PHI QUALITY CARE THROUGH QUALITY JOBS

## PHI Direct Care Workforce Policy Priorities

# THE PATH FORWARD:

## Preserving, Strengthening, and Reimagining Care in the United States

NOV 2025

# EXECUTIVE SUMMARY

Direct care workers make vital contributions to support American families and communities, our health and long-term care systems, and the economy overall. However, consistently poor job quality—characterized by limited training, compensation, and opportunities for advancement—has for decades resulted in high rates of turnover and job vacancies. With demand for care rising, individuals are struggling to access critically needed services, and family caregivers are left to fill care gaps without support or respite. Local and national economies are bearing the consequences.

While workforce investments and improvements were already long overdue, recent actions by the administration and Congress now threaten to degrade employment conditions and undermine care and support for people and families in every U.S. state.

In this brief, we offer a direct account of both longstanding and current challenges and define an urgently needed path forward for state and federal policymakers. In Part One, we offer strategies to preserve our nation's existing long-term care system and strengthen outcomes for all whose lives intersect with it. In Part Two, we offer proactive strategies to reimagine care and build a better future for direct care workers, older adults, people with disabilities, and all who rely on our nation's care infrastructure.

## AT A GLANCE: The Direct Care Workforce

**Over 5.4 million |** Direct care workers

**9.7 million |** Direct care job openings in 2022-2032

**85% |** Who are women

**64% |** Who are people of color

**28% |** Who are immigrants

**$17.36 |** Median hourly wage

**$25,998 |** Median annual earnings

**36% |** Live in or near poverty

**36% |** Lack affordable housing

**49% |** Rely on public assistance (food and nutrition, Medicaid, and/or cash assistance)

SOURCE: PHI. 2025. "Workforce Data Center." https://www.phinational.org/policy-research/workforce-data-center/.

# TABLE OF CONTENTS



# INTRODUCTION

Across the United States, nearly 5.4 million direct care workers—personal care aides, home health aides, and nursing assistants—provide crucial support for older adults, people with disabilities, and people with serious illness across care settings. Representing the nation's largest occupational group—and the one with the most expected job growth in the years ahead—direct care workers enable individuals to live with optimal health, wellbeing, and independence in their setting of choice.[1]

These workers help prevent or delay costly health care outcomes and provide family caregivers the support they need to stay in the workforce and maintain their own health and economic wellbeing. Direct care workers make vital contributions to support our nation's communities, health and long-term care systems, and economy overall.

Despite growing recognition of this workforce and incremental policy improvements in recent years, persistently poor job quality—characterized by limited training, compensation, and opportunities for advancement—continues to drive many direct care workers out of their jobs while discouraging others from joining this workforce.

