum write to you today regarding ongoing discussions to increase the federal minimum wage.

Nationwide there are approximately 2.3 million direct care home care workers who might be affected by changes to the minimum a wage with an expected increase of 1.1 million additional home care workers needed by 2028¹. With an increasing number of seniors in need of care, and a workforce expected to

¹ PHI, [Direct Care Workers in the United States: Key Facts](#), September 8, 2020

remain stagnant, this pool of workers, already in short supply, will be in great demand in the coming years. Sufficient pay will be key to ensuring for an ample workforce.

Of these 2.3 million home care workers, 62% are racial minorities and 31% are immigrants. Women make up 87% of the workforce. These workers have median annual earnings of \$17,200, resulting in 54% of workers accessing public assistance, and 1 in 6 living in a household below the federal poverty level¹.

From the onset of the coronavirus pandemic, it was clear that these workers are essential as they are on the frontlines providing care in the safest location, as well as the patient's preferred setting, their own home.

The very nature of work in home care is labor intensive. The job demands lifting and maneuvering patients, often in close confines where assistive equipment may not always be readily available. They see their patients in their most vulnerable states, but their work provides their patients the opportunity to maintain their dignity and independence through assistance with such acts as bathing, dressing, and eating. It is no surprise that this work takes both a physical and emotional toll often leaving workers to seek out similar, if not increased pay in another line of work.

NAHC has long held that home care workers should be compensated in a manner that reflects the valuable service they provide to their patients. Further, inadequate compensation should never serve as a disincentive pushing prospective workers away from this field. However, payment rates for federally funded programs often limit what a home care provider can offer to their staff.


In some states, the reimbursement level for Medicaid personal care services is less than \$15 per hour and must cover not only wage costs, but training and supervision of staff, administrative functions for scheduling, billing, and more along with the employer tax share of Social Security, Workers Compensation, and Unemployment Compensation. Notably, travel time between patients is not covered by federal and state programs. Increasing the minimum wage cannot be done successfully if home care is to be maintained unless federal and state home care programs concurrently increase payment rates. Providing a living wage is essential to maintaining a staff, yet government funded programs such as Medicaid, VA Healthcare, and AoA home care limit what an agency can offer in compensation. In the past, cost increases such as the minimum wage have rarely led to necessary rate increases.

Should the Congress act to increase the federal minimum wage, it should also act to require comparably increased reimbursement rates from any government funding source to cover a home care agency's increased wage cost. In situations of private pay, Congress should create a tax credit or subsidy for the consumer of services so that they may maintain the level of care they need. Care in the home is essential. It should not be available only to the wealthy.

NAHC has long supported the rebalancing of the Medicaid program in favor of home and community-based services (HCBS). NAHC was encouraged to see then Presidential-candidate Biden propose a \$755 billion expansion of the HCBS program during the campaign, and will work towards helping President Biden and his administration as they take steps towards achieving that goal. However, success may not be realized to its full intent if providers are not able to participate in the Medicaid program due to fiscal limitations.

Thank you for consideration of these recommendations as you craft policy addressing the minimum wage. NAHC stands ready to provide further assistance and resources as legislation is developed. Should you have any requests or require further discussion, please contact Calvin McDaniel (cmcdaniel@nahc.org).

Sincerely,



William A. Dombi, Esq.
President

On behalf of:

Granite State Home Health & Hospice Association (NH)
Homecare and Hospice Association of Utah
Maryland-National Capital Homecare Association
Pennsylvania Homecare Association
Virginia Association for Home Care and Hospice
Missouri Alliance for Home Care
Home Care Alliance of Massachusetts
Home Care & Hospice Alliance of Maine
Connecticut Association for Healthcare at Home
Home Care and Hospice Association of New Jersey
Minnesota Home Care Association
Arizona Association for Home Care
Home Care Association of New York State
California Association for Health Services at Home
New York State Association of Health Care Providers
Iowa Center for Home Care
Ohio Health Care Association
Nebraska Association for Home Healthcare and Hospice
West Virginia Council of Home Care Agencies
Association for Home & Hospice Care of North Carolina
South Carolina Home Care & Hospice Association
Home Care Association of Florida
Michigan HomeCare and Hospice Association
Illinois HomeCare & Hospice Council
HomeCare Association of Arkansas
Rhode Island Partnership for Home Care
Oklahoma Association for Home Care and Hospice
Tennessee Association for Home Care