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May 9, 2022

**TO:** Chair Abler, and Senators Utke, Benson, Koran and Hoffman  
Chair Liebling and Representatives Schultz, Pinto, Gomez and Albright

**Re: SF 4410 Health and Human Services Omnibus**

Dear Chairs and Conference Committee Members:

On behalf of AARP's 630,000 members and all older Minnesotans, we appreciate the attention paid to addressing the crisis in the long-term care workforce. Now more than ever, we need more direct care workers, as the shortage will only grow as the population ages. We support the necessary investments in the workforce in both House and Senate bills with some key differences. AARP also supports a number of economic security issues of older adults in the House bill that addresses hunger and lowers the cost of health insurance and prescription drugs.

**We respectfully submit the following comments on the Omnibus Health and Human Services finance and policy bills (SF 4410/HF 4706.)**

**Support Increased Rates for the Consumer Directed Community Supports (CDCS) Option (House Position)**

AARP strongly supports the rate increases to home and community-based care services in both bills, including increases in the Elderly Waiver, Alternative Care, Essential Community Supports Programs, Personal Care Attendant (PCA) Services, and increases in Home Care Provider rates. We also support lifting the cap beyond 40 hours a week for spouses to care for their loved ones under the PCA program.

However, AARP also urges the Senate to include increased rates for the Consumer Directed Community Supports (CDCS) option as another way to help seniors live independently in their own homes in the House bill. This option allows participants to hire family and friends rather than relying solely on the direct care workforce and can help alleviate the workforce shortage. By providing parity in rate increases in this program, family and friends can help older adults remain at home, enhance their role, and supplement the other services offered. These investments provide seniors more

choices and save taxpayers' money as in-home care costs one-third of nursing home care on average in Medicaid. The new funding will undoubtedly address the gravity of the workforce shortage crisis in these settings and put Medicaid's long-term spending more in line with people's priorities for independence.

### **Support New Investments in the Workforce Providing Care to Minnesota Nursing Home Residents (Senate Position)**

AARP supports the new investments in nursing facilities to address the workforce crisis in these settings. AARP has long called for fair pay, benefits, and improved working conditions for those caring for the health and well-being of our most vulnerable seniors. Nursing homes often have chronic staff shortages because of relatively low pay, difficult working conditions, and limited benefits.

Any new investments should be tied directly to workers' wages, quality outcomes, and accountability measures to taxpayers as outlined in the House bill. This will go a long way in helping to recruit and retain dedicated, hard-working individuals in these facilities.

### **Support Nursing Home Accountability Provisions (House Position)**

AARP believes any new investments must also include accountability provisions, including Change in Ownership (CHOW) protections and the creation of the Nursing Home Workforce Standards Board to oversee industry workforce standards. Recent studies from Purdue University and the University of Minnesota have shown that new investments in nursing homes coincide with a rise in a change of ownership of facilities, leading to a worse outcome for residents.

### **Oppose Changes to Assisted Living Protections (Senate Position)**

AARP has several changes in the Senate bill that we oppose regarding changes to the Assisted Living Licensure Law. While we are sympathetic to the difficulties that small assisted living providers face, it is essential to approach these challenges comprehensively and not make piecemeal changes that are confusing for residents and complicated to enforce.

We have met with the stakeholders and have committed to engaging and working with them over the interim on the issues that the smaller providers are facing in a very challenging environment. These include the following:

- **Temporary Change in Staff Training: Article 13, Section 22.** While we recognize this is only a temporary change, these changes go beyond the waiver allowed under CMS for nursing home staff and could potentially be detrimental to residents. Under this change, unlicensed staff could perform nursing tasks without the supervision of a licensed nurse, unlicensed staff would not have to demonstrate competency before working directly with residents, and the legislation is vague about what topics would be included in the eight-hour training.

- **Changes in design and life-safety code requirements for AL with less than six residents: Article 13, Sections 10-12 and 14.** Small assisted living providers face real challenges, but we cannot support a blanket exemption from design and life-safety standards for programs with less than six residents.
- **Change in Variance Process: Article 13, Section 13.** We are concerned with adjusting state law to meet the needs of one provider in the state before we understand the impact of this change on those seniors.
- **No need for license change when moving to a new location: Article 13, Section 9.** Many small assisted living providers operate in rental units, placing them at greater risk of having to move while their license is valid. There may be a pathway to simplifying the regulatory burden for these moves, but this language goes too far and could place residents at risk of substandard living conditions.

### **Support the Following Economic Security Issues for Older Adults (House Bill)**

- **Address Food Insecurity by Increasing SNAP Eligibility Income up to 200% of poverty** (Supplemental Nutritional Assistance Program). This program reduces food insecurity and poverty and is linked to improved health outcomes, including reduced hospitalizations among low-income older adults.
- **Lower the Cost of Prescription Drugs by Enacting The Prescription Drug Affordability Board (PDAB).** This board can address the challenge of high-cost drugs by setting limits on how much certain payers, including insurers, state and local governments, and consumers, pay for high-cost prescription medications.
- **Lower the High Cost of Health Insurance Through a MinnesotaCare Buy-In Program.** The Buy-In program can help thousands of older Minnesotans who lack employer coverage, have high premiums and cost-sharing requirements in the marketplace, or are not eligible for tax subsidies through MNsure because their income is above 400% of federal poverty, yet the coverage is cost-prohibitive.

Finally, AARP is hopeful as negotiations continue, we can work with lawmakers to adopt the policy to expedite access to home and community-based services, known as presumptive eligibility, which was not included in these bills. This provision can help older Minnesotans start receiving services in their homes when a need arises and avoid unnecessary admissions to nursing homes.

Thank you for your work on this critical bill. AARP looks forward to working with lawmakers this session to help solve the workforce crisis, make nursing homes safer and help seniors stay in their own homes. If you have questions or wish to discuss this matter further, please contact AARP Advocacy's Director, Mary Jo George, at [mgeorge@aarp.org](mailto:mgeorge@aarp.org) or 651-271-6586.

Cc: Governor Walz  
Senate Majority Leader, Jeremy Miller  
House Speaker, Melissa Hortman