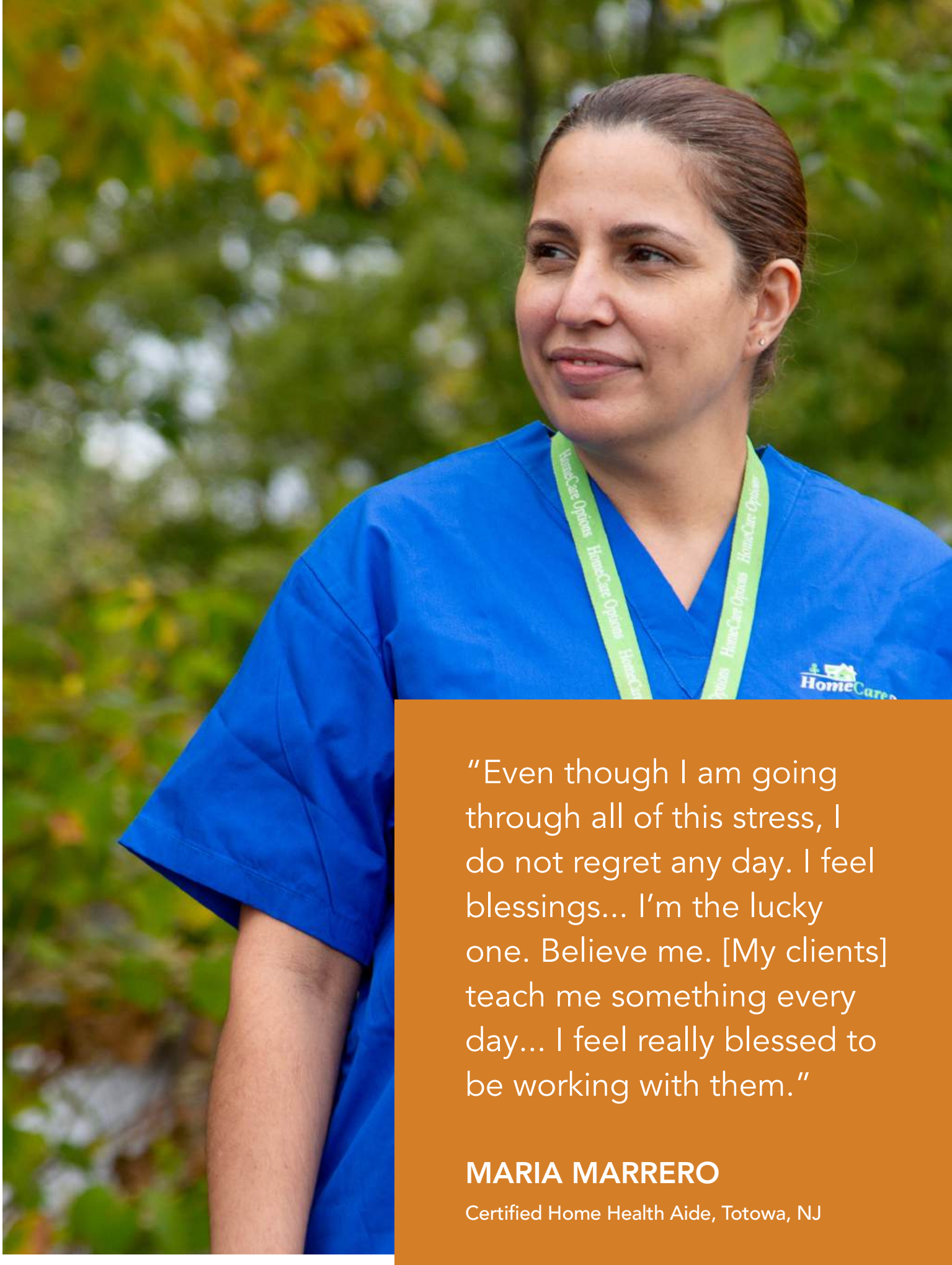
Chronic underinvestment in long-term services and supports, where the majority of direct care workers are employed, has historically hindered employers' efforts to offer quality jobs and recruit and retain enough workers to meet growing demand. As a result, this workforce continues to face high rates of turnover and job vacancies, individuals struggle to access critically needed services, and family caregivers fill care gaps without support or respite. Local and national economies bear the consequences.

Direct care is at an inflection point. Critical investments and improvements were already urgently needed. Recent actions by the administration and Congress threaten to degrade employment conditions and undermine care and support for people and families in every U.S. state. Cuts to Medicaid and other public benefits, harsh immigration policy shifts, and the removal of basic labor protections for this workforce are just three among multiple areas of concern.

This brief takes stock of a rapidly changing policy landscape and the deepening threat to our country's long-term care infrastructure. We identify how preserving and strengthening direct care workforce investments and innovations offers a cost-effective path toward ensuring quality care for people in the United States. We recommend immediate actions for Congress, the administration, and states to preserve care, strengthen the direct care workforce, and build a better future.

We show that—while direct care workforce challenges are deep and long-standing—they are not permanent. State and federal policymakers can ensure that direct care workers have the training, compensation, support, and career development opportunities needed to carry out their work effectively.

**Together, we can empower this workforce to meet our nation's care and support needs for decades ahead.**




"Even though I am going through all of this stress, I do not regret any day. I feel blessings... I'm the lucky one. Believe me. [My clients] teach me something every day... I feel really blessed to be working with them."

**MARIA MARRERO**

Certified Home Health Aide, Totowa, NJ

# 1 Preserving and Strengthening Care

Since President Trump took office in January 2025, his administration has implemented a sweeping set of policy changes that impact our nation's care infrastructure. Unprecedented cuts and policy shifts are bringing profound new challenges for direct care workers, older adults and people with disabilities, and family caregivers, in areas that already needed more—not less—investment. Immediate protective and restorative actions are needed.

