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The Moral Significance of the Pandemic for Long Term Care Policy, Practice and Funding

Dr. Larry Polivka

The following is a heavily abridged summary of an article which will be published in the upcoming Public Policy & Aging Report, authored by the Claude Pepper Center's Director, Dr. Larry Polivka.

The COVID-19 pandemic of the last year has had a devastating impact on the U.S. and the world. The impact, however, on the lives of many older persons has been among the worst, especially among nursing home residents. This impact on the nursing home population has a critical and unavoidable moral dimension related to the question of why so many of our most vulnerable fellow citizens were living in such exposed circumstances. The pandemic also raised other aging related moral issues, including the possible use of age-related criteria to determine access to care when medical facilities became overwhelmed by rising infection rates. The greatest moral crisis, however, was in nursing homes and other long-term care (LTC) facilities.

The nursing home tragedy was itself a result of moral failures in our LTC system that date back many years before COVID-19. The fact that so many Americans were living in nursing homes and so vulnerable to becoming infected was caused by the failure of policymakers to publicly fund the expansion of in-home services and much smaller community facilities that older people greatly prefer. The moral failure of not providing enough in-home and community services as an alternative to nursing homes was and remains compounded by the absence of proper quality of care and quality of life regulatory requirements and sufficient enforcement resources. These regulatory inadequacies have been documented for years but have never been sufficiently addressed by federal and state governments.

The moral failures in the American LTC system reflect the egregious fact that we fund LTC at the lowest level among wealthy countries (.9% of GDP vs. 1.5% to 3.5% among the European countries) and our reliance on for-profit providers,

mainly nursing homes and large insurance companies administering state Medicaid LTC programs.

Our LTC policies and practices should have been guided from the beginning by an ethic of care that clearly prioritized a commitment to providing every person with LTC needs they could not access on their own, with the kinds of help they preferred and that could best help them preserve their quality of life as they become more impaired. In the absence of such a clear commitment to a governing ethic of care we have allowed the moral vacuum to be filled by organizations governed by the goal of achieving maximum shareholder value and an obsession with budget austerity among our policymakers.

The best way I think for us to memorialize the tragic fate of those who suffered and died in LTC facilities is to insist that our policymakers honestly and explicitly commit to an autonomy respecting ethic of care and then move without delay to transform our LTC system. A true transformation would entail the vast expansion of our publicly supported in-home supportive services programs and the replacement of our large, antiquated, traditional nursing homes, which are not designed to either protect residents from pandemics or provide them with an acceptable quality of life, by much smaller, more human scale and properly staffed by well trained and fairly compensated staff. The model for this kind of LTC facility is the Green House program which for the last 18 years has been building and operating small, 10-15 bed small house facilities that have proven to better protect the health and well-being of residents than traditional nursing homes without being unaffordably more expensive.

I also hope that our policymakers soon decide that it is time to make LTC a Medicare benefit as proposed by Senator Claude Pepper over 30 years ago. By incorporating LTC into the Medicare program, we can ensure the level of funding required to support the transformation of LTC that the tragic results of the pandemic have revealed to be a moral necessity.

If we sincerely care about why this tragedy happened and want to take steps to ensure it doesn't occur again, we will look into the faces of all those who have needed the kind of care in old age they never received and are still not receiving and know that an ethic of care should govern LTC policy and daily practice.