



CONNECTICUT ASSOCIATION FOR
HEALTHCARE AT HOME

*Written
only*

TESTIMONY

Delivered by Tracy Wodatch, Vice President of Clinical and Regulatory Services
The Connecticut Association for Healthcare at Home

Before the Labor and Public Employees Committee

February 26, 2013

Raised HB 6432

An Act Concerning Homemaker Services and Homemaker Companion Agencies

Senator Osten, Representative Tercyak and members of the Labor and Public Employees Committee, my name is Tracy Wodatch and I am the Vice President of Clinical and Regulatory Services at the Connecticut Association for Healthcare at Home. I am also a Registered Nurse with 30 years of experience in the institutional setting as well as home care and hospice.

Our Association represents 60 licensed and certified home health and hospice agencies and nearly 25 private duty agencies that perform well over 5-million home health and community-based visits in our inner cities and rural Connecticut towns each year.

Within our licensed and certified home health and hospice providers, we have a growing Connecticut workforce of 11,000 employees and skilled nurses. We are the *only* healthcare providers that walk through the front doors of 14,000 state residents each day and understand the value that technology and interactive data communication brings to person-centered care.

We oppose HB 6432 AAC Homemaker Services and Homemaker Companion Agencies as written and ask that you consider the current trends in the direct care needs of consumers of such services in the community. Rather, our Association does endorse SB 518, a bill requiring a Task Force to Study Employment Issues Concerning Registries in the Homemaker and Companion Services Industry.

Connecticut is in the midst of changing its culture and philosophy with respect to caring for its disabled and aging residents requiring long term services. The Money Follows the Person (MFP) initiative primarily concerned with Medicaid dollars is a significant driver of this change and is intended to rebalance the long-term care system so that individuals have the maximum independence and freedom of choice in where they live and receive services. Projected goals in CT are for 75% of all long-term services and supports to be provided in the home setting.



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In addition, there are over 50,000 direct care workers providing daily services and supports to these residents (Paraprofessional Healthcare Institute or PHI 2011). The demand for paid direct care workers in CT is expected to grow by 23% between 2008 and 2018 (PHI 2011). It is expected that these workers will be focused in community-based settings versus institutions.

This data supports the need for **available** direct care workers. Enacting HB 6432 may negatively impact this accessible work force as well as consumer access to the variety of choices currently available. If the goal is "maximum independence and freedom of choice", consumers should not have certain choices taken away from them. Effective 2011, home care registries must register with DCP and are required to disclose information pertaining to employee/employer responsibilities. This disclosure serves to educate the consumer toward making an informed choice. HB 6432 would take away this option from the consumer by forcing registries with independent contractors to pay for their taxes and worker's compensation. This will increase the price of the registries making them less affordable for the consumer.

We support consumer choice and hope that with proper information, the consumer will continue to have the options allowing them the freedom desired to live in the community.

Thank you for the opportunity to address your committee and please contact me with any questions, Wodatch@cthealthcareathome.org.