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## **Nation's Frontline Long Term Caregivers in Open Letter to Joint Select Committee on Deficit Reduction:**

After Series of Deep and Severe funding Reductions to Medicare and Medicaid, “The front line care giving environment has reached a point where additional cuts can no longer be “shifted” or “absorbed” without serious consequences to seniors’ care quality.”

*Rural Skilled Nursing Facilities Already Seeing Impact of Prior Cuts As Committee Deliberates Additional Cuts to both Medicare and Medicaid*

**Washington, DC** – A coalition composed of long term caregivers in an open letter to the Joint Select Committee on Deficit Reduction today underscored the importance of committee members understanding the billions in Medicare reductions already implemented and deep cuts in Medicaid underway in several states to long term care providers are not separate and distinct from cuts to the elderly beneficiaries requiring skilled nursing care and that additional cuts can no longer be absorbed without serious consequences to staffing levels and quality of care.

“There is a false perception out there that cutting long term care providers is somehow inconsequential to the elderly Medicare and Medicaid beneficiary and the frontline caregiver providing essential skilled nursing care,” said Lori Porter, Certified Nurse Aide, Co-founder and CEO of the National Association of Health Care Assistants (NAHCA) and a member of the Coalition to Protect Senior Care (CPSC). “Long term care already has taken a pounding in funding reductions, pure and simple. As the letter to the committee notes, 70% of a facility’s budget is attributed to staffing. Adequate staffing of qualified, dedicated caregivers leads to a high quality of care for our elderly residents. Compromising that quality of care is unacceptable. Decision-makers have to understand what is happening on the frontlines of skilled nursing care, right now, today.”

The letter states: “*We at the Coalition to Protect Senior Care (CPSC) respectfully write the Joint Select Committee on Deficit Reduction to convey that your most vulnerable constituents and the workforce who cares for them are facing an increasingly dangerous period of instability from the multi-year accumulation of Medicare and Medicaid cuts.....Obviously, the possibility of still more Medicare and Medicaid cuts from the Joint Select Committee is highly problematic from a staffing stability standpoint, and, ultimately to our ability to ensure optimal care continues every hour of every day. Funding cuts have consequences – and facilities’ front line care capacity is highly sensitive to just one or two key staff getting laid off, or leaving because of benefit cuts.*”

Skilled nursing care has been cut by \$30 billion in Medicare funds effective over the next 10 years, recently experienced an 11% funding reduction across all facilities effective this month and several budget strapped states cut Medicaid funding to long term care services in their 2011 legislative sessions.

Noting the particular hardships faced by skilled nursing facilities in rural areas where greater distance between facilities is a major issue for caregivers due to their own transportation needs and costs, Maggie Elehwany, Vice President of Government Relations for the National Rural Health Association and a CPSC member said, "Skilled nursing care in rural areas is already experiencing the impact of wave after wave of funding reductions and when staffing absorbs the majority of a facility budget, job loss is unavoidable. Oftentimes, the skilled nursing facility is the largest employer in town and sometimes the county. These cuts are having a dangerous domino effect. It's hard to fathom how facilities can continue to employ enough staff and deliver the best care if more cuts are on the way."

The letter to the committee concludes: *"This is the bottom line in our profession, and we offer this perspective on a constructive, educational basis. In the final analysis, the accumulation of Medicare and Medicaid payment cuts already undermining many facilities' frontline care capacity makes it difficult for many to continue the level of staffing and services they previously provided. With an increasing number of facilities on the precipice of remaining viable, we please ask that you consider the perilous position of our elderly patients and workers as your deliberations proceed."*

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Among the Coalition to Protect Senior Care membership are: American Association for Long Term Care Nursing (AALTCN) • Alliance for Quality Nursing Home Care • American College of Health Care Administrators (ACHCA) • American Health Care Association (AHCA) • American Health Quality Association (AHQA) • American Occupational Therapy Association (AOTA) • American Physical Therapy Association (APTA) • American Society of Health Care Administration Executives (ASHCAE) • Coalition of Women in Long Term Care (COWL) • National Association of Health Care Assistants (NAHCA) • National Association for the Support of Long Term Care (NASL) • National Rural Health Association • Senior Clinician Group.