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Five Members of Long Term Care Commission Release Alternative Recommendations to Fulfill Commission's Congressional Mandate

Washington, DC – Five members of the Commission on Long Term Care shared this statement today outlining their reasons for issuing alternative recommendations on how Congress should address the challenges facing our country's long-term services and supports (LTSS) system.

The five Commissioners include: Judith Stein, Founder & Executive Director, Center for Medicare Advocacy, Inc.; Henry Claypool; Laphonza Butler, President, SEIU-ULTCW; Lynnae Ruttledge; and Judy Feder, Urban Institute Fellow and Professor, Georgetown Public Policy Institute.

The Commission on Long Term Care was charged by Congress with developing recommendations for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system that ensures the availability of long-term services and supports for individuals who depend on this system to live full and healthy lives.

The Commissioners recognize that the Commission and its staff put in significant time and effort studying this vital, but very complex, area of public policy. However, given the unusually compressed timeframe and the broad range of views among the Commissioners, the recommendations of the Commission do not fulfill its comprehensive charge.

“The need for extensive and expensive long-term services is a catastrophic risk for people both under and over age 65. Today, neither private insurance nor public programs protects us against that risk. Private insurance has demonstrated it can't, by itself, do the job,” said Judy Feder, Urban Institute Fellow and Professor, Georgetown Public Policy Institute. “A public program has to be the bedrock on which we build an effective LTSS financing system.”

“We need a broad solution and our recommendations include a social insurance program for long-term services and supports,” said Laphonza Butler, President, SEIU ULTCW. “A long-term services and supports system that does not take into account building and strengthening the direct care workforce, provide meaningful support for family caregivers and improve current programs will be just another band-aid on a system that is increasingly strained as our population ages.”

“We are convinced that no real improvements to the current insufficient, disjointed array of LTSS and financing can be expected without committing significant resources, instituting federal requirements, and developing social insurance financing,” said Judith Stein, Founder & Executive Director, Center for Medicare Advocacy, Inc. “The people I represent are crying out for a real LTSS system now.”

The Commissioners alternative recommendations follow below.

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A Comprehensive Approach to Long-Term Services and Supports

Summary

Congress established the Long-term Care Commission in recognition of the current and increasing nationwide need for long-term services and supports (LTSS). The statute establishing the Commission sets out our charge:

“The Commission shall develop a plan for the establishment, implementation, and financing of a comprehensive, coordinated, and high-quality system that ensures the availability of long-term services and supports for individuals in need of such services and supports, including elderly individuals, individuals with substantial cognitive or functional limitations, other individuals who require assistance to perform activities of daily living, and individuals desiring to plan for future long-term care needs. ...” [Emphasis added.][i]

The authors of this statement acknowledge the efforts of the entire Commission and staff. But, given the unusually compressed timeframe for our work, the final report does not fulfill this charge.

We issue this statement to express our shared vision of what is necessary to meet Congress’s mandate to establish and finance a high-quality, comprehensive LTSS system for Americans who need such services. The authors’ vision is to create such an inclusive LTSS system for people of all ages – a system that will meet individual’s functional and cognitive support needs with quality care in the least restrictive setting. We are convinced that no real improvements to the current insufficient, disjointed array of LTSS and financing can be expected without committing significant resources, instituting federal requirements, and developing social insurance financing.

Accordingly, our recommendations follow.

1. To spread the risk for the costs of long-term services and supports as broadly as possible, provide benefits to people of all ages who need them, and allow individuals and families to meet their responsibilities, a public social insurance program that is easily understood and navigated must be established. That program could provide comprehensive benefits or a more limited package. But a social insurance program must be at the core of an effective LTSS financing system. A social insurance core would not eliminate the roles of private insurance or of family financing or caregiving. Rather it would make them more manageable.
2. To ensure high-quality services for individuals and their families in all care settings, the law must assure that direct-care workers are paid a living wage, are well trained, and have opportunities for career advancement.
3. To integrate family caregivers into a comprehensive LTSS system, public programs providing services to LTSS beneficiaries must appropriately engage family caregivers and address their needs.

While the nation moves to a comprehensive system for LTSS, and to supplement it as necessary, we recognize that improvements are needed in current programs. Among the improvements suggested by individual Commissioners are the following:

- To meet the needs of those who qualify for Medicare, the current Medicare program must be adapted to reduce counterproductive, outdated and unreasonable barriers to outpatient therapies, home health and skilled nursing facility care.
- To strengthen Medicaid, existing financial incentives to states for quality home- and community-based services must be extended and streamlined to make it easier to rebalance Medicaid LTSS. In addition, Medicaid's benefits must be improved for people who rely on its services.
- To provide new ways to access LTSS for persons with disabilities, tax-preferred savings accounts must be provided for people and their families who are not currently receiving LTSS through the Medicaid program, the Medicaid buy-in program for workers with modest earnings must be expanded, and a new program for workers with significant disabilities who have higher earnings must be piloted.

[i] American Taxpayer Relief Act of 2012 (ATRA, P.L. 112-240) §643(a)(1)

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