



Health/Medicaid Joint Legislative Hearing on 2022 Executive Budget
Testimony of Bobbie Sackman
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My name is Bobbie Sackman, Campaign Leader, NY Caring Majority/Jews for Racial and Economic Justice. I was formerly the Director of Public Policy for LiveOn NY for 28 years. I can attest that Fair Pay for Home Care is the most transformational change to providing a living wage for home care workers across the board, confronting the severe shortage of home care workers, providing critical home care to millions of New Yorkers and supporting family caregivers, the state has seen in decades.

New York's population is aging rapidly and becoming more disabled — between 2021-2040, NYS is projected to grow by 3% —but the 65+ population will grow by 25%. The number of adults over age 85 will grow by 75%. [[CUNY](#)]

Meanwhile, according to the Center for Disease Control and Prevention, one-quarter of the state's population has a disability, and when we look at the state's sixty-five plus population, that number becomes almost 50%. And the need will only get worse, with some studies indicating that the rate of long-term disability among COVID-19 survivors, even those who had mild cases or who were asymptomatic, could be as high as 20-30%.

Even before COVID, the vast majority of us preferred to live and age in our own communities. The loss of over 15,000 nursing home residents to COVID-19 only made it clearer why home-based support is preferential, and led many families to opt for home care over nursing homes for their loved ones [[Times Union](#)] In a recent poll, 90% of Americans preferred home care over nursing homes. [[SEIU](#)] Additionally, based on several recent studies, staying out of institutions is healthier too - recent research has found recovering COVID patients fared far better after discharge to home care than nursing homes [[VSNY](#)] and even before Covid, the median life expectancy of an individual in a nursing home was just five months [[Geriatric Society](#)]

Home care is what allows many of us who need care and support in our homes to do so - but New York currently faces the worst home care workforce shortage in the nation. [\[Mercer\]](#) This means we don't have enough home care workers to care for older adults and disabled people. And the shortage is only growing worse as our population keeps aging, and older adults increasingly search for nursing home alternatives. This shortage is dangerous: without anyone to care for older adults and disabled people, our family members are vulnerable.

- 25% of home care consumers reported they were unable to find home care workers
- Nearly 20% of state home care positions are currently unfilled due to staff shortages.
- 42% of New York's home care agencies reported high turnover [\[HCA\]](#)

We need more home care workers to care for the state's older adults and disabled community, but the state pays home care workers poverty wages — as little as \$13.20 an hour in many counties — and prioritizes institutional settings. So, home care workers who love their job are leaving the sector in droves to find better paying jobs. ***Poverty wages drive workers away:***

- Over 40% of New York's homecare workers live in or near poverty due to chronically low wages — an average of \$13.20 an hour in most regions [\[PHI\]](#)
- 57% of NY home care workers rely on public assistance and 49% lack affordable housing [\[PHI\]](#)
- In the Hudson Valley, for e.g., 5,100 home health aides in the Hudson Valley leave the job each year because of low pay and inadequate benefits [\[HIH\]](#)
- 60% aides reported leaving due to an inability to earn enough money [\[CPDAANYS\]](#)
- Seven out of every ten consumers Upstate and three out of every five on Long Island and Westchester reported low wages as the reason their workers quit. [\[CDPAANYS\]](#)

We need to combat the state's dangerous home care shortage to keep older adults and disabled people safe — and the way to do it is by including Fair Pay for Home Care (A06329/S05374) in the budget which would raise home care wages to at least \$35,000 a year on average.

