

Health and Medicine Policy Research Group
Testimony Prepared for the Deficit Reduction Committee
March 10, 2009

Health and Medicine is an independent not for profit policy center with 25 years of experience evaluating local and state health policy, with a special interest in the health of the poor and the underserved. Since 2001, we have been intimately involved in Illinois' long-term care (LTC) reform effort for older adults, working closely with providers, advocates, legislators, administrators and others in the shared effort to transform Illinois' long-term care system for older adults from one which is predominantly institutional to one that is primarily home and community-based, enabling most elders to age with independence, dignity and quality of life in the spaces and places they prefer: their homes and communities.

While we regret that it is budget deficits that are the cause of this testimony, we nonetheless are grateful for the opportunity to comment on the Healthcare and Human Services Budget Deficit. We strongly support maintaining current programs in home and community-based care for two primary reasons: it is cost saving and it responds to the deepest wishes of older residents of our state. These services include; Older Adult Services Programs, the Community Care Program, Elder Abuse and Neglect, Ombudsman, and Home Health Services. Maintaining these services will demonstrate an ongoing commitment to long-term care reform that the legislature has demonstrated since the passage of the Older Adult Services Act (PA-093-1031, hereafter OASA) in 2004. Services for older adults in the community reflect the needs and wishes of older adults and make good sense fiscally for the state. In the absence of community service networks, it is likely that older adults will be forced into institutions at a considerably higher cost to the state. Furthermore, services in the community generate jobs; hence, cuts to services will necessarily result in extensive job loss.

We recommend and support a fair increase in taxes or fees to protect these vital community services for older adults and their families in Illinois. It is critical—both morally and fiscally—to assure that we are not overspending for unnecessary institutional levels of care for individuals who would be happier and more appropriately and cost-effectively served in the community.

We urge you to maintain Older Adult Services Programs, the Community Care Program, Elder Abuse and Neglect, Ombudsman, and Home Health Services. We also ask you to look beyond these

specific programs and consider how as a state we can maintain the overall share of long-term care resources we devote to community alternatives. The future well-being of older people, who require long-term care services, are importantly linked to the planning efforts that so many of us have undertaken under OASA. We have a responsibility to assure that such efforts achieve real changes that are fiscally responsible. Above all, such changes would see more older adults in Illinois with long-term care needs not in nursing homes but in the community where they could be served more happily and cost-effectively.

With the population 85 years of age and older expected to double in Illinois over the next two decades, now is the time to start planning for a financing structure that invests the bulk of our public long-term care dollars where older people want to be: in the community. The benefits of maintaining current services far outweigh the consequences of cutting such programs for Illinois' current fiscal deficits and financial future.

Thank you.

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