## Restore Medicaid

**Challenge:** Dramatic, short-sighted cuts to Medicaid threaten health coverage for workers and consumers alike, impacting the quality and continuity of care.

Medicaid is the primary payer of long-term services and supports—covering more than nine million people across home and community-based settings (HCBS) and nursing homes[3]—as well as other vital health care services in the U.S.[4] The federal government pays for more than two-thirds of all Medicaid spending.[5]

The budget reconciliation bill passed by Congress in July 2025 (OBBBA) cuts $990 billion from Medicaid and the Children's Health Insurance Program (CHIP) over the next 10 years—the largest cuts ever to Medicaid.[6] OBBBA also fundamentally alters the structure of the program that has provided efficient, cost-effective health coverage to millions of Americans for 60 years.

Federal cuts will create significant revenue shortfalls at the state level, with direct implications for older Americans and people with disabilities and the workers who support them. Under increased fiscal pressure, states may choose to reduce HCBS eligibility and services, limit hours, and reduce rates—even as the need for these services continues to escalate.

Nearly one-third of direct care workers rely on Medicaid for their own and their families' health coverage.[7] OBBBA's work requirements and cuts to Medicaid expansion funding will strip health coverage from many of the workers who deliver direct care in our country. Direct care occupations are characterized by part-time and inconsistent hours, meaning that compliance with new work requirements will be difficult for

many workers. New cost-sharing requirements in Medicaid expansion states may render Medicaid coverage unaffordable for direct care workers who have previously qualified.[8]

Between 2024 and 2034, the direct care workforce is projected to add more than 772,000 new jobs, the largest growth of any job sector in the country. Nearly 9.7 million total direct care jobs will need to be filled during the same period when also factoring job vacancies created as existing workers change occupations, leave the field, or exit the labor force. Cuts in Medicaid coverage will further challenge workforce recruitment and retention.

Defending and bolstering Medicaid remains an imperative and non-negotiable priority to protect the health and economic well-being of direct care workers, as well as preserve access to long-term care for millions of Americans.

## Priorities for Action

- Congress should act to reverse OBBBA's damaging changes to Medicaid and encourage new long-term care financing approaches to incentivize innovation, foster sustainability, and advance quality care.
- Until such actions are taken, we call on policymakers and advocates alike to monitor closely the implementation and impacts of OBBBA, including the effects on the direct care workforce, older adults, people with disabilities, and family caregivers, so that these damages can be mitigated over time and ultimately reversed by future federal policy changes.
- At the state level, PHI calls on policymakers and other leaders to prioritize Medicaid programs, including HCBS, within state budgets; implement innovative solutions to attract and retain workers to meet growing demand;[9] and communicate the impacts of OBBBA cuts in their states to federal policymakers to drive corrective action.

### AT A GLANCE: Medicaid

- Medicaid is the primary payer for U.S. long-term services and supports.
- The program covers home and community-based support for 7.8 million Americans and care for 1.5 million individuals in nursing homes.
- Six out of every 10 nursing home residents' care is covered by Medicaid.
- In the 2024 fiscal year, the federal government funded almost 65% of Medicaid. The same year, state spending on Medicaid accounted for nearly 30%of total state spending.[10]

## Implement the Medicaid Access and Nursing Home Staffing Rules

**Challenge:** Efforts to repeal major regulatory reforms will impact direct care job quality.

In 2024, the Centers for Medicare & Medicaid Services (CMS) finalized the Medicaid Access and Nursing Home Minimum Staffing rules, ensuring that at least 80 percent of HCBS payments would cover worker compensation and that nursing homes would meet minimum staffing levels, respectively.[11] By strengthening compensation and supporting safe workplaces, these rules represent important steps toward improving direct care workforce recruitment and retention.

In July 2025, the Nursing Home Minimum Staffing rule was delayed by OBBBA for 10 years, and it may be rescinded completely.[12] The potential reversal of this rule ignores decades of evidence linking nursing home staffing levels to quality care, workforce retention, and safety for workers and residents alike.