Fair Pay for Home Care would raise home care wages to 150% of the minimum wage – allowing home care workers to make at least \$35,000 a year on average. According to a study by the CUNY School of Labor and Urban Studies [\[CUNY\]](#) would wipe out the home care workforce shortage in less than five years, keep older adults and disabled people safe and out of nursing homes, and bring 200,000 new home care workers into the field. In all, the state would see increased revenue totaling \$5.4 billion through job creation and moving home care workers off of social assistance — putting the Act on track to be one of the most successful economic development programs in the state's history. And the home care sector is overwhelmingly women and people of color — so fair wages would create new jobs for historically underpaid communities. More and more New Yorkers are joining together to say: It's time for New York to care for older adults and disabled people — by investing in home care that will keep them safe and at home. Fair Pay for Home Care would also:

- **Lift workers out of poverty:** Currently, 42% of the state's home care workers live in or near poverty. Fair Pay for Home Care would lift over 200,000 home care workers out of poverty wages. [\[PHI\]](#)

- **Jobs for women & people of color:** Fair Pay for Home Care will overwhelmingly improve existing jobs and create new jobs for women and people of color: currently, New York’s care sector is 91% female and 77% people of color. As the country and state wrestle with historic racial injustice, along with the disproportionate impact of COVID on communities of color, Fair Pay for Home Care is an investment in equity, lifting up a historically underpaid workforce. [[PHI](#)]
- **Job creation during Covid:** As New York faces widespread unemployment, Fair Pay for Home Care would bring 200,000 new home care workers into the field over the next decade and additionally create 180,000 jobs in other sectors and industries via increased spending and economic activity. [[CUNY](#)]
- **Economic generation:** Fair Pay for Home Care would pay for itself and generate \$5.4 billion for New York's state economy through new income and sales tax revenue, economic spillover, and reductions in Medicaid and social assistance. [[CUNY](#)]

Fair Pay for Home Care is also a smart investment for New York. A consortium of unionized Licensed Home Care Agencies and home and community based long term care associations projected that Fair Pay, when fully implemented, would cost New York \$2.47 billion, and even less in the short-term while the state is receiving higher Federal Medicaid funding because of COVID-19. (This cost includes wage increases for home care workers AND all the costs associated with those raises for providers, to ensure this isn’t an unfunded mandate for providers. We can provide a more detailed breakdown of these costs if needed.)

Because Fair Pay would be implemented Jan 1, 2023, it is only 1/4 of the fiscal year 2023 - therefore in the budget about to be passed, it would cost the state approximately \$618 million — this is slightly only 3/4 of the \$860 million of funds available from the American Rescue Plan.

Given the projections by [CUNY School of Labor and Urban Studies](#) that Fair Pay would result in cost savings and revenue larger than the investment, the initial investment, fully funded by the Federal government, would begin to pay for itself by the time it was fully effective in fiscal year 2024. Since the state can use ARPA funds until March 31, 2024, any savings or increased revenue predicted by CUNY that had not yet materialized could be funded by the \$285 million in remaining ARPA funds.

In a time when NYS Budget Director Robert Mujica said that NY is in a strong financial position, with billions in a ‘rainy day fund’ it is unconscionable for the State to NOT invest in the essential home care workforce and end NY’s worst in the nation home care workforce shortage.

NY Caring Majority members, RNs, PWD, family caregivers, developed the “Comprehensive Skills Table” which is pasted at the bottom of my testimony, and spells out in detail the myriad of health care skills home care workers provide and the ramifications when that care isn’t available. I will quickly go through some of them.

Keep in mind that home care workers earn poverty level wages at \$13.20/hour upstate for this skilled health care work - including preventing death:

- Decreased falls - Toileting, bathing, transferring, ambulation, mobility, stabilization of the person’s body all prevent falls. 34,000 older adults died in 2019, due to falls. 300,000 were hospitalized, many debilitated for life due to hip fractures.
- Wound care - Changing of dressings, assessing the wound, lack of care could lead to a system infection such as sepsis, which is deadly.
- Respiratory care - Monitoring of respiration, cleaning of ventilators & other equipment, respond to ventilator alarms, assist with suctioning of tracheostomies, monitoring oxygen tanks & more. Respiratory support is a life saving measure. Without it individuals suffer to breathe and death is inevitable.

There is much more in the whole table, but, hopefully, the point has been made. Home care is health care. Investing funding for Fair Pay for Home Care provides critical health care for millions of New Yorkers while creating good paying jobs. Can we all agree that it’s time to end New York’s policy of neglect and poverty level wages?

