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The Infrastructure Bill, Joe Manchin, Personal Care and People with Disabilities

BY JAMES WEISMAN
CHIEF EXECUTIVE OFFICER



People with disabilities should welcome infrastructure improvements contemplated by the \$1 trillion infrastructure bill, to be spent primarily on roads, highways and public transportation.

All new construction and major rehabilitation will have to be accessible to people with disabilities, including those who use wheelchairs and those with sensory impairments. Whatever construction is spurred by this legislative measure, federal, state and local building codes will require major renovation and new construction to be accessible.

There is general agreement among the public and both houses of Congress, including enough Republicans, that this is necessary. It will restore long-neglected, but vitally necessary, transportation options, create jobs and help Americans compete in the 21st century.

Despite the general agreement that an infrastructure bill is necessary, its passage is not guaranteed because of the \$3.5 trillion budget reconciliation bill linked to it. This bill would dramatically expand monies available through state Medicaid systems for home- and community-based services (HCBS), including personal care. Middle-class Americans lucky enough to live long lives are covered by Medicare as seniors. However, Medicare does not cover personal care services.

All Americans are familiar with this routine – seniors work hard all their lives to retire, get sick or become disabled, need personal care, pay out of their pocket for it, end up on Medicaid (a poor person's benefit), and despite a lifetime of work, die impoverished without much of an estate.

The budget reconciliation bill under consideration would pump \$400 billion into HCBS over the next ten years. During that ten-year period, advocates would be working to expand Medicaid eligibility and maintain, or increase the level of funding for personal care services enabling people with disabilities to live in the community and stay out of nursing homes.

Sen. Joe Manchin, (Dem.–W.V.), published an op-ed in *The Washington Post* opposing expansion of care through this bill. The situation for aging West Virginians is the same as it is for all Americans. You're basically on your own if you need homecare, until you're poor. This keeps people out of the labor force and dependent on taxpayers.

At the same time, as Congress considers dropping homecare from the bill, it is dithering with adding dental and hearing benefits to Medicare. It is not a bad idea to add these benefits, but the priorities are questionable.

If Congress does not expand HCBS opportunities, the increasing life expectancies of both people with disabilities and senior citizens will force Americans with disabilities into nursing homes against their will. Moreover, it will cost taxpayers far more.

There has always been an institutional bias in Medicaid-funded care. Despite knowing that institutional care costs are greater than community care costs, Medicaid's default is nursing home admission, not community care with proper supports.

Ultimately, Medicare must include personal care services. Medicare recipients currently pay cash, often to undocumented workers, for their care. Eventually, they impoverish themselves. Why not use Social Security Disability money to provide people supports so they can keep working and plan responsibly for the graying of America?

The Biden administration is right to identify personal care as an unmet need. Funding is desperately necessary, as there are waiting lists all over the United States for community-based care.

More important, however, is the restructuring of the framework for personal care. It should not just be a poor person's benefit. Medicare should consider HCBS as part of the basic entitlement. Of course, teeth and ears are important, too.