

117<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION

# H. R. 6530

To amend the Public Health Service Act to sustain senior congregate care operations in the wake of ongoing COVID–19 financial burdens, and for other purposes.

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## IN THE HOUSE OF REPRESENTATIVES

JANUARY 28, 2022

Mrs. TRAHAN (for herself and Mr. FITZPATRICK) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To amend the Public Health Service Act to sustain senior congregate care operations in the wake of ongoing COVID–19 financial burdens, 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 “Safeguarding Elderly  
5 Needs for Infrastructure and Occupational Resources Act  
6 of 2022” or the “SENIOR Act of 2022”.

7 **SEC. 2. FINDINGS.**

8 The Congress finds as follows:

1           (1) Long-term care facilities and senior con-  
2           gregate care homes provide direct and personalized  
3           care, where social distancing is not possible, 24  
4           hours a day, 7 days a week.

5           (2) Assisted living, memory care, independent  
6           living, and other senior congregate care settings are  
7           the homes of America’s seniors and critical options  
8           on the long-term care continuum; these senior resi-  
9           dences provide safety and security for our Nation’s  
10          most vulnerable population.

11          (3) Sixty percent of a senior’s health is based  
12          on social determinants of health which include the  
13          need for adequate nutrition, housing, and social ac-  
14          tivities; thus supporting caregivers and home- and  
15          community-based care models that prioritize the so-  
16          cial determinants of senior health should be a pri-  
17          ority of the Congress.

18          (4) Investing in senior care and the caregiving  
19          workforce prevents hospitalization and skilled nurs-  
20          ing expenses, preserving Medicare and Medicaid  
21          budgets.

22          (5) Since March of 2020, senior care facilities  
23          have lost over 380,000 caregivers and are experi-  
24          encing a workforce crisis as America’s population  
25          rapidly ages.

1           (6) By 2030, the entire Baby Boomer Genera-  
2           tion will be 65 years of age or older.

3           (7) By 2060, nearly 95 million Americans will  
4           be 65 years of age or older and the portion of the  
5           population over 85 years of age will have tripled to  
6           nearly 20 million persons.

7           (8) Fifty-two percent of individuals require  
8           long-term care by age 65. Individuals over 65 years  
9           of age are 70 percent more likely to need long-term  
10          care, with half of those seniors requiring an even  
11          higher level of care.

12          (9) The average duration of long-term care is  
13          nearly 4 years, and 14 percent of individuals need  
14          long-term care for 5 or more years.

15          (10) Twenty-seven percent of seniors over 65  
16          years of age will spend at least \$100,000 on long-  
17          term care, and 15 percent will have costs for long-  
18          term care surpassing \$250,000.

19          (11) The average cost for long-term care for a  
20          65-year old today is \$138,000.

21          (12) Long-term care infrastructure must ad-  
22          dress the availability of cost-effective care and hous-  
23          ing options to meet the growing needs of the Na-  
24          tion's aging population.

1           (13) On average, assisted living costs \$4,300  
2           per month, which equals \$5.91 per hour of available  
3           care (based on 24/7 care). Nursing homes cost  
4           \$8,821 per month (or \$13.13 per hour based on 24/  
5           7 care). In-home care costs \$4,576 per month (or  
6           \$26 per hour based on 44 hours per week care).

7           (14) An individual 85 years of age or older is  
8           630 percent more likely to die of COVID–19.

9           (15) Sixty-three percent of residents of long-  
10          term care facilities need assistance with bathing; 48  
11          percent need assistance with dressing; and 40 per-  
12          cent need assistance with toileting.

13          (16) More than 42 percent of residents of long-  
14          term care facilities suffer from Alzheimer’s disease  
15          or some other form of dementia.

16          (17) The people of the United States are a  
17          compassionate people who are committed to pro-  
18          tecting the most vulnerable in our society, and we  
19          should not jeopardize the financial underpinnings of  
20          the long-term care communities our Nation’s senior  
21          citizens depend on day-in and day-out.

22 **SEC. 3. SENIOR CAREGIVER RELIEF ASSISTANCE.**

23          Part K of title III of the Public Health Service Act  
24          (42 U.S.C. 280c et seq.) is amended by adding at the end  
25          the following new subpart:

1     **“Subpart IV—Senior Caregiver Relief Assistance**

2     **“SEC. 399A-1. SENIOR CAREGIVER RELIEF ASSISTANCE.**

3             “(a) **AUTHORITY.**—The Secretary shall provide as-  
4     sistance under this section to eligible entities to stabilize  
5     and preserve senior congregate care operations.

