



VIRGINIA ASSOCIATION FOR HOME CARE AND HOSPICE

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May 24, 2013

Ways and Means Committee Office
1102 Longworth House Office Building
Washington D.C. 20515
waysandmeans.submissions@mail.house.gov

RE: Hearing on the President's and Other Bipartisan Proposals to Reform Medicare

Dear Sirs:

By copy of this letter, the Virginia Association for Home Care and Hospice is providing written comments to Chairman Brady's Hearing on the President's and Other Bipartisan Proposals to Reform Medicare on May 21, 2013. We strongly support the comments of Chairman Brady, Ranking Member McDermott and Congressmen Pascrell, Kind, Thompson, and Blumenauer, that health reform should be given a chance to work before we go cutting benefits or reimbursement.

As Mr. Baker of Medicare Rights noted, Medicare beneficiaries receiving the home health benefit are "the poorest, the oldest and the sickest". As a condition of coverage, they must be so frail and sick that they cannot leave home without assistance. Of home health beneficiaries, "30% are age 85 or older, compared to 13% among the general Medicare population, and 63% are women." They "tend to have lower incomes than the average Medicare beneficiary and already higher health care costs." Also, "Home health users also have more limitations in one or more activities of daily living than the average Medicare beneficiary".

Home health care for frail, sick and disabled Medicare beneficiaries should be regarded as "preventive" care which, as Ms. Rivlin noted, should not have a copayment, since it prevents unnecessary hospitalizations and nursing home admissions.

As Mr. Antos observed, "the savings measured in the ten-year budget window are modest". The fact that some beneficiaries may have Medigap coverage for copayments merely means that costs will be shifted, not avoided. If the costs are simply shifted to another payer, complexity is added without savings, and there would be no deterrent to unnecessary utilization that Ms. Rivlin mentions.

Congress has intentionally not instituted a home health copayment to encourage the use of less costly health care services. Increasing out-of-pocket medical expenses on

the elderly and disabled discourages individuals from seeking this more affordable, necessary care and forces them to seek care in more expensive institutional settings. Home health patients, their families and friends already provide an estimated \$450 billion a year in unpaid care at home, costs that would be incurred by Medicare if these patients were in a hospital or nursing home.

The Virginia Association for Home Care and Hospice respectfully ask that the House Ways and Means Committee preserve access to home health services by rejecting home health copayments. We can achieve Medicare savings and improve quality outcomes, but doing so requires thoughtful reforms - not the imposition of a new copayment on beneficiaries.

Over 3 million senior citizens and Americans with disabilities enrolled in Medicare rely on home health care services. This benefit allows individuals to receive quality, affordable health care services in the comfort of their homes rather than a more costly hospital or nursing home setting.

For the reasons presented in these comments, the Virginia Association for Home Care and Hospice strongly believes that copayments would be devastating to access to care for home health patients.

Respectfully submitted,

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Rep. Bill Pascrell, NJ