## Priorities for Action

- We call on federal policymakers to reverse course and ensure that the Nursing Home Staffing rule goes forward to improve the quality of nursing home jobs and nursing home care.[13]
- In lieu of federal implementation, states should adopt staffing standards at least as strong as those contained in the Nursing Home Staffing Rule, while aligning reimbursement rates to ensure providers can meet those standards.
- We call on Congress to monitor and ensure full implementation, without delay or dilution, of the Medicaid Access Rule, which will support quality, transparency, and accountability in Medicaid home and community-based services.
- States should proceed now to establish Interested Parties Advisory Groups (IPAGs) and data reporting systems—as detailed in the Medicaid Access Rule—to proactively ensure that Medicaid rates support job quality and safeguard care access, continuity, and quality.

# Protect Immigrant Direct Care Workers

**Challenge:** Harsh and sweeping immigration policies are disproportionately impacting direct care workers and their families.

More than one in four direct care workers are immigrants, with much higher proportions in some regions. Nearly 60 percent of direct care workers in New York State are immigrants, for example, along with about half of the workforce in New Jersey, California, and Florida.[14] Research shows that immigrants improve long-term care staffing levels and support care continuity and quality—and more immigrants will be needed to fill expected job openings in the years ahead.[15]

The current administration's efforts to radically restrict immigration, withdraw work authorizations, and conduct immigration raids and mass deportations[16]

are already harming individual workers, their families, employers, and those who depend on direct care services.[17] Increasingly harsh rhetoric and enforcement over time will only worsen these impacts.

Conversely, stronger supports for immigrant workers, information and guidance for their employers, and new visa opportunities and pathways to citizenship are needed to build a sufficient, stable workforce to meet growing demand.[18]

## Priorities for Action

- We call on the administration to moderate its approach to immigration, which is harming families and undermining vital services and supports. In turn, we call on Congress to take steps to ensure the safety and security of immigrants and their families.
- Specifically, we call for the administration to issue expedited work authorization renewals for immigrant direct care workers to promote stability for workers and their families well as our long-term care system.
- We also call on Congress to advance bipartisan legislation such as The Dignity Act of 2025, which includes two pathways to legal status for immigrants currently living in the United States.[19]
- We call on state leaders, advocates, and employers to support stable working environments for immigrant direct care workers, to preserve safety for workers and their families, and to help ensure continuity of care for the people they support. States should provide information and guidance to immigrant direct care workers and their employers, while supporting policies designed to recruit, support, and retain these workers.[20]

"From increasingly harsh immigration policies and unprecedented federal Medicaid cuts… to the reversal of nursing home staffing standards and the proposed rule to strip away minimum wage and overtime protections for home care workers… the administration's actions are actively undermining workers' livelihoods and destabilizing care for millions of families. Our nation's long-term care system has long needed deeper investment. That reality hasn't changed—and there is much work ahead to build the future Americans deserve."

**JODI M. STURGEON**

PHI, PRESIDENT & CEO

## Sustain Labor Protections for Home Care Workers

**Challenge:** The repeal of basic minimum wage and overtime protections will devalue and destabilize the home care workforce.

In 2013, the Home Care Final Rule finally extended fair labor rights enshrined in the Fair Labor Standards Act, namely minimum wage and overtime protections, to home care workers, correcting a long-standing injustice. Recent actions by the administration to repeal this rule would strip these vital workers of basic labor protections and devalue their work.

In September 2025, PHI submitted formal comments arguing in favor of retaining minimum wage and overtime protections for home care workers.[21] As detailed in our comments, the U.S. Department of Labor's proposed rule to rescind these protections distorts the text of the Fair Labor Standards Act and the intent of Congress, mischaracterizes available evidence, and ignores the decade of successful implementation of these fundamental rights.

PHI applauds efforts by members of Congress to advance legislation to ensure home care workers receive the protections guaranteed by the Fair Labor Standards Act. Their leadership underscores how ensuring a fairly-compensated workforce—and the ability of employers to recruit, employ, and retain these workers—is essential to building up our nation's care infrastructure.