6             “(b) **ELIGIBLE ENTITIES.**—

7                     “(1) **IN GENERAL.**—The Secretary may provide  
8     assistance under this section only to an entity that—

9                             “(A) is an assisted living facility;

10                            “(B) demonstrates, by providing such doc-  
11     umentation as the Secretary shall require, fi-  
12     nancial need by having—

13                                     “(i) incurred uncompensated losses  
14     because of the public health emergency de-  
15     clared under section 319 with respect to  
16     COVID-19; and

17                                     “(ii) consistently maintained ongoing  
18     operations during the period from March  
19     13, 2020, to December 31, 2020; and

20                                     “(C) makes a good-faith certification to  
21     the Secretary—

22   “(i) that the uncertainty of existing  
23     economic conditions makes the application  
24     for assistance under this section necessary  
25     to support ongoing operations of the enti-  
26     ty; and

1           “(ii) that all amounts of such assist-  
2           ance will be used to promote the health  
3           and well-being of the facility’s population  
4           of seniors, to retain workers, to maintain  
5           the facility, and for other eligible uses  
6           under the relevant provisions of this sec-  
7           tion.

8           “(2) BASIS OF DETERMINATIONS.—Any indi-  
9           vidual determination of qualification of an entity as  
10          an eligible entity for purposes of this section shall be  
11          based on review of the entity’s existing versus recent  
12          historic financials, including—

13                 “(A) profit-loss statements;

14                 “(B) account receivables;

15                 “(C) Federal tax filings; and

16                 “(D) such other materials that the Sec-  
17          retary deems relevant to meet the purposes of  
18          this section.

19          “(c) APPLICATIONS.—The Secretary shall—

20                 “(1) provide for eligible entities to submit appli-  
21          cations for assistance under this section; and

22                 “(2) require such applications—

23                         “(A) to set forth the proposed uses of such  
24          assistance; and

1           “(B) to contain such other assurances and  
2           information as the Secretary may require.

3           “(d) FORMULA GRANTS FOR HEALTH CARE-RE-  
4           LATED EXPENSES AND LOST REVENUE ATTRIBUTABLE  
5           TO COVID-19.—

6           “(1) IN GENERAL.—To the extent and in the  
7           amount of appropriations made in advance to carry  
8           out this section, the Secretary shall—

9           “(A) make grants to eligible entities for  
10           health care-related expenses attributable to  
11           COVID-19 or to supplant lost revenue attrib-  
12           utable to COVID-19; and

13           “(B) distribute such amounts among eligi-  
14           ble entities in an equitable and timely manner,  
15           but not later than December 31, 2022, based  
16           on the order in which approvable applications  
17           from such entities are received by the Sec-  
18           retary.

19           “(2) LIMITATION ON ADMINISTRATIVE EX-  
20           PENSES.—As a condition on receipt of a grant under  
21           this section, an eligible entity shall agree to use not  
22           more than 5 percent of the amounts received  
23           through the grant for administrative expenses.

1           “(3) AMOUNT.—The amount of assistance dis-  
2           tributed to an eligible entity pursuant to this sub-  
3           section shall be—

4                   “(A) based on the number of beds in the  
5           facility to be assisted; and

6                   “(B) proportional to the uncompensated  
7           losses of the eligible entity referred to in sub-  
8           section (b)(1)(B)(i).

9           “(4) RULE OF CONSTRUCTION.—Nothing in  
10          this subsection shall be construed as preventing the  
11          Secretary from making assistance available to eligi-  
12          ble entities at any time before the date specified in  
13          paragraph (1)(B).

14          “(e) SENIOR CAREGIVER RELIEF GRANTS.—

15                   “(1) IN GENERAL.—To the extent and in the  
16          amount of appropriations made in advance to carry  
17          out this section, the Secretary shall make grants to  
18          eligible entities for use (subject to paragraph (2))  
19          only for the following purposes:

20                           “(A)           ENHANCED           BROADBAND  
21                   CONNECTIVITY AND TELEHEALTH SUPPORT.—

22           To ensure regular and reliable communications  
23           connections between seniors residing in the as-  
24           sisted living facility of the entity and their phy-  
25           sicians and medical support personnel.



