



PHI QUALITY CARE
THROUGH
QUALITY JOBS

October 9, 2026

Re: PHI Comments on Proposed Amendments to 17 DCMR Chapters 35 and 96 and Repeal of Chapter 93 (73 DCR 12356-12366)

Thank you for the opportunity to respond to DC Health's proposed rule implementing the Certified Nurse Aide Amendment Act of 2024. **We support DC Health's work to align training and credentialing for Certified Nurse Aides (CNAs) and Home Health Aides (HHAs), recognizing their overlapping skills and enabling them to work across home and facility settings.**

About us. 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 35 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.**

The proposed rule is an important step in addressing the District's direct care workforce crisis. With this proposed rule, DC Health moves to implement the Certified Nurse Aide Amendment Act of 2024 by merging HHAs and CNAs into a new, shared CNA credential that allows people to work in both home and facility settings.¹ Training and certification for CNAs and HHAs—which currently are separate and independent of one another—would be combined into one training pathway and certification. Since these two roles have very similar but separate training pathways, the shared credential seeks to make the workforce more versatile and the job more appealing without—importantly—creating unnecessary barriers for prospective workers.

This approach is consistent with PHI's Universal Direct Care Workforce Initiative™, which offers a framework that includes universal entry-level

competencies; stackable, portable credentials; integrated career pathways; and accessible training infrastructure.² Specifically, DC Health’s proposal advances one part of that framework: making it easier for qualified workers to carry their recognized skills from one care setting to another. Aligning credentials can help create more employment options and provide a foundation for further career development. To realize these benefits, the District will still need to ensure that training is accessible and that workers have opportunities for advancement and wage growth.

The proposed rule would appropriately expand cross-state portability. Allowing greater portability among CNAs inside and outside of the District can help create a more flexible and responsive workforce to better meet the growing demand for direct care services. CNAs in Maryland and Virginia would be considered to have met DC’s new CNA training and testing requirements, while CNAs in other states can qualify through equivalent training and testing, or work experience. In addition, the proposed rule would allow Maryland and Virginia CNAs to get temporary certification while their full certification is processing—potentially addressing unnecessary delays in recognizing interstate portability. We appreciate DC Health’s efforts to balance the needs of workers, employers, and consumers in developing the proposed out-of-District portability regulations.

DC Health should amend the rule to keep the full range of home care services. DC Health’s proposal to repeal Chapter 93 while adopting § 9615.2 could create uncertainty about aides’ authority to provide essential supports currently authorized under § 9315, including health-related shopping, meal preparation, and housekeeping related to a person’s health and comfort. All of these activities are important for helping people live safely at home. We urge DC Health to carry forward the full range of previously permitted home care tasks and clarify that the new list is not exhaustive, while retaining appropriate competency and supervision requirements. A unified credential should expand workers’ employment options while preserving services for consumers and continuity for home care agencies.

DC Health should amend the rule to create a more flexible path back to work for individuals with expired credentials. DC Health seeks to reduce the existing five-year reinstatement window for CNAs to a two-year window in proposed § 9606. Notably, the Health Occupations Revision Act

(HORA) leaves reinstatement of nursing assistive personnel credentials to rules issued by the Mayor and does not require a two-year cutoff.³ At the same time, federal nursing facility rules allow a new competency evaluation as an alternative to repeating training after 24 months without having provided paid nursing or nursing-related services.⁴ For workers who have been away from paid care work, DC Health should amend the proposed rule to keep the five-year reinstatement window and offer a route back based on a new competency evaluation—with targeted refresher training as needed—rather than automatically requiring the full entry-level course. Workers who step away for unpaid family caregiving or other reasons should have accessible paths back to work that recognize prior learning and ensure current competence.

Conclusion. PHI appreciates the opportunity to comment and supports the District's direction. We welcome opportunities to serve as a resource to DC Health and to share lessons from other states working to better align direct care training and credentials.

¹ *Certified Nurse Aide Amendment Act of 2024*. 2024. D.C. Law 25-232, 71 DCR 12970.

² PHI. 2026. "Universal Direct Care Workforce Initiative." Accessed September 30, 2026. <https://www.connectedbycare.org/>.

³ *Reinstatement of Expired Licenses, Registrations, or Certifications*. 2024. D.C. Official Code § 3-1205.12(d).

⁴ *Nursing Services: Required Retraining*. 2016. 42 CFR § 483.35(d)(6); *Home Health Aide Services: Home Health Aide Qualifications*. 2017. 42 CFR § 484.80(a).