

**Opening Statement of Senator Herb Kohl
Special Committee on Aging Hearing
Health Reform in An Aging America
March 4, 2009**

Good morning. I am pleased to welcome all of you to our first hearing on the issue of national health reform. Our message is a simple one: any serious health reform proposal must address long-term care. With America aging at an unprecedented rate, and with the high and rising costs of caring for a loved one, it is crucial that long-term care services are addressed. Today, we will initiate a conversation about how we can work together to improve long-term care services, while also taking steps to make them more cost-effective.

We all know family members, friends and neighbors who have struggled to recover from a bout of severe illness or a serious accident and need care for a prolonged period, or even for the rest of their life. These individuals need long-term care services and supports to help them with day-to-day activities. But let's be clear, the ultimate goal of long-term care is to allow older or disabled Americans to live as independently as possible.

However, one size does not fit all. Given the variety of circumstances requiring long-term care, any update to our current system must be flexible and offer choices tailored to an individual's needs. With the help of our outstanding witnesses, we're going to try to spark some creative ideas about how this can be offered in a way that will get costs under control.

Today we will be focusing most of our attention on the provision of long-term care through Medicare, a federal program, and Medicaid, which is administered jointly by the federal and state governments. Some states have expressed concern that their aging and disabled Medicaid populations are swamping their budgets, and that this financial strain will only worsen. However, a handful of states, including Wisconsin, are addressing long-term care in a proactive, thoughtful manner and have made important strides in not only expanding the range of services, but also in controlling costs. Though it is not easy, it is achievable, and requires strong leadership and political commitment.

We will hear from HHS about a range of innovative grant programs that the federal government has created to provide several states with financial resources and incentives to broaden the range of Medicaid services offered to roughly a million people in their homes and communities. However, we need to make sure that our economic troubles do not lead to diminished services. The recently-enacted stimulus bill provides states with an additional \$87 billion in Medicaid funding. I believe the funding should be used by states to strengthen these popular and vital programs.

We also need to find ways to coordinate and improve care for the more than 7 million beneficiaries who are eligible for both Medicare and Medicaid, which includes some of the sickest and poorest of our citizens. The care these "dual eligibles" receive is often

poorly coordinated and extremely costly. Today, we will examine ways to deliver more comprehensive and fully-integrated care at a lower cost.

We should acknowledge that the rising costs of health care and long-term care do not only affect the government. More than one-fifth of all long-term care spending comes directly out of the pockets of individuals and their family members. We also know that tens of millions of family caregivers provide long-term care to loved ones every day, yet have little or no access to support for themselves. As part of our long-term care strategy, we need to provide support to family caregivers through entities such as the Aging and Disability Resource Centers, which were pioneered in Wisconsin.

On that note, I recently introduced bicameral legislation to expand education and training opportunities in geriatrics and long-term care for licensed health professionals, direct care workers, and family caregivers. America is facing a severe shortage of health care workers who are adequately trained and prepared to care for older Americans, and this, too, must be addressed by the President and by Congressional leaders as they move forward with national health reform. My colleagues on the Finance and HELP Committees do not have an easy task ahead. But my hope is that the lessons we learn and the ideas we generate in this Committee will be a resource for them.

I would like to thank today's witnesses once again for being here. I now yield to Ranking Member Martinez for any opening remarks he may wish to make.