

November 25th, 2019
Testimony for Hearing- Notes for Speech
My name is Kelly McMullen.

I am a member of Hand in Hand: the Domestic Employers Network, a member of the the New York Caring Majority. I am a member of Senator May's Senior Advisory committee. I am also a member of the Ulster County Chapter of Statewide Senior Action Council and on Statewide's Policy Committee. These organizations, among other things, advocate for affordable access to long term care services.

Thank you for hearing my testimony. I appreciate your work in holding these hearings and on advancing legislation that would bring equality to health insurance coverage for all New Yorkers and health care coverage that would include long term home care. Health care coverage that is sufficiently comprehensive is a vital element of securing a quality life and stabilizing the personal economies of many New Yorkers.

I have become an advocate for affordable, comprehensive health care because of my personal experience as the daughter of parents who were privileged enough to age in to infirmity and because of my professional experience as Director of the Ulster County Office for the Aging.

Firstly, I would like to tell you my personal story and that of my parents. Paul and Nancy lived a good life by any standards: they held positions of responsibility in their work and the communities in which they lived, they paid for their three daughters' education and had many years of healthy and active retirement - the American dream. Good planners that they were, they positioned themselves to live their final years in a retirement, condominium community which was wheel chair accessible. As time went on, Mom developed macular degeneration and, shortly after, Dad developed Parkinson's Disease. We had to gang up on the two of them and wrestle their driver's licenses away when we discovered them "team" driving with the rational that while Dad had no control of his lower limbs, Mom, who was now legally blind, could follow Dad's verbal directives as navigator. It's not like we believed, in any way, this was a good plan, but making it even worse was that neither of them wanted to acknowledge that, by this time, Mom was also significantly hearing impaired!

It was about this time that it was clear that, while we could meet their needs for house cleaning, shopping, and such things as medical appointments, Dad's increasingly more dysfunctional and frail body was more than Mom could physically handle. We arranged for private pay home care, mostly to get Dad showered regularly and get him dressed. We had several wonderful women who did their best to be consistent with the schedules we arranged. But these women had families of their own and life would occasionally conspire to interrupt the schedule. In the end, Dad's needs were greater than any of us could cope with, even when just one shift of home care was interrupted. The "plan B" we needed for these circumstances would involve finding someone who would shun certain work for intermittent work with no predictable schedule and so was impossible to procure. Because we had to pay privately for the home care, we did not have access to a large pool of home care workers to arrange for this care.

This necessitated my parents move to an assisted living setting. This setting cost over seven thousand dollars per month for the two of them.

There are many "indignities", my Mother would say. A proud Registered Nurse and past home

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of age, you can expect to live in to your 80s. You are likely, however, to experience medical co-morbidities which will serve to atrophy physical function. In fact, 80% of seniors will have the need for home care at some point in their lives. At the Office for the Aging, we often received calls from family members, often daughters or wives, who were inquiring about the assistance they might receive in caring for an elderly loved one who now had infirmities.

We would provide families and seniors the information regarding Medicaid insurance: the income and assets limits, pooled trust requirements, the process for 'spending down' to reach Medicaid coverage and so forth. The sad fact is that unless a family has ample private resources, until a loved one qualifies for Medicaid Insurance, long-term, in-home care is simply out of reach.

These situations are playing out across our state and country every day. People are forced to leave their homes, families are struggling to meet the demands of raising children while, simultaneously, working out side the home and caring for an elder. More and more seniors are the isolated care taker of life time partners who depend on them for their very existence with little to no outside assistance. These are heart breaking situations and especially so because as few as six hours a week of home care per week can make the critical difference, for many very elderly and medically fragile seniors. We saw this at the Office for the Aging over and over again.

The Older Americans Act provides funding to the OFAs for home care to seniors with limited income but with too much income to reach Medicaid. We saw that many seniors could remain in their home and avoid institutionalization (and the scramble to reach Medicaid) with just a few hours of home care per week. This would provide the stabilization needed to support seniors living out the last phase of their lives in the home of their choice, in their community of familiarity or among family members.

We also saw what happened when the care was not available because we always had a wait list due to a lack of funding. We witnessed deterioration of health conditions - often with multiple unnecessary hospitalizations, nutritional wasting, increasingly poor hygiene, medication interruption and undiagnosed and untreated medical and mental health conditions.

NY Health would alleviate these problems, providing stability to many families who face daily struggles that seem too much in contrast with our ideals. Over the long-term, NY Health would improve the over all health status of New Yorkers with affordable, preventative interventions that would save the high cost expense of unnecessary institutionalization. NY Health would make more secure the many families who are just one un-funded health event away from financial ruin. NY Health brings equity to the access of health care to New Yorkers and could serve as a model to our federal representatives, many of whom distort the arguments for comprehensive health coverage in the cruel support of a health care system that provides corporate profit to health insurance and pharmaceutical industries while generating some of the poorest health outcomes in the industrialized world.

