



September 6, 2022

The Honorable Tom Suozzi
U.S. House of Representatives
Washington, DC 20515

Dear Rep. Suozzi:

On behalf of the American College of Physicians (ACP), I am pleased to offer our support for the Well-Being Insurance for Seniors to be at Home (WISH) Act, H.R. 4289. The WISH Act would establish a long-term care insurance system for older Americans—allowing older adults to age at home if they prefer. In its 2022 position paper, “[Long-Term Services and Supports for Older Adults: A Position Paper From the American College of Physicians](#),” ACP strongly supports a catastrophic long-term services and supports (LTSS) benefit for older adults. ACP therefore greatly appreciates the introduction of the WISH Act, which would create a LTSS insurance benefit for America’s older adults.

ACP is the largest medical specialty organization and the second-largest physician membership society in the United States. ACP members include 160,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness. Internal medicine specialists treat many of the patients at greatest risk from COVID-19, including the elderly and patients with pre-existing conditions such as diabetes, heart disease and asthma.

The number of Americans aged 65 years or older is expected to grow from 56 million in 2020 to 73 million in 2030, roughly 20% of the U.S. population (1). Long-term services and supports assist people who have cognitive or physical disabilities with everyday tasks like bathing, eating, dressing, and other activities of daily living (ADLs) to maintain or improve quality of life and functioning (2). Because the risk for disability increases with age, it is estimated that more than 50% of Americans turning 65-years-old will develop a disability that requires paid LTSS of some complexity and duration (3). A substantial portion of older Americans will require five or more years of LTSS (4). Surveys indicate that a strong majority of people prefer to age in their home or community rather than an institution (5).

ACP believes that the LTSS sector must be strengthened to ensure that patients can maintain quality of life and financial stability as they age. The demand and cost for LTSS is expected to increase considerably over the coming decades, but policymakers have struggled to develop ways to ensure this need is met (6). Because of this, and as noted above, ACP calls for a new mandatory, catastrophic LTSS benefit in its position paper, “[Long-Term Services and Supports](#)

[for Older Adults: A Position Paper From the American College of Physicians.](#)” To complement the publicly funded, universal, catastrophic LTSS insurance program, ACP also supports policies to make front-end, private long-term care insurance (LTCI) affordable, accessible, and viable. Policies should include standardizing insurance policies, allowing the optional use of retirement account funds for LTCI, and allowing the sale of hybrid policies that combine LTCI and other products, such as life insurance. ACP supports increased funding and policy changes to promote expanded home- and community-based services (HCBS) through Medicaid and other programs and recommends that public and private entities develop a nationwide information campaign to expand LTSS literacy and educate the public about preparing for future LTSS needs (7).

The WISH Act would establish a new Long Term Care Insurance Trust Fund that would finance a federal catastrophic long-term care coverage program. A 0.6% contribution from workers’ wages (0.3% from employees and 0.3% from employers) would fund catastrophic long-term care, with the catastrophic level dependent on lifetime income. Lower income older adults would receive their benefits earlier than higher income older adults with a waiting period of one to five years. Benefits would help older adults receive an inflation-adjusted \$3,600 per month to help with about six hours of daily care.

To fully inform workers and older adults about the new options offered by the WISH Act, education and outreach is necessary. Therefore, ACP strongly supports a nationwide information campaign to expand LTSS literacy and educate the public about preparing for future LTSS needs. The WISH Act would require the U.S. Department of Health and Human Services (HHS) and the Social Security Administration (SSA) to develop a ten-year plan to educate the public about the need for long-term care, LTSS costs, availability of long-term care insurance benefits, and the importance of planning for future needs. In addition, the SSA would be required to provide individuals with information available by both mail and online about their WISH Act benefits and eligibility, including waiting periods.

Lastly, the WISH Act would require the Government Accountability Office (GAO) to submit a report to Congress within five years and every three years afterwards about the performance of the WISH Act program. The bill also requires HHS and the SSA to submit a report about LTSS needs for individuals not covered by the WISH Act within three years and every three years afterwards.

Conclusion

We commend you for introducing the WISH Act to help address the complex issue of providing long-term care for America’s older adults. Please contact Jared Frost, Senior Associate, Legislative Affairs, by phone at (202) 261-4526 or via email at jfrost@acponline.org with any further questions or if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read 'RM', enclosed within a hand-drawn oval.

Ryan Mire, MD, FACP

¹ **Federal Interagency Forum on Aging Related Statistics.** Older Americans 2020: key indicators of well-being. Accessed at https://agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf on 13 May 2022.

² **Colello KJ.** Overview of long-term services and supports. Congressional Research Service. 30 December 2019. Accessed at <https://crsreports.congress.gov/product/pdf/IF/IF10343#:text=Public%20sources%20paid%20for%20the,of%20all%20LTSS%20spending%20nationwide> on 13 May 2022.

³ **Johnson RW, Favreault MM, Dey J, et al.** Most older adults are likely to need and use long-term services and supports. ASPE Issue Brief. 31 January 2021. Accessed at <https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0> on 13 May 2022.

⁴ **Johnson RW, Favreault MM, Dey J, et al.** Most older adults are likely to need and use long-term services and supports. ASPE Issue Brief. 31 January 2021. Accessed at <https://aspe.hhs.gov/reports/most-older-adults-are-likely-need-use-long-term-services-supports-issue-brief-0> on 13 May 2022.

⁵ **Barret L.** Home and community preferences of the 45+ population 2014. AARP Research Center. September 2014. Accessed at www.aarp.org/content/dam/aarp/research/surveys_statistics/il/2015/home-community-preferences.doi.10.26419%252Fres.00105.001.pdf on 13 May 2022.

⁶ Crowley R, Atiq O, Hilden D; Health and Public Policy Committee of the American College of Physicians. **Long-Term Services and Supports for Older Adults: A Position Paper From the American College of Physicians.** Ann Intern Med. 2022; <https://doi.org/10.7326/M22-0864>

⁷ Crowley R, Atiq O, Hilden D; Health and Public Policy Committee of the American College of Physicians. **Long-Term Services and Supports for Older Adults: A Position Paper From the American College of Physicians.** Ann Intern Med. 2022; <https://doi.org/10.7326/M22-0864>