

WRITTEN STATEMENT OF

AARP PENNSYLVANIA

REGARDING

A PROPOSAL TO ESTABLISH A CONSUMER
WORKFORCE COUNCIL IN PENNSYLVANIA

SUBMITTED TO THE
COMMITTEES ON AGING AND YOUTH AND LABOR
AND INDUSTRY

PENNSYLVANIA SENATE

APRIL 28, 2009

Thank you for allowing AARP Pennsylvania to submit the following testimony. AARP is a membership organization for individuals aged 50 and older. We have over 1.9 million members in Pennsylvania.

Pennsylvania has been slow to move to a long-term care system that allows more individuals to get the kind of care they want and need in a less restrictive and less expensive setting. Major impediments to this effort are shortages and instability in the direct care workforce.

There have been many discussions, reports, workshops, and meetings about the direct care workforce. Many theories have been put forth and solutions offered. In reality, the problem is quite straight-forward – this is extremely demanding and difficult work done in exchange for remarkably low wages and benefits. The individuals that are direct care workers deserve our praise and gratitude, because this is not an easy profession. Yet the best direct care workers continue in this work because of their dedication and desire to provide the best care possible to the people they serve.

AARP represents many of the older people that direct care workers serve. We know from talking to our members who require long-term care services that each person and/or their family has their own particular approach when this need arises. The primary goal in many cases is to remain at home and stay out of institutional care. From there, however, the expectations of the home and community based care system may be quite different from one instance to the next.

As individuals begin to consider home health care, a number of factors come into play. One is affordability, another is quality, a third is choice. Each individual and/or family weighs these factors differently and comes to different conclusion about how they want care delivered. This points to the need for our system to have flexibility.

One option that proponents feel allows more flexibility in the system would be the creation of a Consumer Workforce Council. Since this idea was originally proposed in Pennsylvania it has been the subject of a great deal of discussion in the long-term care community. We would not be the first to attempt to develop this type of entity. A number of other states have established a council or commission to help consumers and direct care workers make home health care a workable option. From AARP's perspective, the key to the success or failure of such an entity is whether it can provide consumers with choice while also guaranteeing quality care.

Some consumers have expressed a desire for consumer-directed care. For these consumers, that means the ability to hire or fire their own direct care worker. This desire comes with certain conditions, however – consumers must be willing to take on the responsibilities of an employer. That means dealing with FICA payments, unemployment compensation, etc. Many individual consumers aren't able to navigate through these conditions. A council or commission would provide assistance in these areas while at the same time providing direct care workers with some advantages that could make their profession more stable and lead to less turnover – training, background checks, and benefits.

It is important to note that it has not been all smooth sailing for other states that have attempted to establish councils or commissions. States have not been successful in getting a majority of direct care workers on a statewide registry. And there has not been sufficient evidence at this point of improvements in quality, although it must be acknowledged that there is not enough data to establish firm conclusions on this point as of yet. On the other hand, a criticism of these councils and commissions is that they would make home care too expensive. Right now the states with councils or commissions do not have the highest wages for homecare workers and it does not appear that wages are increasing more rapidly in states with councils or commissions than in states without councils or commissions.

It is also important to note that the specifics of what might finally be proposed for Pennsylvania are still not finalized. It is our understanding the Department of Labor and Industry continues to solicit input from interested parties on this idea and AARP is pleased the General Assembly is beginning to discuss the issue.

The establishment of a Consumer Workforce Council may be one way to help consumers obtain home health care in the way they would prefer to obtain it. But it is not the only way to improve access to home care services. It is important to maintain other ways for consumers to access these services, including obtaining them through a home health agency. Many older Pennsylvanians and their families prefer interacting with an agency instead of directly with care workers, and AARP feels it is important that such an approach remain a viable option for consumers.

Ultimately, we should not allow the discussion about the establishment of a Consumer Workforce Council to get in the way of the big picture about home care – the need for Pennsylvania to move forward in using more of our long-term care resources for home and community based care instead of institutional care. We simply should not continue to devote most of our long-term care funding toward the kind of care that people do not want. And we cannot continue to devote most of our long-term care funding toward the most expensive form of care. Our current long-term care system is not fiscally sustainable – and it is not acceptable to those in need of care.

Can the establishment of a Consumer Workforce Council help us toward this goal? It is noteworthy that two of the states that have the best records of keeping long-term care recipients in their communities, Oregon and Washington, have these types of councils. AARP does not think a Council is a magical remedy for all the concerns about workforce and funding problems. We certainly aren't experts in the needs of many individuals with disabilities who use home health services. But we know that many older consumers want to remain in their communities. Some are served well by the current system, but others are looking for more options. If a Council can be established that offers these consumers more choice while maintaining affordability and quality, we believe it can enhance our current long-term care system.