Testimony of
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on
Women and Aging: Bearing the Burden of Long-Term Care
Before a Joint Hearing of the
Senate Special Committee on Aging and the
Subcommittee on Aging, Senate Committee on Health, Education, Labor, and Pensions
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Good morning. It is my pleasure to testify today. I want to thank Senators Breaux and Mikulski for calling for this hearing on such a significant topic. I am glad to be in the company of other women senators, sharing our experiences and our points of view. As we all know, the face of caregiving is female. Caregiving for the elderly and children falls predominantly to women in our society. In our society, we women care for our children, our parents, and often our husband's elderly relatives.

Caregiving is an issue I care about deeply. Over the past year, I have hosted several forums on aging, long-term care, and caregiving issues in Arkansas. Arkansas ranks fifth-highest for its population of 55-plus seniors and second for the percentage of seniors living in poverty. Three out of five elderly Arkansans are women.

As a baby boomer, I consider myself part of the "Sandwich Club"-a group responsible for caring for children and aging parents simultaneously. In fact, I belong to the "Club Sandwich Club," whose members are also taking care of their grandparents. My husband's grandmother is now 104 years old.

I am the proud mother of twin 5-year-old boys. As any parent knows, just keeping up with two small children is as challenging as it is rewarding. In addition to my boys, I also help monitor the health of my aging parents-particularly my father, who is in the later stages of Altzheimer's disease.

I can tell you from personal experience that these responsibilities can seem awesome at times. I know that I am not alone in this, so I have been an advocate for passing legislation supportive of the growing number of frail elderly Americans and of caregivers.

As a member of the Finance Committee and the Special Committee on Aging, I have a special interest in preparing health care providers and Medicare for the inevitable aging of America. I am the author of the Geriatric Care Act of 2001, which calls for increasing the number of geriatricians in our country through training incentives and Medicare reimbursement for geriatric care. By improving access to geriatric care, the Geriatric Care Act of 2001 takes an important first step in modernizing Medicare for the 21st century.

Our nation's healthcare system will face unprecedented pressure as our population grows older. Demand for quality care will increase, and we will need physicians who understand the complex health problems that aging brings. As seniors live longer, incidences of disease and disability increase. Conditions such as heart disease, cancer, stroke, diabetes and Alzheimer's disease occur more frequently as people age.

The complex problems associated with aging require special training of physicians in geriatrics. Geriatricians are physicians who are first board certified in family practice or internal medicine and then complete additional years of fellowship training in geriatrics. Certified geriatricians pass a certificate of added qualifications administered by either the American Board of Internal Medicine or the American Board of Family Practice.

Geriatric medicine provides the best healthcare for frail older persons. Geriatrics promotes wellness and preventive care, with an emphasis on care management and coordination that helps patients maintain functional independence, improve their overall quality of life, and reduce unnecessary and costly hospitalizations, institutionalization and other complications.

Given our seniors' dependence on prescription drugs, it is increasingly important that physicians know how, when, and in what dosage to prescribe medicines to older persons and have knowledge of possible interactions with other medications.

Today, there are fewer than 9,000 certified geriatricians in the United States. Of the approximately 98,000 medical residency and fellowship positions supported by Medicare in 1998, only 324 were in geriatric medicine and geriatric psychiatry. Only three medical schools in the country-the University of Arkansas for Medical Sciences (UAMS) being one of them-have a department of geriatrics. This is incredible, considering that all 125 medical schools in our country have departments of pediatrics.

The number of geriatricians is expected to decline dramatically in the next several years. In fact, most of these doctors will retire just as the baby boomer generation attains Medicare eligibility. I will speak more about my bill later this month in a Special Committee on the Aging hearing devoted solely to this issue.

I have also supported enactment of other legislation to assist caregivers and to help our growing elderly population to prepare for their long-term care needs. I helped enact the National Family Caregivers Act, which will provide funding to help caregivers gain access to support groups, counseling, and respite care. What's important about this bill is that it focuses squarely on the caregivers in the family- most often the daughters and wives-who make tremendous sacrifices to care for their spouses, parents, and loved ones in their senior years. By helping these caregivers get the support they need, we open the door for more effective care and create greater opportunities for people to age in their homes, rather than in nursing homes or institutions.

Recently, we also made long-term care insurance available to federal employees. This is a major step forward in making long-term care insurance affordable and accessible for as many as 13 million people. That's 13 million people who will have an opportunity to protect themselves and their families against financial ruin as they age. What's also important about this law is that it's going to serve as a benchmark for the private sector. The government is setting a standard by offering this insurance, and I'm confident that we have created a model that industry will want to follow.

Also, I co-sponsored the Long-Term Care Security Act, which will allow taxpayers to deduct the cost of long-term care insurance premiums and would provide tax credits for long-term care expenses.

An initiative I am also interested in pursuing is doing more to shift a greater portion of federal funding from institutional care to community-based care. Currently, we spend 75 percent of federal dollars on institutional care. We must create opportunities for home care, adult day centers, and hospice centers to flourish. By channeling more federal funding to these community-based services, we can develop a variety of options for care that are more responsive to the needs of our seniors.

What I want to emphasize in all of these legislative remedies is that we're looking for innovative and creative ways of addressing our seniors' needs for long-term care. Whether it's tax credits, deductible insurance premiums, community-based care, or focusing on caregivers, we need to find new ways to encourage people to prepare for their long-term care needs and to explore options besides institutions.

Again, I am grateful to Senators Breaux and Mikulski for organizing this hearing. I also appreciate sitting beside other women senators who each bring a unique perspective to their duties in the Senate, and particularly on the issue of women and caregiving. I look forward to working together to come up with workable solutions.