

Direct-Care Workers Need Health Reform *Now*

“Bankruptcy is something no family should have to go through.”

Cindy Ramer, CNA
Denver, Iowa

Cindy Ramer of Denver, Iowa, lives with the fear of not being able to pay her medical debts. Cindy is a Certified Nursing Assistant whose late husband worked in construction. For many years her husband battled diabetes and heart disease. They could not afford health insurance, and struggled to pay for doctor’s visits and medications until his death a few years ago. The overwhelming costs forced them into bankruptcy. Like millions of others, Cindy continues to struggle with financial instability and debt because she lacked health coverage.

She is currently uninsured after her employer canceled the company’s health insurance plan. Today, instead of seeing a doctor, Cindy goes to free screenings and health fairs in order to find care. Cindy, like a lot of uninsured workers, is willing to pay for health coverage but is unable to find a plan that is affordable and comprehensive.

“I don’t think it’s fair that I’m caring for people and helping them with their health care, and I don’t have adequate, affordable health care of my own,” said Cindy. “I’m not asking for a handout. I’m just asking for something I can afford, and [that] won’t have all these restrictions—that they’ll cover this and won’t cover that.”

Controlling Cost Can’t Wait

Access to affordable health coverage is at the heart of what’s important to Cindy—and to the direct-care workers like her who provide most of the hands-on care that America’s elders and people living with disabilities depend upon each day. Being offered an employer-sponsored plan is not enough.



Public Option

Affordability

Good Benefits

Insurance
Market Reform

Exchange

- **Low-wage work.** The median annual earnings for direct-care workers is \$17,000. Almost half (45 percent) live in households under 200 percent of the federal poverty level. Workers can afford only modest contributions to the cost of their coverage.
- **Premiums and co-pays.** While many direct-care workers are offered coverage at work, workers can't afford to purchase or use it. Insurance with high deductibles and co-pays may have lower premiums but provides "paper coverage," while actual health care remains out of reach.

Meaningful Reform Must Make Health Coverage Affordable

The PHI Health Care for Health Care Workers Campaign urges Congress to include subsidies that are truly adequate to ensure that direct-care workers—and all low-income workers—are able to afford their premium share. Also, reform legislation must ensure that any out-of-pocket costs do not deter low-income workers from getting the services they need when they need them.

We urge Congress to support:

- The House bill's premium and out-of-pocket caps for low and moderate income families below 225 percent of the federal poverty level (\$41,000 for a family of three).
- Provisions in the House bill for benefit plans to cover a greater share of health care costs (i.e., higher "actuarial" value).
- The House bill expansion of Medicaid to 150 percent of the federal poverty level (or \$27,465 for a family of three).
- Exemption of low-income workers from the mandate if their premiums would cost more than what someone at the same income level, who qualifies for subsidies, would pay.

By 2016, direct-care workers will number 4 million, America's single largest occupation. Health care reform that is good for direct-care workers is good for America.

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Also see PHI PolicyWorks, our policy website:
www.PHInational.org/policy



Health Care for Health Care Workers (www.coverageiscritical.org), an initiative of PHI, seeks to expand health coverage for workers who provide support and assistance to elders and people living with chronic conditions and/or disabilities. These consumers need a skilled, reliable, and stable direct-care workforce to provide quality long-term care services. We believe that one way to ensure a quality direct-care workforce is to provide quality direct-care jobs—jobs that offer health coverage and pay a living wage.



PHI (www.PHInational.org) works to improve the lives of people who need home and residential care—and the lives of the workers who provide that care. Using our workplace and policy expertise, we help consumers, workers, employers, and policymakers improve long-term care by creating quality direct-care jobs. Our goal is to ensure caring, stable relationships between consumers and workers, so that both may live with dignity, respect, and independence.