## Priorities for Action

> We call on the U.S. Department of Labor to make the right determination in upholding the Home Care Final Rule as it weighs public comment on this issue. The administration and Congress have an important responsibility to secure the same basic labor protections for home care workers as for nearly every other category of U.S. worker.

> We also call on states to codify minimum wage and overtime protections for home care workers (as many states have already done) and align Medicaid reimbursement rates accordingly.

> PHI calls on advocates to join together in protecting the hard-won progress on home care workers' employment rights, for the benefit of workers themselves and all those who rely on their support.

## Rebuild Federal Infrastructure

**Challenge:** Firing federal experts and weakening key agencies jeopardizes long-term care programs and services.

Federal agencies and staff provide leadership, coordination, assistance, and evaluation across a complex array of programs and services for older adults, people with disabilities, the direct care workforce, and family caregivers. This federal-level coordination and oversight drive access, efficiency, quality, and accountability throughout our long-term care system.

Extensive layoffs at the Department of Health and Human Services (HHS), efforts to eliminate or radically restructure key agencies, and ongoing major cutbacks in research and evaluation therefore have serious repercussions nationwide. Further, the August 2025 firing of the Bureau of Labor Statistics (BLS) Commissioner risks compromising a critical resource that policymakers and the public rely on to understand changes to the U.S. employment landscape. Notably, BLS data is essential for efforts to estimate and promote key information about direct care workforce employment numbers, growth, and wage rates by occupation and care setting.[22]

Among many other impacts, such cutbacks and firings reduce the capacity of state governments

and local service networks to support the direct care workforce and deliver long-term care. The administration's further reductions in force—as well as their choice to disrupt public resources like the Supplemental Nutrition Access Program—during the current shutdown of the federal government raise the specter of even deeper challenges to our nation's care infrastructure.

## Priorities for Action

- Congress and the current administration should halt the elimination of federal programs and reinstate agency staff and programs essential to our long-term care infrastructure.
- The administration should restore trusted leadership to the U.S. Bureau of Labor Statistics, to ensure the accuracy of labor data, including direct care workforce data.

Federal departments and agencies should be reviewed and reorganized over time, as needed, to improve processes and outcomes. But to be successful, major changes must be strategic, evidence-based, and stakeholder-informed.

# 2 REIMAGINING CARE

As well as defending our nation's care infrastructure against regressive policy changes, it is critical to hold and pursue a collective vision for the future. For PHI, this vision is one in which every direct care worker has the recognition, skills, compensation, and career mobility they deserve, and every individual can access the support they need in the setting of their choice.

## Transform Direct Care Workforce Training, Credentialing, and Advancement

**Opportunity:** Increasing recruitment and retention to meet growing demand calls for a transformation in direct care workforce training, credentialing, and advancement.

Direct care workforce training and credentialing systems are fragmented and inconsistent, with requirements that vary by state and by occupation. These siloed systems inhibit workers' career mobility across employers and settings, while also limiting their opportunities for career progression. Coupled with inadequate recognition and compensation, these factors contribute to high turnover and workforce shortages, adversely impacting workforce recruitment and retention, and the accessibility, continuity, and overall quality of care.

To address these challenges, the U.S. needs a competency-based, comprehensive training system that equips all direct care workers to provide high-quality care, while offering respect and recognition, meaningful career pathways, and economic stability. Key principles of the system PHI envisions include:

- A nationally recognized set of core competencies for direct care workers at entry, specialty, and advanced levels.
- Adult learner-centered, trauma-informed, culturally and linguistically competent training programs based on these core competencies.
- Corresponding credentials and industry recognized certifications that enable direct care workers to secure employment with minimal barriers and develop condition- and population-specific expertise.

- Sufficient and flexible funding for training and credentialing programs, with additional funding to support training completion, employment, and retention, and to promote wage progression and career mobility in the long-term care sector.

The direct care workforce's contributions have gone under-acknowledged for too long. Meeting growing demand for care can only be achieved by investing in the quality of direct care jobs and giving these workers and their occupation the professional recognition they deserve.

## Priorities for Action

> We call on the administration to create a direct care workforce commission that is tasked with developing national training and credentialing standards and a compensation strategy that supports livable entry-level employment and incentivizes upskilling and advancement opportunities.

