



## Home Healthcare Nurses Association

228 Seventh Street, SE • Washington, DC 20003 • (202) 547-7424

October 17, 2011

The Honorable Patty Murray  
Co-Chair, Joint Select Committee on Deficit Reduction

The Honorable Jeb Hensarling  
Co-Chair, Joint Select Committee on Deficit Reduction

The Honorable Max Baucus  
The Honorable Xavier Becerra  
The Honorable Dave Camp  
The Honorable James E. Clyburn  
The Honorable John Kerry  
The Honorable Jon Kyl  
The Honorable Rob Portman  
The Honorable Pat Toomey  
The Honorable Fred Upton  
The Honorable Chris Van Hollen

Members, Joint Select Committee on Deficit Reduction

Dear Co-Chairs and Members:

We write to you on behalf of the many home care and hospice nurses in the United States to share our suggestions and concerns as you continue to look for savings in the federal budget.

We recognize the importance of addressing the economic security of our country and appreciate your leadership in addressing this difficult task. We believe savings can be achieved by promoting cost effective care without shifting costs onto vulnerable beneficiaries. Specifically, we ask that you do not shift costs onto the poorest and sickest Medicare beneficiaries by imposing a home health copayment.

We believe that home health care coupled with telehealth and other technology is the best answer to solve the nation's looming crisis on long term care. 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. When Medicare was first signed into law, the Federal program initially included a home health copayment. However, it was soon found that this copayment was not cost effective and incentivized patients to seek care in more costly settings. As a result, Congress modernized the home health benefit by eliminating copayments in 1972 to encourage the use of less costly, non-institutionalized services. Eliminating the copayment was an effort to promote cost effective care and reduce overall health care costs.

As you review deficit reduction proposals, you will find that ideas have been put forth to bring back the antiquated home health cost sharing structure as a means to control utilization and imply patients do not pay a large enough share of their health care costs. Proposals that shift costs to beneficiaries, such as these, are shortsighted and will not address the nation's long-term fiscal needs.

Home care and hospice nurses can attest to the sacrifices and cost sharing responsibilities home care patients currently make. Family caregivers provide an estimated \$450 billion worth in unpaid care to keep patients at home. Home care saves federal programs the costs associated with room and board, as well as extensive custodial services. Family members are frequently trained by nurses to render semi-skilled support services for home care patients, which Medicare would have to pay for in the hospital or nursing home setting.

In addition, patients going on service for home health must pay a 20 percent copayment and the Part B deductible to retain the services of a physician who can order the home health plan of care and provide care plan oversight. Patients pay a copayment for home medical equipment. Many home health patients also incur a hospital deductible and copayments or skilled nursing facility copayments before becoming eligible for the home health benefit. Instituting a home health copayment will further reduce beneficiary income and financially strain the poorest and sickest beneficiaries that need home health care the most.

We respectfully urge you to protect patient access to care and oppose any proposal that will impose a home health copayment on Medicare beneficiaries.

Sincerely,

A handwritten signature in cursive script that reads "Elaine Stephens".

Elaine Stephens, RN, MPH, FHC  
Chair, Home Healthcare Nurses Association