1           “(B) CAREGIVER SUSTAINABILITY.—For  
2 costs of operating and maintaining the assisted  
3 living facility of the entity, including—

4           “(i) for payments of principal or in-  
5 terest on any mortgage obligation in con-  
6 nection with the facility, but not including  
7 any prepayment of principal on such a  
8 mortgage obligation;

9           “(ii) for payments of rent for a facil-  
10 ity, including rent under a lease agree-  
11 ment, but not including any prepayment of  
12 rent;

13           “(iii) for costs of activities to prevent,  
14 prepare for, and mitigate the presence of  
15 COVID–19 on facility premises, including  
16 costs of purchasing and installing equip-  
17 ment and supplies to disinfect the prem-  
18 ises, support emergency management oper-  
19 ations, and provide for associated staff-re-  
20 lated expenses;

21           “(iv) for maintenance expenses for the  
22 facility for the purposes of COVID–19  
23 mitigation and infection control, including  
24 construction to accommodate social

1 distancing and other preventive measures,  
2 such as plexiglass barriers;

3 “(v) for costs of supplies for the facil-  
4 ity, including protective equipment and  
5 cleaning materials; and

6 “(vi) for any other expenses that the  
7 Secretary determines to be essential to  
8 maintaining the facility.

9 “(2) OTHER ACTIVITIES.—Nothing in this sub-  
10 section may be construed to prevent the Secretary  
11 from approving applications providing for use of  
12 funds for other costs, purposes, and activities not  
13 specifically identified in paragraph (1) that the Sec-  
14 retary deems appropriate and consistent with the  
15 purposes of this section.

16 “(f) REPORTING.—Each recipient of a grant under  
17 subsection (d) or (e) shall submit reports and maintain  
18 documentation by such deadlines, in such form, and con-  
19 taining such content as the Secretary determines nec-  
20 essary to ensure compliance with the conditions of the  
21 grant.

22 “(g) TAX TREATMENT.—

23 “(1) EXCLUSION FROM GROSS INCOME.—For  
24 purposes of the Internal Revenue Code of 1986,  
25 amounts received by an eligible entity from the Sec-

1       retary under a grant under subsection (d) or (e)  
2       shall not be included in the gross income of such eli-  
3       gible entity.

4               “(2) EFFECT OF EXCLUSION.—An eligible enti-  
5       ty shall not have a tax deduction denied, a tax at-  
6       tribute reduced, or any basis increased by reason of  
7       the exclusion from gross income pursuant to para-  
8       graph (1).

9               “(h) GAO REPORT TO CONGRESS.—Not later than  
10      2 years after the date of enactment of this Act, the Comp-  
11      troller General of the United States shall submit to the  
12      Congress a report assessing the efficacy of assistance  
13      made available under this section and the activities sup-  
14      ported with such assistance.

15              “(i) DEFINITIONS.—In this section:

16                      “(1) The term ‘assisted living facility’ means a  
17              licensed, registered, certified, listed, or State-regu-  
18              lated residence, managed residential community,  
19              building, or part of a building that provides, or con-  
20              tracts to provide, housing with supportive services on  
21              a continuing basis to individuals who—

22                              “(A) are elderly or have a mental health,  
23                      developmental, or physical disability; and

24                              “(B) are unrelated by blood or marriage to  
25              the owner or operator of the residence, commu-

1           nity, building, or part of a building if the owner  
2           or operator is an individual.

3           “(2) The term ‘eligible entity’ means an entity  
4           that is eligible under subsection (b) to be provided  
5           assistance under this section.

6           “(3) The term ‘health care-related expenses at-  
7           tributable to COVID–19’ means health care-related  
8           expenses to prevent, prepare for, and respond to  
9           COVID–19, including the building or construction of  
10          a temporary structure, the leasing of a property, the  
11          purchase of medical supplies and equipment (includ-  
12          ing personal protective equipment and testing sup-  
13          plies), providing for an expanded workforce (includ-  
14          ing by training staff, maintaining staff, and hiring  
15          additional staff), the operation of an emergency op-  
16          eration center, retrofitting a facility, providing for  
17          surge capacity, and other expenses determined ap-  
18          propriate by the Secretary.

19          “(4) The term ‘lost revenue attributable to  
20          COVID–19’ means the cost of services that were re-  
21          ceived, building modifications made, and tangible  
22          property ordered for mitigation and prevention of  
23          COVID–19, including the difference between such  
24          provider’s budgeted and actual revenue if such budg-  
25          et was established and approved before March 27,

1       2020, for the purposes of preventing, preparing for,  
2       and responding to COVID–19.

