



February 12, 2020

The Honorable Susan M. Collins
Chairman
U.S. Senate Special Committee on Aging
31 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Bob Casey
Ranking Member
U.S. Senate Special Committee on Aging
31 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Collins and Ranking Member Casey:

Thank you for holding a hearing on “There’s No Place Like Home: Home Health Care in Rural America.” The Healthcare Leadership Council (HLC) appreciates the opportunity to share its thoughts with you on this important issue.

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation’s healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Rural healthcare is an urgent and critical issue. The 46 million Americans who live in rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be made more challenging by difficult terrain and severe weather. Rural residents are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease and stroke, than their urban counterparts. Underserved individuals overall suffer poorer health outcomes.

Home and community-based services serve as essential role in addressing and improving rural healthcare. Home and community-based services assist individuals who continue to live in their homes, increasing quality of life and resulting in lower hospital and nursing home costs and decreased utilization. Homecare workers assist individuals with activities of daily living such as bathing, dressing, meal preparation and

eating, transportation, and light housework. They also provide companionship, which addresses the detrimental emotional and health effects of loneliness. They work with family members, community agencies, and medically trained professionals like doctors and nurses to broaden the scope of care for seniors and provide better health outcomes.

Homecare providers, as part of the overall support team for family caregivers, can also relieve the stress of caregivers who struggle with caring for their relatives with high needs. The Coalition to Transform Advanced Care (C-TAC) find that 69 percent of these family members represent a net negative experience with caregiving, and this work harms their state of mind, social life, finances, and their own health. Homecare professionals and community-based services such as adult day care centers are valuable services offered to both the patient and the family to alleviate stress and improve or maintain cognitive functions.

The Centers for Medicare and Medicaid Services' (CMS) Independence at Home Demonstration is an example of a successful home-based program for Medicare beneficiaries. In the fifth year of this demonstration, the program saved a net of \$33,500,000, an average of \$2,711 per beneficiary. This program's success should be replicated. Congress should make it a permanent program, extending it to additional sites and more beneficiaries, including those in fee-for-service Medicare and changing the payment model from a retrospective to prospective one. HLC also asks Congress and the administration to reduce barriers to home care by supporting legislation such as the "Home Health Care Planning Improvement Act," (S. 296) which would allow nurse practitioners, certified nurse specialists, certified nurse-midwives, and physician assistants to certify that their patients need home healthcare.

Additionally, the barriers and difficulties rural residents face in accessing healthcare often stem from social determinants, including income, education, and race or ethnicity. Community Health Workers (CHWs) play a critical role in addressing healthcare challenges associated with these social determinants for rural residents. CHWs specialize in working with low-income, minority, disenfranchised, and underserved communities. CHWs provide healthcare and social services within their own communities and spend time with patients in the community and in their homes. CHWs, therefore, have a unique understanding of their patients' needs and are able to address social determinants of health by linking patients to the support and social services they need to become, and stay, healthy. Such services can include, but are not limited to, transportation to medical appointments, access to healthy foods, and assistance in securing safe housing. HLC recommends the committee to support the increased use of CHWs.

HLC also ask the committee to consider creative payment policy solutions for addressing social determinants of health, specifically the transition of healthcare to value-based models. New accountable and value-based care models, which integrate medical resources and global budgets should align incentives for healthcare entities with those for social services and vulnerable patient segments.

In addition, we ask the committee to support S. 1323, the “Utilizing National Data, Effectively Reforming Standards and Tools, to Address Negative Determinates of Health (UNDERSTAND) Act.” The UNDERSTAND Act is a great first step in identifying social determinants’ relation to education and literacy, employment status, occupational risk factors, housing and economic circumstances and problems related to social environments, personal upbringing and family, psychosocial circumstances. Further, this legislation will require the Department of Health and Human Services Secretary to submit a report to Congress on aggregate findings and trends from the collected social determinants’ data to improve the identification of healthcare disparities affecting beneficiaries. Therefore, HLC encourages the adoption of this legislation to effectively address and determine solutions that improve social determinants of health which will ultimately benefit rural healthcare.

Thank you for the opportunity to share our thoughts with you regarding the importance of homecare and community services in rural areas. HLC looks forward to continuing to collaborate with you on these important issues. If you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,

A handwritten signature in cursive script that reads "Mary R. Grealy".

Mary R. Grealy
President