

Indiana passes balancing act in long-term care; Honor Society of Nursing lends support to public awareness program

“WE CAN’T AFFORD not to do this,” was state Sen. Greg Server’s analysis of the choices faced by Indiana lawmakers in 2003 when considering a bill that would help balance long-term-care funding between institutional care and other types of home- and community-based care. That bill became law in 2003 when the state’s General Assembly passed Senate Enrolled Act 493.

Server, R-Evansville, garnered unanimous support for his legislation as lawmakers responded to frustrations of consumers and health care professionals who have dealt for years with Indiana’s unresponsive and inefficient publicly funded long-term health care system.

It’s difficult to make sense of a state that spends nearly 84 percent of its long-term-care dollars on institutional care when more than 30,000 individuals are on official waiting lists for state and federally funded home- and community-based care. Even though its budget has hinged on the brink of disaster, Indiana has historically underutilized effective and affordable home- and community-based care options.

That has placed Indiana among a dwindling number of states that have resisted balancing their long-term-care spending. Many states, determined to make sense of their systems, dramatically changed the way they administered long-term-care programs in the 1980s and 1990s when faced with growing waiting lists and budget pressure.

“Nationally, Indiana is an interesting example of what to do and what not to do,” said John Cardwell, director of The Generations Project, a collaborative of consumer, senior citizen and disability organizations focused on rebalancing Indiana’s spending on long-term health care.

“For years, Indiana ignored growing waiting lists, rationalized massive spending on institutional care that was often inappropriate, and maintained a long-term-care system that is not at all reflective of the needs of its citizens. In passing SEA 493, Indiana has taken the best from rebalancing efforts in states such as Oregon, Washington, Wisconsin and Vermont. Ironically, Indiana’s historic inaction resulted in reform legislation shaped by years of action in other states.”

The key to what other states have done and what Indiana is attempting to do lies in breaking down barriers that have kept people from accessing home- and community-based care. By addressing income eligibility standards and spousal impoverishment protections, and by building a full array of home- and community-based care options, many states are attempting to provide citizens the most appropriate and cost-effective long-term care.

For caregivers and health care professionals, creating situations where individuals receive care in the least restrictive and most appropriate settings ensures healthier citizens, lower rates of hospitalization, and an aging and/or disabled population that can continue to make valuable contributions to family and community.

Recently, the Honor Society of Nursing, Sigma Theta Tau International joined with The Generations Project in its efforts to raise public awareness about the need to rebalance long-term-care spending in Indiana.

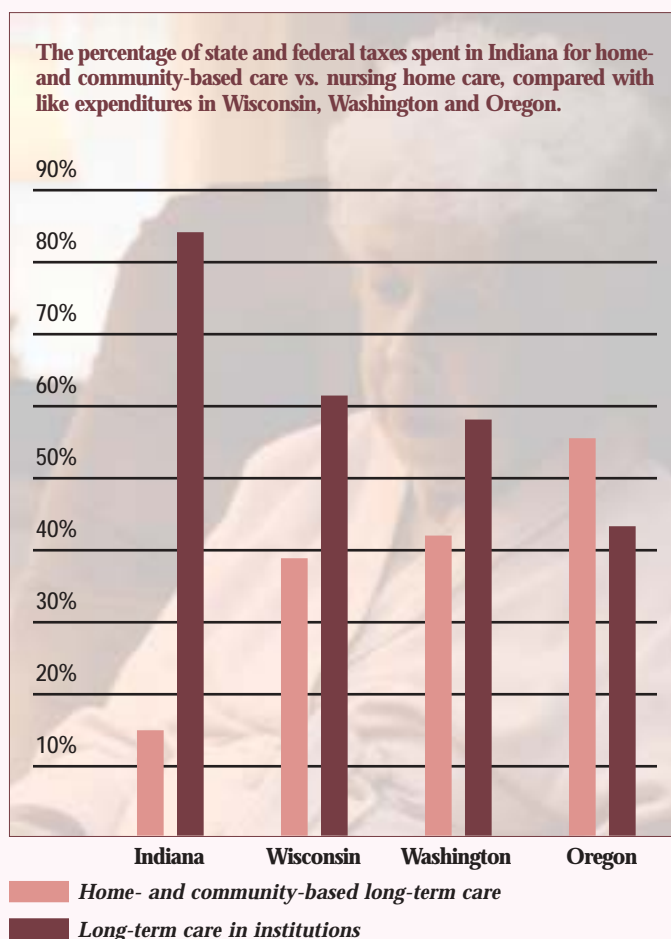
“We believed Sigma Theta Tau International would be a natural fit with The Generations Project and were thrilled when they

agreed to help,” said Cardwell. Kammie Monarch, chief operating officer for the honor society, joined an advisory council of Indianapolis business and organizational professionals that will work to enhance the overall efforts of the project.

As for Indiana, Sen. Server and a delegation of Indiana lawmakers were recently called to a meeting of the National Conference of State Legislatures. The reason? Indiana was one of eight states that spends less than 20 percent of its total long-term-care budget on home- and community-based options.

With demographics pointing toward a graying America, those concerned with the health of citizens can find solace in the fact that so few states were called to task on their long-term-care spending profiles. Although Indiana has been slower than other states in passing long-term-care reforms, SEA 493 is proof we do continue to learn from each other. Whether calling for changes in public policies or implementing new laws, knowledge remains the key in not only getting things done, but getting things done right.

—by William “Will” Phillips, assistant director, The Generations Project. For more information, go to www.generationsproject.org.



Sources: Indiana Office of Medicaid Policy and Planning, 2002; Wisconsin Bureau of Aging and Long-Term Care Resources, 2002; and the Across the States 2002 report of the AARP Public Policy Institute. The data comparing Indiana with other states includes a larger database of total long-term care services than that shown in the Annual Indiana Funding Chart.