3       “(j) AUTHORIZATION OF APPROPRIATIONS.—To  
4 carry out this section, there is authorized to be appro-  
5 priated \$10,000,000,000 for fiscal year 2022, to remain  
6 available until expended.”.

7 **SEC. 4. SENIOR CAREGIVING WORKFORCE DEVELOPMENT**  
8                   **SUSTAINMENT GRANTS.**

9       Part K of title III of the Public Health Service Act  
10 (42 U.S.C. 280c et seq.) is amended by inserting after  
11 section 399A–1, as added by section 3 of this Act, the  
12 following:

13 **“SEC. 399A–2. SENIOR CAREGIVING WORKFORCE DEVELOP-**  
14                   **MENT SUSTAINMENT GRANTS.**

15       “(a) IN GENERAL.—The Secretary may award grants  
16 to eligible entities to establish or expand a senior caregiver  
17 workforce training and recruitment program on the cam-  
18 pus of the respective eligible entity.

19       “(b) AMOUNT; DURATION.—A grant under this sec-  
20 tion shall be for—

21               “(1) an amount of not more than \$1,000,000;

22               and

23               “(2) a term of not more than 4 years.

1       “(c) USE OF FUNDS.—Amounts provided to an eligi-  
2 ble entity through a grant under this section shall be used  
3 to cover the costs of—

4           “(1) establishing or expanding a senior care-  
5 giver workforce training and recruitment program  
6 described in subsection (a), including costs associ-  
7 ated with recruitment, training, and retention of  
8 senior caregivers; and

9           “(2) technical assistance provided by the eligi-  
10 ble entity in connection with such program.

11       “(d) APPLICATION.—An eligible entity seeking a  
12 grant under this section shall submit an application to the  
13 Secretary at such time, in such manner, and containing  
14 such information as the Secretary may require.

15       “(e) REPORTS.—Each recipient of a grant under this  
16 section shall submit reports and maintain documentation  
17 by such deadlines, in such form, and containing such con-  
18 tent as the Secretary determines necessary to ensure com-  
19 pliance with the conditions of the grant.

20       “(f) TAX TREATMENT.—

21           “(1) EXCLUSION FROM GROSS INCOME.—For  
22 purposes of the Internal Revenue Code of 1986,  
23 amounts received by an eligible entity from the Sec-  
24 retary under a grant under this section shall not be  
25 included in the gross income of such eligible entity.

1           “(2) EFFECT OF EXCLUSION.—An eligible enti-  
2           ty shall not have a tax deduction denied, a tax at-  
3           tribute reduced, or any basis increased by reason of  
4           the exclusion from gross income pursuant to para-  
5           graph (1).

6           “(g) DEFINITIONS.—

7           “(1) The term ‘eligible entity’—

8                   “(A) means an assisted living facility as  
9                   defined in section 399A–1; and

10                   “(B) excludes any skilled nursing facility  
11                   as defined in section 1819(a) of the Social Se-  
12                   curity Act.

13           “(2) The term ‘senior caregiver’ means an indi-  
14           vidual who furnishes direct personal care, assistance  
15           with activities of daily living, or any other related  
16           service for older adults located on a campus of an  
17           eligible entity.

18           “(h) AUTHORIZATION OF APPROPRIATIONS.—To  
19           carry out this section, there is authorized to be appro-  
20           priated \$1,250,000,000 for fiscal year 2022, to remain  
21           available until expended.”.

1 **SEC. 5. NATIONAL HEALTH CARE WORKFORCE COMMIS-**  
2 **SION.**

3 The National Health Care Workforce Commission es-  
4 tablished under section 5101 of the Patient Protection and  
5 Affordable Care Act (42 U.S.C. 294q) shall—

6 (1) not later than 180 days after the date of  
7 enactment of this Act, pursuant to subsection (d)(4)  
8 of such section 5101, designate as a “high priority  
9 area” the current and projected workforce needs of  
10 assisted living and other senior care settings that at-  
11 tend to the care of the senior population; and

12 (2) not later than 1 year after finalizing such  
13 designation, submit a report pursuant to subsection  
14 (d)(2)(D) of such section 5101 to the Congress and  
15 the Administration containing a review of, and rec-  
16 ommendations on, such high priority area.

○