Comprehensive Skills Table

<p>Actions: Traditional Agency Aide or Consumer-Directed Personal Assistant (CDPA)</p>	<p>Importance of these actions</p> <ul style="list-style-type: none"> • Impact patients’ quality of life • Decrease risk for illness exacerbations • Decrease risk for rehospitalization 	<p>Consequences if these actions are not taken</p>
<p><u>Big Picture: Traditional Agency</u> The home care worker is a skilled assessor of any changes in the consumer and also knows the consumer. They assess for changes such as increased shortness of</p>	<p>If no one is providing assistance in the home and making these assessments, the consumer’s health situation will worsen such that medical visits, additional medication or</p>	<p>Disruption in the life of the consumer and increased health care visits which are difficult and also expensive to the healthcare system.</p>

<p>breath, dizziness, skin color changes, changes in appetite, changes in elimination. They are trained assessors of the consumers and report any changes in real time to the RN, who takes action.</p> <p><u>Big Picture: CDPA</u> The home care worker is called a personal assistant (PA) and is an adult who provides consumer directed personal assistance to a consumer under the consumer's instruction and training, supervision and direction or under the instruction, supervision and direction of the consumer's designated representative. The consumer shall be self-directing, which shall mean that they are capable of making choices about their activities of daily living, understanding the impact of the choice and assuming responsibility for the results of the choice. When a consumer is unable or does not want to fulfill these responsibilities, they are entitled to appoint a</p>	<p>emergency room visits might be necessary.</p>	
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<p>designated representative (DR) to do these tasks on their behalf, so long as the DR is not their PA.</p>		
<p><u>Decreased Falls</u> The assessment, supervision and support provided by the home care worker as specified below leads to decreased falls.</p>	<p>In 2019 34,000 older adults died due to a fall in the US. Falls are the leading cause of injury related deaths in the U.S. for older adults *</p> <p>Over 300,000 older people are hospitalized each year for hip fractures. This impacts their quality of life and leads to hospitalizations and need for rehab. Many end up in nursing homes after a hip fracture.*</p> <p>For consumers who fall, many other poor outcomes can occur, such as traumatic brain injury, loss of use of arms, hands, legs, loss of muscle tone, loss of ability and more.</p>	<p>Falls often lead to hospitalizations. In 2015, the total medical costs for falls totaled more than \$50 billion.11 Medicare and Medicaid shouldered 75% of these costs.*</p>
<p><u>Environmental support functions, such as:</u></p> <ul style="list-style-type: none"> • Making and changing beds • Dusting and vacuuming • Light cleaning of the 	<p>If these tasks are not done, the consumer may:</p> <ul style="list-style-type: none"> • Suffer <u>allergy attacks or respiratory distress</u> from 	<p>Increased medical needs including doctor visits, emergency department visits and possibly new prescriptions for</p>

<p>kitchen, bedroom and bathroom</p> <ul style="list-style-type: none"> • Dishwashing • Listing needed supplies • Shopping • Laundering, including ironing and mending • Payment of bills • Assistance using the telephone and/or other communication devices • Reading mail and other administrative tasks • Other essential errands 	<p>dust and other particulate matter in the air</p> <ul style="list-style-type: none"> • Experience increased risk for upper respiratory infections • Risk of <u>food borne illnesses</u> due to cross contamination • Experience skin breakdown, irritation, rash or infections • Lose housing placement and/or utilities due to inability to physically submit payment 	<p>medications.</p> <p>Loss of housing leads to homelessness and/or institutionalization. Loss of utilities over a period of time may cause instability of overall health of the consumer, inability to use medical equipment reliant on electricity such as power wheelchairs, hospital beds, ventilators, etc.</p> <p>This is destabilizing for consumers and expensive for the healthcare system.</p>
<p><u>Nutritional needs</u></p> <ul style="list-style-type: none"> • Preparation of meals in accordance with modified diets or complex modified diets, including low sugar, low fat, low salt, low residue diets gluten free, egg free, dairy free, soy free, wheat free, vegan, purified, softened, excess liquid or gravy thickened meals • Preparation of enteral/tube feeding 	<p>When prescribed diets are not followed, consumers' <u>disabilities may be exacerbated</u>. A few examples include, <u>blood pressure</u> may increase, <u>swelling</u> in the body due to cardiac issues may increase, <u>kidney</u> disease may worsen; inability to moderate bodily functions, etc.</p> <p><u>Low or poor nutrition</u>, including electrolyte imbalance leading to</p>	<p>Increased medical needs including doctor visits, emergency department visits and possibly new prescriptions for medications</p> <p>This is destabilizing for consumers and expensive for the healthcare system.</p>

