

111TH CONGRESS
1ST SESSION

H. RES. 271

Recognizing the need to support the development and enforcement of a well-informed national long-term care strategy to solve the problems of cost, quality, and access to long-term care in the home and community, and the imperativeness of including long-term care in the comprehensive health care reform agenda.

IN THE HOUSE OF REPRESENTATIVES

MARCH 19, 2009

Mr. HASTINGS of Florida (for himself, Mrs. CHRISTENSEN, Ms. LEE of California, Mr. WEXLER, Mr. MCGOVERN, Ms. CORRINE BROWN of Florida, Mr. CONYERS, Mr. COURTNEY, Ms. CASTOR of Florida, Mr. GRIJALVA, Ms. KAPTUR, Mr. MEEKS of New York, Mr. WELCH, and Mr. FRANK of Massachusetts) submitted the following resolution; which was referred to the Committee on Energy and Commerce, and in addition to the Committees on Financial Services, Ways and Means, and Education and Labor, 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

RESOLUTION

Recognizing the need to support the development and enforcement of a well-informed national long-term care strategy to solve the problems of cost, quality, and access to long-term care in the home and community, and the imperativeness of including long-term care in the comprehensive health care reform agenda.

Whereas well over 9.4 million adults receive long-term care in the United States;

Whereas long-term care refers to a broad range and network of health and social services that are used by persons who cannot care for themselves because of a physical, cognitive, or mental disability, or a combination thereof;

Whereas long-term care may involve assisting an individual with dressing, bathing, transportation, and medication management or therapeutic and medical services;

Whereas 80 percent of long-term care now occurs in the home and is accompanied by community services such as Adult Day Care Programs, home-delivered meals programs, mental health services, and training programs for family caregivers;

Whereas many informal caregivers are in the “sandwich generation”, which are middle-age people who are simultaneously caring for children and older family members;

Whereas family caregivers sometimes endure emotional and physical stress, and make significant financial and career sacrifices to provide long-term care;

Whereas the vast majority of the “sandwich generation” and caregivers of all ages are women;

Whereas most long-term care health workers are also women;

Whereas home health aides are largely low-income women of color with families, and perform a variety of medical and personal services that are vital to long-term care;

Whereas home health aides are not subject to national standards or covered by the Fair Labor Standards Act, which contributes to variations in competency, education, and staff shortages;

Whereas the number of people who are in need of long-term care is expected to grow due to the Nation’s large aging

population, longer life spans among the chronically ill and disabled, and higher incidence of acquired disabilities from unmanaged conditions such as heart and respiratory disease, obesity, stroke, and diabetes;

Whereas there is a serious lack of long-term care facilities and services for people with mental disabilities;

Whereas, although long-term homecare plays a strong role in the way that care is received and provided, there has never been a comprehensive national plan for long-term care, particularly regarding homecare and community services;

Whereas the last time that Congress comprehensively reviewed policy options for long-term care reform was nearly two decades ago, under the United States Bipartisan Commission on Comprehensive Health Care;

Whereas more information is needed about the use and need for long-term care services, especially among children and people residing in rural areas;

Whereas the limited data on the use and need for long-term care hinders the development of a targeted strategy to address the disparities in routine access to quality long-term care in the home and surrounding community;

Whereas a significant portion of formal long-term care costs are financed with personal funds;

Whereas this method of payment potentially poses economic burdens that can result in financial ruin, including medical bankruptcy;

Whereas the largest public payer for long-term care is Medicaid, which allows States to enforce strict requirements for eligibility, and discourages some Medicaid recipients

from acquiring a higher income for fear of losing Medicaid benefits;

Whereas although most prefer to receive long-term care in their homes and communities, the majority of Medicaid long-term care expenditures finance institutional care;

Whereas mentally and physically disabled persons who require long-term care are more likely to be poor than people who are not disabled;

Whereas income typically decreases after retirement;

Whereas people 85 and older have the highest probability of being low income among the elderly, and the highest probability of requiring long-term care services;

Whereas these financial realities make it difficult for patients to pay for long-term care or purchase long-term care insurance;

Whereas persons who buy long-term care insurance are more likely to have an above-average income;

Whereas there remains a severe lack of national standards in quality and certification in many facets of long-term care, particularly homecare and community services; and

Whereas there is no national standard for adult day care, a community service that is used by people who have mental disabilities, or who have physical disabilities from conditions such as HIV/AIDS, respiratory disease, and stroke: Now, therefore, be it

1 *Resolved*, That the House of Representatives—

2 (1) commits to integrating long-term care, par-

3 ticularly as it relates to homecare and community

4 services, into a comprehensive health care reform

1 agenda because of its important role in the present
2 and future success of the United States health care
3 system;

4 (2) regards preventative health and the man-
5 agement of chronic disease as essential components
6 in decreasing the future dependence on long-term
7 care by preventing conditions, such as heart and res-
8 piratory disease, diabetes, HIV/AIDS, stroke, and
9 obesity, from becoming permanently debilitating or
10 disabling;

11 (3) recognizes the need to collaborate with local,
12 State, and Federal health care entities to improve
13 working conditions and training for home health
14 aides, a profession that is a crucial part of long-term
15 care with the intention of lowering turnover rates,
16 staff shortages, patient abuse, and raising the stand-
17 ard of care;

18 (4) recognizes the need to adequately fund and
19 support existing technologies, entities, and initiatives
20 that assist informal care givers, and help maintain
21 and improve long-term health services for the dis-
22 abled and elderly, such as the Older Americans Act
23 of 1965 (Public Law 89–73), Social Services Block
24 Grants, and the Department of Housing and Urban
25 Development programs;

1 (5) recognizes that Medicaid and out-of-pocket-
2 spending, the dominate methods for financing long-
3 term care, exclude countless persons from receiving
4 health care service which can lead to more costly
5 and invasive medical interventions, and that alter-
6 native payment options should be widely available
7 and more accessible; and

8 (6) commits to aiding relevant parties in com-
9 posing, executing, and enforcing a well-informed na-
10 tional strategy for long-term care that will address
11 geographic and economic disparities that limit access
12 to care, expand long-term health services, and
13 streamline quality measures.

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