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It is a pleasure to join my colleagues today at the witness table rather than in my usual seat as a member of this Committee. We women are here today to emphasize the role that we, our mothers, our sisters, our daughters and our grandmothers play in providing long-term care for loved ones.

While women constitute far and away the highest number of consumers of long-term care services – in both community based and facility based care settings – they also comprise an overwhelming percentage of both the formal and informal care-giving workforce.

You all have heard the statistics and what they tell you is that wives are caring for husbands, mothers are caring for children, and grandmothers are caring for entire extended families. Our economy is reliant upon this uncompensated care provided by loving family members, most of who are women. Many of these woman face difficult choices between family and work and because of time away from the workforce may jeopardize their retirement savings, as well. Unfortunately, Michigan's women are facing ever decreasing choices in acquiring or retaining long term care services and help for themselves or their families.

For instance…

- *In-Home* Care: The Center for Medicare and Medicaid Services (CMS) started the Medicaid waiver program for the elderly and disabled as an optional Medicaid program in 1981. Michigan was one of the last states in the nation to implement a statewide waiver in 1998. In FY 2001, the waiver served almost 15,000 clients. However, that same year, the Michigan Department of Community Health (DCH) decided to stop new enrollments in the waiver program, except for people transitioning out of nursing homes. In FY 2002, the DCH decided not to provide waiver slots to people moving out of nursing homes. The waiver program is now closed to anyone in the community who qualifies for Medicaid and is in danger of moving to a nursing home. The only options for such an individual are enrolling in the Medicaid Home Help program (which uses the most restrictive Medicaid income and asset tests) or moving to a nursing home.

  The DCH has also placed restrictions on the amount of care that can be received by the waiver clients that are still being served. The DCH has only provided enough funding for an average stay of 270 days, and waiver agencies estimate that the average stay will greatly exceed that figure this fiscal year. For this reason, waiver agencies have been forced to cut back on the services received by frail elders and younger people with serious disabilities.

- 18 nursing homes closed in Michigan since 1998 – half of them voluntarily – and one of which is being

closed by the State of Michigan this very week due to performance deficiencies.

- ξ Assisted living facility beds – both licensed and unlicensed -- remain unaffordable to many in the long-term care market, which again is predominated by women.

Other poorly funded community services face even greater cuts and reductions as the current state budget crisis in Michigan deepens. As with so many issues and systems, the major problem with long-term care is that there is a serious deficiency in funding-- and consumers in this area are uniquely *unable* to pay for it.

While I know I must keep my remarks short, I must also briefly mention that funding for home health care was severely cut in 1997 by the BBA and I have been working ever since to restore funding. I would like to remind everyone that another 15% cut is scheduled for this fall that will devastate services available to families nationwide.

This is the bad news. But, there are positive stories to tell, as well. In 2000, Congress reauthorized the Older Americans Act. In the reauthorization a new "National Family Caregiver Support Program" was created. It provides funding to states (which pass the funding on to Area Agencies on Aging) to provide information and services to family caregivers. A key component of the services provided is respite care. Respite care can take many forms, but in essence it is there to help relieve the

burden of family members caring for loved ones. While this includes help for elderly spouses caring for an ill husband or wife, it also includes providing support for a growing trend in our country—grandparents caring for grandchildren.

Last year, Michigan received its first allotment for the Family Caregiver Program, $3.8 million dollars. Area Agencies on Aging held forums and roundtables throughout the state to make sure resulting services and programs would be tailored to meet the needs of the community. I am already getting positive feedback about this program and I hope that it continues to grow and provide much needed help to families.

In conclusion, I feel is a privilege to join with my Senate colleagues today—both women and men—to voice a concern that families are facing across the nation. Long-term care needs are not being met and women bear much of the burden of filling in the gaps that currently exist. I am hopeful that today's hearing can begin the debate that will lead to offering more choices and affordable solutions for families.