> The administration should expand funding opportunities for direct care workforce training and credentialing, including through the Workforce Innovation and Opportunity Act and/or other sources.

> We also call on Congress to introduce and pass legislation based on the Long-Term Care Workforce Support Act,[23] in order to drive investments in the direct care workforce and fund projects focused on direct care career advancement.

> We call on states to pursue and invest in innovations in direct care workforce training, portable credentials, specialization, and advancement opportunities. Together with federal action, these efforts can help to ensure respect, professional recognition, and real opportunity for direct care workers, with significant positive impacts on workforce retention, quality outcomes, and cost savings.

## Invest in Workforce Innovations

**Opportunity:** Federal and state policymakers can invest in direct care workforce innovations as a critical step toward meeting the needs of older adults, people with disabilities, and family caregivers.

An influx of federal funds for state innovation through the American Rescue Plan Act of 2021 (ARPA) spurred strategic and effective direct care workforce initiatives across the country in recent years. Particularly promising have been state efforts to create integrated, comprehensive direct care training and credentialing infrastructure. These efforts seek to improve job quality and career mobility, drive workforce recruitment and retention, and strengthen care access and quality.[24]

Federal leadership in direct care workforce innovation has been sustained from the prior to the current administration through the Administration for Community Living's Direct Care Workforce Strategies Center, which provides key stakeholders in a wide range of states with resources, technical assistance, and training needed to support workforce recruitment, training, and retention initiatives.[25]

Leveraging these and other opportunities, states across the political spectrum have convened diverse stakeholders, developed strategic plans, created new resources and infrastructure, and generated considerable positive change related to the direct care workforce. This momentum should be sustained through federal funding and robust technical assistance to states to support continued innovation.

## Priorities for Action

- Federal agencies should continue investing in direct care workforce innovations and solutions, including through the national Direct Care Workforce Strategies Center.[26]
- State policymakers should continue leading multi-agency direct care workforce initiatives and evaluating their success—particularly by joining the growing national movement to create universal training and credentialing infrastructure.[27]

# Compensate Direct Care Workers Fairly

**Opportunity:** Continued improvements to direct care workforce wages and benefits are essential to recruit and retain the workforce that is needed to meet demand for care.

Direct care workers deserve a living wage, access to employment benefits, and stable schedules—yet direct care wages remain persistently low, and nearly half of this workforce lives in or near poverty, a critical reason that many workers leave for other industries such as retail and fast food.[28] Moreover, many direct care workers struggle to attain sufficient and reliable hours and lack access to vital employment benefits and supports such as health insurance, paid leave, and affordable childcare, among others.

Efforts to address these long-standing challenges are underway. Many states have raised wages for direct care workers in recent years through reimbursement rate increases with wage pass-through provisions (so that enhanced funds reach direct care workers), direct care minimum wage increases, and other strategies.[29] Some have also begun grappling with the unintended but common consequence of modest income gains for direct care workers and other low-income workers, namely the risk of "benefit cliffs" (whereby gains are offset by the loss of essential public benefits).[30]

Policymakers in some states have identified ways to strengthen access to employment benefits, for example through targeted health plans. Assessing direct care workforce compensation as a whole—with a view of the complex interrelationships between wages, hours, and benefits eligibility—is essential.

## Priorities for Action

- The federal government should create a national compensation strategy to guide state-level efforts to establish competitive wages and benefits for direct care workers.
- State policymakers should continue their efforts to improve compensation for direct care workers, including by assessing reimbursement rate adequacy (following the provisions of the Medicaid Access Rule, as described above); setting minimum wages or wage pass-throughs for direct care workers; setting wage expectations within managed care contracts; and more.
- States should also take steps to mitigate the risk and impact of benefit cliffs. Specific strategies include: raising eligibility thresholds so that modest wage or hour increases do not immediately disqualify workers from benefits; offering transitional supports that allow workers to continue receiving benefits for a period after becoming ineligible for them, and establishing benefits coaching programs to guide workers on program rules, financial planning, and strategies to avoid benefits cliffs.[31]
- As noted above, the federal government should ensure that home care workers have the same minimum wage and overtime protections as other U.S. workers.

