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CANDIDATES UTTER BARELY A WORD ON LTC IN CAMPAIGN

By **ROBERT A. ROSENBLATT**

What should the United States do about the millions of Americans who may be unlucky enough to have physical or mental ailments that would render them unable to care for themselves? Should they get financial help from their fellow taxpayers if they need to hire caregivers at home, or pay the average \$77,000 a year or more it costs to live in a nursing home?

One might think this issue would be a hot one in the presidential campaign. The leading edge of the biggest generation in U.S. history—the 76 million born in the years 1946 through 1964—is heading into the age when the need for long-term care becomes a painful reality. But neither of the presumptive nominees, Sen. John McCain, R-Ariz., and Sen. Barack Obama, D-Ill., has uttered barely a word or offered a proposal on the subject.

FEAR OF COST

The reason seems simple. Long-term care, now provided overwhelmingly by family and friends, would cost billions of dollars if the government offered it as a new benefit for the middle class. “The big fear does seem to be cost,” said Stephen C. McConnell, who directs the new policy and advocacy programs for The Atlantic Philanthropies in Washington, D.C. “This is a problem the government isn’t paying for, except through Medicaid and, in small ways, under Medicare. The burden is largely on families, and policymakers are reluctant to develop a program that would cost billions. There also has not been enough of a groundswell of noise to force action on the issue,” said McConnell.

The United States has a veritable army of caregivers—as many as 34 million Americans help provide care for someone over the age of 50, a family member or a friend. Another 11 million individuals help care for someone between ages 18 and 49, according to a 2004 joint report by AARP and the National Alliance for Caregiving.

Family caregiving is costly in money, time and often the emotional and physical health of caregivers. A November 2007 national survey of caregivers showed that they spent an average of \$5,351 annually on caregiving, more than 10% of their median income of \$43,026 a year. Caregivers were able to afford this financial strain by “cutting back on leisure activities (49%), vacations (47%), reducing or stopping saving for their own future (38%), and deferring major purchases or home improvement projects (34%).” Conducted by the National Alliance for Caregiving and Evercare, a division of the United Health Group, the study, *Family Caregivers —What They Spend, What They Sacrifice*, is available online at www.caregiving.org/pubs/data.htm.

The federal government will help with the cost of nursing home care, but only after someone has fallen into poverty. Once people pull their life savings down to no more than \$2,000, they have access to Medicaid, the federal-state healthcare program for low-income people. Most people age 65 or older in nursing homes began as paying patients and only qualified for Medicaid when they became impover-

ished. This sad story, which professionals in aging know as spend-down in the jargon of welfare, won't change anytime soon. That's because members of Congress and presidents don't want to shift more of the financial burden from individuals and families to taxpayers.

Surveys show that most Americans mistakenly believe Medicare will cover the cost of so-called custodial care in a nursing home. It is not true, of course. If someone breaks a hip and has it repaired, Medicare will pay for rehabilitation in a skilled nursing facility, with care for up to 100 days and the first 20 days without charge. The key is that a person must have a medical condition that is being treated—and that providers expect will improve. However, if someone goes into a nursing home with Alzheimer's disease or, perhaps, the cognitive impairment from a stroke, Medicare won't pay the tab, even for patients who are unable to care for themselves.

REMEMBER LONG-TERM CARE '88?

Exactly 20 years ago, a drive to make long-term care a top political issue came from Long-Term Care '88, a coalition of 140 national organizations, including consumer and labor groups, funded by AARP and Villers Foundation (now Families USA). McConnell, who recently left his longtime position as vice president for advocacy and public policy at the Alzheimer's Association, recalled, "We had great success during the primary and caucus season of that election campaign (it didn't last as long as the 2008 one), but like all other substantive issues, it fell off the table during the general election campaign."

The last time the issue was considered seriously at the national level came in 1990, with the release of a national healthcare reform blueprint from a bipartisan commission led by the late Rep. Claude Pepper, D-Fla. The commission voted to support long-term care coverage as a new benefit but the proposal died in committee in Congress, recalled Ed Howard, who was executive director of the commission. He is now executive director of the Alliance for Health Reform, which runs educational programs on health policy issues.

Howard and McConnell remember candidate George H.W. Bush saying in 1988 that he would give long-term care "the attention it deserves." Once Bush was elected president, however, nothing happened. Nor did anything substantive happen under succeeding presidents Bill Clinton and George W. Bush. Furthermore, prospects are slim for 2009 and beyond, regardless of whether Sen. McCain or Sen. Obama is elected president.

The budget deficit is worsening, and there is no appetite among politicians of either party to make any changes in the current situation at the federal level. States are even less likely to increase their spending for long-term care. Although the federal government can run a deficit, states' budgets must be balanced.

McConnell explained why the expenses of care are intimidating to elected officials—and the voters who select them. Although a huge number of families are affected by the demands of long-term care, voters aren't calling for action. He observed, "LTC '88 was designed to move the issue out of people's kitchens and bedrooms and into the public arena as a legitimate national policy issue for debate. That's still evolving and families are providing the care, but not demanding help. Some also think the term *long-term care* is a problem. People think of it as nursing homes, and everyone hates that idea, so they try to put it out of their minds. It may be time to rename the issue."

LONG-TERM CARE INSURANCE

A relatively small number of Americans have purchased long-term care insurance, which would cover the cost of hiring caregivers at home or, even more important, paying for an extended stay in a nursing home.

Long-term care insurance is part of the solution, McConnell said, "but even the insurance industry doesn't expect to sell policies to more than about half the adult population, and even that is quite optimistic. These policies are expensive, especially when people wait until late in life to buy them, and most people are in denial until they get much closer to needing help."

Also, he said, many people "are not comfortable purchasing a product that [they] know [they] won't need for 30 years, and that requires a monthly payment to a company that may or may not be around 30 years hence."

What could change the prospects for a new long-term care benefit? Briefly considering this question, McConnell replied that the elements of reform lie in an unlikely surge of public support, plus the backing of business, labor, state governors and some champions in Congress. It will be fascinating to see whether the boomers will let this same discussion occur again in 2028. ❖

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