<p>appropriate foods and/or formulas</p> <ul style="list-style-type: none"> • Administration of tube feedings • Assistance with manual mouth feeding 	<p>hospitalization or death.</p> <p>Risk of <u>food borne illnesses</u> due to lack of proper storage and cooking of food.</p>	
<p><u>Personal care</u> refers to any or all nutritional and environmental support functions and personal care functions that are medically necessary for maintaining an individual's health and safety in his or her own home.</p> <p>Specific personal care tasks include:</p> <ul style="list-style-type: none"> • Bathing of the consumer in the bed, the tub or in the shower • Dressing, including assistance with pulling or pushing limbs, ensuring creases or wrinkles are seamless to avoid pressure sores, use of buttons or zippers, and using compression garments, abdominal support belts and other accessories worn 	<p>During personal care, the body is assessed for any <u>changes in color, skin breakdown, rashes</u> and more.</p> <p>This personal care is essential for a consumer's sense of well being and health outcomes.</p> <p>Hygiene care is essential to a sense of well being, decreases infection risk, and maintains personal hygiene.</p> <p>Monitoring vitals is essential for ensuring preventative measures are taken to avoid further costly medical interventions or risk to health.</p> <p>Maintaining personal care and medical needs supports a positive mental health outcome.</p>	<p>If skin assessment is not done regularly, <u>skin infections</u> such as <u>candidiasis</u> or <u>skin breakdown</u> can lead to increased need for medical care. <u>Skin breakdown - a pressure injury also known as a bed sore, can occur in as little as two hours.</u></p> <p>If hygiene is not provided, infections such as urinary tract infections will not be identified early, leading to increased use of the healthcare system.</p>

<p>on the body to assist with bodily functions and safety</p> <ul style="list-style-type: none">• Grooming, including care of hair, shaving, skin moisturizing and ordinary care of nails, teeth and mouth• Toileting; this may include assisting the patient on and off the bedpan, commode or toilet; assistance cleaning and maintaining personal toileting hygiene; assist with use and cleaning of portable urinals• Assistance with bowel programs, including use of suppositories, digital stimulation and/or manual removal• Assist with catheterizations of stomas or urethra• Providing routine skin care• Manage, change and clean ostomies, bags and supplies• Care and cleaning of enteral nutrition/feeding		
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<p>tube sites</p> <ul style="list-style-type: none"> • Assist with flushing stoma sites as needed, including enteral/feeding tube, bladder, etc. • Monitoring vitals including blood pressure, heart rate, oxygen saturation, temperature, etc. • Other tasks defined below as Ambulation, Medication, Respiratory, etc. 		
<p><u>Ambulation</u></p> <ul style="list-style-type: none"> • Assistance with walking, beyond that provided by durable medical equipment (DME), within the home and outside the home • Transferring from bed to chair or wheelchair such as manual or electronic Hoyer patient lift machine use, slide boards, gait belts, physical lifting, balance support, etc. • Turning and positioning the consumer's body in 	<p>Remaining in one position, whether sitting or lying down, may lead to respiratory and cardiac decline and a high risk of skin breakdown (bed sores). Assisting the consumer to ambulate also maintains muscle tone which decreases falls risk.</p> <p>Regular movement of the body maintains flexibility, decreases muscle and joint contractures, lessens pain levels and supports a positive mental health outcome.</p>	<p>If cardiac and respiratory systems are not exercised, as well as muscles for ambulation, the consumer's weakness will increase leading to more use of the healthcare system and possibly increased risk for falls.</p> <p>Lack of regular bodily movement can also lead to chronic pain, muscle spasms and neuropathy, which increases the consumer's use of</p>