## Reform Long-Term Care Financing

**Opportunity:** Strengthening long-term care financing systems—and developing new ones—represent crucial steps to ensuring quality care.

Many Americans do not have the financial resources to secure the long-term services and supports they need. At the same time, an aging population and higher acuity is creating unsustainable pressure on Medicaid, the main public funding source for long-term care.[32]

Strengthening existing financing systems and developing new financing models are critical steps toward ensuring affordable, quality care for all those who need it now and in the future. All financial reforms or innovations should account for the true costs of providing long-term care, which include quality training, livable and competitive wages, and career advancement opportunities for the direct care workers who provide that care.

Proposals for solutions have ranged from reforming Medicaid, to expanding Medicare, to creating an entirely new public long-term care program or strengthening the private insurance market.[33] Washington has been the first state to tackle this challenge head-on by creating a long-term care social insurance program called the WA Cares Fund.[34] This program is funded through a small payroll tax, and all state residents are automatically enrolled and eligible to receive long-term care benefits through the fund.

## Priorities for Action

- Federal leaders should promote efforts to strengthen long-term care and the direct care workforce through existing payment mechanisms, such as through value-based payment arrangements that reward job quality and workforce development requirements for Medicaid managed long-term care plans.
- Federal leaders should also support and promote state-based efforts to sustainably finance long-term care, such as through social insurance programs, while continuing to explore national models.
- State lawmakers should follow Washington State's lead by establishing their own long-term care social insurance programs that can help meet current and future needs, without impoverishing state residents or placing an undue financial burden on a state's Medicaid program.


## Featured Highlight:

# PHI's Universal Direct Care Workforce Initiative

In July 2025, PHI launched a multi-year effort to transform training, career pathways, and compensation for the direct care workforce—and thereby improve the quality, efficiency, and consistency of long-term care. At the state and national levels, PHI's Universal Direct Care Workforce Initiative™ offers a vision for a sustainable long-term care system that serves everyone—including workers, older adults, and people with disabilities—better.

# PHI's Universal Direct Care Workforce Initiative: Four Key Elements

Grounded in bold demonstration projects in New York and Wisconsin and an expanding range of state and national efforts, this initiative focuses on advancing four key elements:

**Universal Entry-Level Competencies:** Providing essential skills for care, enabling seamless movement across care settings and client populations.

**Integrated Career Pathways:** Balancing entry-level accessibility with meaningful specialization and advanced roles, so clients receive care better suited to their needs.

**Stackable, Portable Credentialing:** Supporting wage progression, economic stability, and mobility across care settings and state lines, leading to high-quality, efficient care.

**Accessible Training Infrastructure:** Delivering adult-learner centered, evidence-informed programs in multiple languages and formats, ensuring equitable participation.

Leveraging this model, PHI is working on federal and state levels to advance regulatory changes and financing approaches needed to implement sustainable new direct care workforce training and credentialing infrastructure.

PHI's Universal Direct Care Workforce model holds immense promise for addressing direct care workforce recruitment and retention challenges. Smart investments in this workforce have been shown to pay off in stronger retention, improved care coordination, reduced costs, and higher quality care.

# CONCLUSION: A Call to Act

Long in need of significant repair and renewal, our nation's long-term care system now hangs in the balance. Federal and state leaders and other experts and advocates must act to mitigate and reverse current policy challenges and take collective action to build a better future—one that includes quality jobs for direct care workers, quality care, and a thriving economy for us all.

"If there's something that I would like to speak as my final [word], it will be ensuring that all of our workers are treated with dignity and receive the pay and benefits and the workplace protection that they all deserve. …If all of us can be provided with those protections, then this industry can grow more because there is the confidence that we are going to be respected and given dignity as domestic workers."

**ALLEN GALEON**

Caregiver, Los Angeles, CA

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## About PHI

PHI is a national organization committed to strengthening the direct care workforce by producing robust research and analysis, leading federal and state advocacy initiatives, and designing groundbreaking workforce interventions and models. For more than 30 years, we have brought a 360-degree perspective on the long-term care sector to our evidence-informed strategies.

**As the nation's leading authority on the direct care workforce, PHI promotes quality direct care jobs as the foundation for quality care.**

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