

UNITED SPINAL^{NOW}

Long-Term Care

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"...what does not kill me, makes me stronger." —Friedrich Nietzsche

"What doesn't kill you makes you stronger." —Kelly Clarkson



While the Biden administration began with high hopes for care receivers and givers, most of the care agenda got left behind, during the quest to make a deal with holdout Democratic Sens. Joe Manchin and Kyrsten Sinema.

Nevertheless, the care agenda can live to fight another day, if those who support our community return to Congress in the majority after the midterms.

The current care scene nationally suffers from the same labor shortages we keep hearing about, as jobs go unfilled – especially lower-paying jobs.

Personal care is received in a kind of “patchwork quilt” manner in our country. Medicare recipients (primarily seniors), needing care, pay for it themselves, as Medicare does not cover personal care services. Medicare also does not pay for long-term nursing home care. Self-payers and their families often skimp on care to save money, and more often than not, require family members to supplement what care is affordable.

Who do Medicare recipients hire to provide care? Of course, many use agencies, who pay aides employed by the company. Millions pay aides “off the books.” In order to work for an agency, an individual must have a Social Security Number, i.e. the government must be aware of them. Despite paying relatively low wages compared to most jobs in the economy, homecare is unaffordable in quantity, over time, for most Americans.

Many Medicare recipients needing homecare resort to the most cost-effective alternative – hiring immigrants regardless of their legal status. These Medicare recipients pay their aides directly and often do the hiring and training themselves.

After paying for care for an extended period, most rely on Medicaid, a poor person’s benefit. Medicare self-payers, however, often become poor enough to qualify, because they spend everything they have on personal care attendant services to live effectively in the community.

The aides working for agencies are overwhelmingly immigrants and women. The agencies find and assign the aides, assure the government about their legal status, provide some training and liability insurance and pay poorly.

The Trump administration and early Biden administration constricted legal immigration, further exacerbating the labor shortage, in general, and the homecare worker shortage, in particular. The demand for workers will continue to increase with life expectancies. These are not great jobs, but they are necessary jobs.

When they go unfilled, people who could otherwise live in the community end up in nursing homes, costing taxpayers far more and reducing the quality of the lives of those who would have benefitted from a fully staffed system of homecare for Americans.

Throughout the years our community has struggled to reform the personal care system so that it adequately addresses the needs of caregivers and care recipients. Two problems have seemed so obvious that it defies reason that our society has not acted to fix them.

First, care giving must become a better job. Hard work, loneliness, isolation and low pay does attract many to a career in personal care. Humans tend to enhance bad jobs to get people to do them.

Throughout history, the worst jobs in the community were probably taking away the dead and disposing of waste. Obviously, morticians and sanitation workers are now doing better than personal care attendants.

Wrangling with immigration policy to fill these jobs with adequately compensated, tax-paying workers, who are trained and provided with benefits, will solve the homecare workforce problem.

Second, impoverishing people who have worked all their lives because they have become disabled and need personal care is a bad idea. Under our current system, these people will end up in nursing homes anyway, which costs more than keeping them at home. The policy should be that our benefits system funds what needs to be funded, so that people can remain in the labor force as long as possible and when they can’t, they can retain assets, so their futures are what they imagined they’d be, instead of a frightening hustle for care and money.

The New Deal programs, like Social Security, were created after a generation suffered terribly during an economic depression. Care, compassion and planning for the future guided the Roosevelt administration’s efforts. Homecare needs a New Deal.