<p>whole or part, such as arms, legs, torso, hips, etc.</p> <ul style="list-style-type: none"> • Providing routine range of motion, stretching, physical therapy, occupational therapy and/or skin massage • Using medical supplies and equipment such as walkers, wheelchairs, leg or hand braces, hospital beds, etc. including basic maintenance, cleaning and charging of battery operated devices 		<p>the healthcare system and pharmaceutical reliance.</p>
<p><u>Medications and Dietary Supplements</u></p> <ul style="list-style-type: none"> • Administration of medication by the patient, including prompting the patient as to time, identifying the medication for the patient, bringing the medication and any necessary supplies or equipment to the patient, opening the container for the patient, positioning 	<p>When consumers don't take medications as prescribed, which can include forgetting doses, taking double doses, taking both trade and generic prescriptions, taking a double dose, following guidelines regarding whether to take with food or not, or an hour before eating, or other specifics, there is a high risk of poor outcomes.</p>	<p>These poor outcomes may lead to both poor outcomes and illness in the consumer and greater use of the healthcare system.</p>

<p>the patient for medication and administration, disposing of used supplies and materials and storing the medication properly</p>		
<p><u>Wound care</u></p> <ul style="list-style-type: none"> • Changing of dressings (simple dsg change only with traditional agency) • Use of wound vac systems and drainage of collection canister • Routine monitoring of skin 	<p>During the process of changing a wound care dressing, the home care worker assesses drainage, color, size and odor of the wound.</p>	<p>If any changes are occurring, and they are not reported, the consumer may develop an infection which can have outcomes including the need for antibiotics, more complicated wound care and possibly system infection such as sepsis.</p>
<p><u>Respiratory</u></p> <ul style="list-style-type: none"> • Provide routine monitoring, interpretation of output data, adjustment and cleaning of ventilators, BiPAP, CPAP, cough assist, nebulizers and other machines, circuitry and parts for respiratory support • Respond appropriately and timely to ventilator alarms 	<p>Without respiratory support, consumers are unable to sufficiently clear airways, intake and/or exhale air and/or oxygen, leading to increased risk of upper respiratory infections, aspiration, choking, lung muscle loss, respiratory failure, lowered oxygen levels, increased carbon dioxide levels, etc.</p>	<p>Respiratory support is a life saving measure. Without respiratory support assistance, consumers will suffer to breathe adequately and death is inevitable.</p>

<ul style="list-style-type: none"> • Assist with routine suctioning of tracheostomies, mouth, throat and/or upper esophagus • Monitoring and use of oxygen tanks • Manual percussion of back, chest and lung area to clear airways 		
<p><u>Community support</u> to assist consumers in attending medical appointments, accessing community programs, services, socialization or leisure, including driving vehicles, clearing pathways, assistance maneuvering around or over obstacles, reaching and lifting items, assistance with payment methods, etc.</p> <p>Maintaining personal and financial security and confidentiality at all times.</p>	<p>This personal care is essential for a consumer's sense of well being and health outcomes.</p> <p>This assists the state in meeting federal requirements to ensure services for persons with disabilities are provided in the most integrated setting, defined as a setting that enables individuals with disabilities to interact with non-disabled persons to the fullest extent possible, appropriate to their needs.</p>	<p>This is destabilizing for consumers and expensive for the healthcare system.</p>
<p><u>Supervision and cueing</u> to help the consumer perform a nutritional and environmental support function or personal care function.</p>	<p>This personal care is essential for a consumer's sense of well being and health outcomes.</p>	<p>This is destabilizing for consumers and expensive for the healthcare system.</p>

