

# Invest in Women, Invest in Care

Over the past year, political momentum has caught up with reality. From the grassroots to congressional candidates, people are finally staking out positions in favor of single-payer health care, often referred to as Medicare for All. We believe that one crucial element that will make or break any universal healthcare system is a thoughtful strategy for long-term care. Anyone serious about alleviating poverty, creating gender equality, and fighting for racial justice must confront our state's **changing demographics, the changing nature of work and the workforce, and the changing demands and constraints on families**, and plan for a new long-term care system that truly serves individuals, family caregivers, and care workers alike.

The proposed New York State Health Act would create a single-payer program that provides universal, comprehensive health care to all New Yorkers, putting an end to co-pays, deductibles, and limited provider networks. **To be truly universal, that system must also include a new long-term care benefit that meets the needs of older adults and people with disabilities.**

The time has come for New York to invest in a new care infrastructure that:

1. Provides single-payer health care that guarantees long-term care to aging New Yorkers and people with disabilities by increasing access to services in their own homes and communities.
2. Addresses the economic hardship and gender inequality created when working adults, mostly women, also become unpaid family caregivers, by making professional care more affordable
3. Creates economic opportunity while improving care, by investing in the direct care workforce — an industry the robots won't replace any time soon — through a living wage for home care workers, access to training, and the opportunity for workers to come together as advocates within the home care system.

## Planning for Changing Demographics

If the changing demographics and aging trends are any indication, the immediate need for a universal long-term care benefit is clear. Life expectancy is on the rise; today, men who retire at 65 can expect to live 17 more years while women who retire at 65 today can expect to live on average until 86.6 years. According to the U.S. Department of Health and Human Services, **seven out of 10 people over the age of 65 will require some form of long-term care support.**

Yet most New Yorkers cannot afford to privately pay for long-term services and supports for very long. The average cost for a private room in a nursing home is \$140,416, the cost for an around-the-clock aide is more than \$100,000, and the cost for an adult day healthcare center is \$20,800.

Medicaid, not Medicare, is the primary payer of long-term services and supports in New York and in our current system, **aging adults and people with disabilities are forced to impoverish themselves by spending down their assets in order to qualify** for the supports

and services that allow them to remain in their homes and communities. Long-term care insurance on the private market is simply unaffordable for most individuals and families.

### **Dignity for Seniors and People with Disabilities**

If you are a family living in New York in need of care, it can be confusing and difficult to determine which health plans and options are available: When can you enroll? Are there special enrollment periods? What determines whether you should have private coverage, job-based coverage, Medicare, Medicaid, Child Health Plus, TRICARE or state coverage? When can you receive care and how you will pay for it? We need a streamlined system for Long Term Care delivery that builds on existing infrastructure and creates a **“No Wrong Door” approach to access.**

**Most people prefer to get the care they need in their homes and communities rather than being forced to live in hospitals, nursing homes, or other institutions.** New York has made progress in developing programs that support family caregivers while allowing loved ones to access the services and supports they need to live at home. We must invest and strengthen models of community-based care, including senior centers, and we must continue to support and grow programs like the Expanded In-home Services for the Elderly (EISEP) program, which offers non-medical in-home services and respite for individuals and families who are not eligible for Medicaid. The NYConnects program offers free information on resources available to families with long-term needs, and we should continue to invest in “No Wrong Door” programs like this that streamline access to care.

In addition to those programs, families should also be supported in selecting a qualified caregiver by **creating a registry of licensed care workers.** Rather than simply relying upon social networks and word-of-mouth, families should be able to access a database or registry of caregivers to identify and hire the caregiving help they need.

## **Invest in Women by Investing in Care**

**Including long-term care within a single-payer healthcare system from day one represents a forward-thinking women’s economic agenda.** Today, women take on the lion’s share of the caregiving responsibilities while at the same time working outside the home to provide for their families. **The majority of unpaid family caregivers are women (as are the majority of direct care workers).** These realities perpetuate wage inequality and economic insecurity for women. Investment in care—a living wage for workers and relief for unpaid family caregivers—will go far to bolster women’s economic security.

As our senior population grows, family caregivers’ services spare the state the cost of various long-term facilities and nursing homes, a cost normally borne by taxpayer-funded programs such as Medicaid. **But those families are the ones paying, through the loss of income** of the care recipient, loss of the caregiver’s income if they reduce work hours or leave their jobs, loss of employer-based medical benefits, and shrinking savings as money is used to pay caregiving costs. There are approximately **2.58 million unpaid family caregivers in New York, who**

**provide over 2.4 billion hours of care annually**, worth an estimated \$31.3 billion in economic value.

It is estimated that the impact of caregiving on lost wages and Social Security benefits for family caregivers can cost individuals up to \$274,044 over a lifetime. **The cost for families is even more alarming when race is considered.** On average, African-American caregivers spent 34% of their annual income on providing caregiving services; Hispanic/Latino family caregivers spent 44% of their annual income.

Creating a universal long-term care benefit within a single payer health care act would provide critical help and financial relief to unpaid family caregivers and could possibly save families an estimated \$11 billion through the elimination of out-of-pocket costs. It would at the same time go a long way to reduce economic inequality especially among some of our most vulnerable populations.

## Recognition for Paid Care Workers

**New York City is home to one of the largest home care workforces in the country. Over 300,000 homecare workers provide hands-on care** to their clients, assisting with activities of daily living such as bathing, dressing and eating; help with housekeeping, errands and appointments, and performing clinical tasks. These workers are responsible for the safety and care of their clients in their homes or in community-based settings.

**More than one in seven low-wage workers in New York City is a home care worker.**

According to the New York Department of Labor, the annual salary for home care aides is \$24,810 while the cost of living in New York is 20 percent above the national average. We must invest in the homecare workforce by improving job quality, providing wage parity; and enforcing workforce protections so workers can also be equipped to adequately take care of themselves and their own families.

**It's time to invest in the workforce that cares for New York**

New York has been facing ongoing shortages in the direct care workforce, **especially in rural communities where weather issues, longer distances, and transportation can be a hindrance for care workers.** Medicaid reimbursement rates for home care workers are lower today than they were in 2006, causing **significant turnover and contributing to acute shortages.** There is also a lack of sufficient training, uncompensated hours and few benefits for these workers.

New York state is at a crucial point where it can turn the current inadequate long-term care system into one that provides real long-term care options for all, insures fair wages and working conditions for those providing care and includes long-term care for families across New York State. **Long-term care that complies with the *Olmstead* mandate of the Americans with Disabilities Act means ensuring people have access to LTSS.**

# Building Care Infrastructure for the 21st Century

In the realm of long-term support and services, the issue at hand is not whether or not to provide needed care and support for aging adults and people with disabilities. The only choice is between meeting those needs with a strategic investment in New York families and caregivers, or asking those families and caregivers to continue to shoulder the cost of care on their own.

New Yorkers are already paying for this care, and this program offers the opportunity to invest in care that is cost-effective and meets the stated needs of families across the state.

New York will see a 33 percent growth in need for home health aides and face a shortage of some 23,000 within the next ten years. We should use our state's economic development funds to invest in the recruitment and retention of a qualified home care workforce, including paid family and friends acting as caregivers. We must look creatively at our economic development dollars and invest in jobs that will lift women and people of color while improving the quality of life for older adults and people with disabilities.