



February 1, 2024

Dear Sens. Casey, Braun, and members of the Senate Special Committee on Aging,

On behalf of the nearly 200 senior living communities — including personal care homes and assisted living residences — that fall within the membership of the Pennsylvania Health Care Association, I am writing to you in response to the recent hearing held by your committee to understand long-term care options for older adults — specifically, assisted living residences.

My name is Zach Shamberg, and I serve as the president and CEO of the Pennsylvania Health Care Association (PHCA). We are an advocacy organization for long-term care providers and the residents they care for — a statement proven by our record of advancing the long-term care continuum and improving care outcomes. Our membership includes 184 senior living communities — 166 personal care homes and 18 assisted living residences — that account for more than 15,000 licensed beds. We also serve more than 240 nursing home providers across the state.

From a national standpoint, I am also proud to serve on the Board of Representatives for the National Center for Assisted Living (NCAL).

We write to you today in response to your hearing, as we aim to meet your goal of providing further education about senior living in Pennsylvania and across the country. We appreciate the opportunity to provide additional insight and feedback in this letter, and we welcome any opportunity to participate in future meetings or hearings.

First and foremost, it's important to recognize that like anything relative to meeting health care needs, there is no one-size-fits-all model that works. We are all different and our care should be handled as such. This is why we have various levels of long-term care.

Pennsylvania is unique when it comes to senior living. In our commonwealth, there are two separate licenses for these levels of care: assisted living residences and personal care homes.

These senior living options are designed to allow a resident to age in place within a community — while respecting the resident's independence and rights — without having to move the

resident to a licensed nursing facility until their care needs increase. Both personal care homes and assisted living residences design programs to meet individual needs — for short-term stays when support services are required and for permanent residency when chronic conditions exist.

**Pennsylvania Health Care Association**

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The differences between our two types of senior living options include construction, amenities, and levels of care offered. A person who needs the level of care of a nursing facility is not permitted to reside in a personal care home and must transfer to a higher care setting when their needs become too great. That same person, however, will be able to remain in an assisted living residence where they will be provided with the services they need to age in place.

Regardless of the type of provider, state regulations and safeguards are in place, and it is the state's responsibility to uphold those regulations. Any concerns addressed during the hearing should be directed to the regulatory agency in the state where the resident was receiving care. Federal intervention would simply add new layers of bureaucracy and result in slower processes and more expensive care for our elderly.

In Pennsylvania, transparency already exists. License Inspection Summaries (LIS) are available on our state's Department of Human Services website. The most recent LIS must be posted in a public place and available to review at all times in each senior living community.

Providers are also required to disclose specific information prior to resident admissions, such as contracts, services available, cost of living, community rules, a resident handbook, inspection results, and any agency-approved waivers.

Residents also have rights, that are clearly outlined in the regulations. Providers must manage and balance what legislators and regulators think is best versus what families and loved ones deem is best — all while factoring in the actual rights of the resident, who still has autonomy in their living and care.

As part of the established regulations, providers are required to appropriately train their staff based on resident care needs, including required training for elopement risk and dementia units. Such training includes that of specialized physical plants, design, modeling, and program development as the need increases. Policies and procedures are in place to balance resident needs, family wants, and various regulatory requirements, including reporting adverse incidents.

In Pennsylvania, our Department of Human Services will investigate to ensure adequate care and staff education are in place while maintaining resident independence and safety. If this is not the approach in other states, Pennsylvania can certainly serve as a model.

It's also important to note that Pennsylvania senior living communities do not receive Medicaid or Medicare funding to support the care of residents. Assisted living and personal care rely almost exclusively on private pay.

That is an emerging challenge in Pennsylvania, as we must recognize the growing demand for senior care and the lack of financial resources seniors will have in the years to come. Roughly one in three adults aged 65 and older are economically insecure. In Pennsylvania, if a resident can't afford senior living and that resident doesn't qualify for Medicaid to receive care in a

nursing home, the resident has no option but to stay home. This is why PHCA continues to advocate for state legislation that would bring a Medicaid waiver to assisted living, just as dozens of states across the country have already done.

PHCA has also supported state legislation that would implement a state retirement savings program to help our population save for their future. Retirement is not just about taking the trips and vacations we always wanted — we need to consider care and living situations in the later years of our lives. This program would ensure Pennsylvanians are better prepared.

The cost of care only continues to grow with the evolving scarcity of workers needed within long-term care. Providers are trying to remain competitive with wages to recruit and retain staff, but that is difficult to do when revenue comes from seniors on fixed incomes.

Where can federal leaders be helpful to the long-term care continuum? We believe you have an important role to play in establishing a workforce pipeline that can match the rapidly increasing demand for senior care — that includes comprehensive immigration reform, regulating staffing agencies, and a number of other initiatives.

The committee's hearing, in some ways, felt like a search for a problem. With the regulations and oversight we have outlined above, perhaps the problem is with the regulators in other states. If there are ever growing concerns over the inability of a provider to deliver care, the state's regulatory body should address it — we know it would be addressed here in Pennsylvania.

The committee should recognize that senior living providers have already been advancing care without the involvement of the federal government, including the evolution of memory and dementia care. With an increased need to care for residents living with dementia, senior living providers are working to evolve communities into secure dementia communities to increase the safety and security of the residents they serve.

Ultimately, we believe assisted living residences and personal care homes are critical to our health care continuum. Providers aren't just supporting our elderly population, they are serving communities by providing care and housing to adults living with mental and physical disabilities. While we appreciate the interest in long-term care and its importance to all of our communities, we believe this latest hearing was a search for damaging issues and negative stories that failed to provide a complete picture of the work our providers do, every single day. This is counterproductive to serving a population in need of care, and we ask for your support in collaborating on ways to strengthen our continuum — in Pennsylvania and beyond.

Once again, due to the unique entities throughout the long-term care continuum and the differences in regulations from state to state, federal government involvement — albeit well-intentioned — will only create issues for residents and providers, just as it has for nursing homes.

We would appreciate the opportunity to continue this conversation and connect with any member of the committee to answer your questions or provide additional information.

I can be reached at [zshamberg@phca.org](mailto:zshamberg@phca.org) or 717-221-7925.

Thank you.

A handwritten signature in black ink, appearing to read 'Zach Shamberg', with a long horizontal flourish extending to the right.

Zach Shamberg  
President & CEO