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Senator Susan C. Fargo

Co-Chairman

Joint Committee on Public Health

Representative Jeffrey Sanchez

Co-Chairman

Dear Senator Fargo and Representative Sanchez:

PHI, a national leader on eldercare and disability services, would like to submit testimony in favor of Senate Bill # 1138, **An Act Relative to Home Health Aides**. The state of Massachusetts must do more to cultivate a qualified, dedicated direct-care workforce in order to meet the rising demand for these workers and I believe this bill is a step in the right direction.

This bill would expand the responsibilities of home health aides, one segment of the direct-care workforce, and would allow them, with appropriate training and oversight, to administer and/or assist with the administration of certain kinds of medications. The experience of other states demonstrates that this can be done safely and effectively – and that this strategy also helps ensure the best value for our healthcare spending with all working to the top of their training and licensing. This is a small but important step to providing home health aides with an opportunity to increase their skills and expand their scope of services. Although this bill would impact only about 20% of the direct-care workforce, it would send a clear signal that the state recognizes the importance of this vital workforce and the need to do more to improve these jobs and create meaningful advancement opportunities.

The state has several compelling reasons to focus on direct-care jobs:

- At nearly 100,000 workers, direct-care workers comprise Massachusetts second largest occupational grouping, outnumbering K-12 teachers, registered nurses, or law-enforcement/public safety workers. Eldercare and disability services accounts for fully one-third of all health care jobs in the state and direct-care jobs are expected to grow 22% by 2016, dramatically outpacing the growth of other jobs.

- A well-trained direct-care workforce, deployed appropriately in home and community-based settings, could help to significantly decrease the state's health care expenditures. The vast majority of our health care dollars are spent in the last two years of a person's life. Nationally, chronically ill patients have a rehospitalization rate of 25-percent, accounting for \$15 billion in annual spending. Direct-care workers provide 70 – 80 percent of the paid, hands-on long-term care, making them ideally positioned to contribute to the efforts promoted in health reform to improve efficiency, prevent readmission; and coordinate care for those with chronic illness.
- By 2020, Bay Staters over 65 will increase by almost 300,000, and make-up nearly 20% of the state's population. This age group will account for 82% of the overall population growth in Massachusetts. This change represents a seismic demographic shift for the Commonwealth. The Community First initiative and CLASS Act, both of which will allow more elders and people with disabilities the right to live in the setting of their choice, will only be possible if there are adequate services and supports – primary among them direct-care workers -- to meet this increased demand.

Direct caregivers earn some of the lowest wages in the state, and even with Massachusetts universal health care law, many struggle to afford adequate health coverage for themselves and their families. And the core labor pool for direct-care workers – women age 25 – 55 – will decline by more than 40,000 over the same period as the need for these workers is rising dramatically. The challenges for filling these jobs are immense and require concerted effort on the part of the state. The opportunity to expand the role of home health aides that S 1138 would provide is, again, a small but important step in the right direction toward improving quality and efficiency of our health and long-term system. I encourage the legislature to further explore how this underleveraged workforce could be utilized in the Commonwealth.

Sincerely,

Amy F. Robins

Massachusetts State Director

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