

REMARKS OF SEN. JOHN HEINZ (R.PA)  
ACCEPTANCE OF THE LOIS LILLICK, M.D., AWARD FOR  
LEADERSHIP  
FROM THE NATIONAL ASSOCIATION FOR HOME CARE  
WASHINGTON, D. C.  
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Val Halamandaris, Chairman Margaret Cushman, members of the National Association for Home Care -- thank you very much for those kind words. It is indeed an honor to receive this award and I feel doubly humble by the distinguished recipients who have preceded me.

In thinking about my remarks for this afternoon, I was struck by the critical role home care providers play in our nation's health care system. After all, the family is the single most critical component in this system. Yet without the skills and services available from home health professionals, this preferred and cost-effective setting for care simply would not be feasible for many.

During my six years service as Chairman of the Senate Special Committee on Aging -- and since -- I have seen the Medicare DRG system add a whole new dimension to the traditional role of the home health care providers. You have become the front line M-A-S-H teams, nursing thousands of casualties in the Administration's war against escalating hospital expenses. You have geared up to treat the growing volume of sicker patients. And you have experienced the frustrations of what I see as arbitrary, confusing and even illegal decisions by the Administration to deny payments for these critical services.

Above all, during this last year I've seen a disease infect the Medicare home health program -- the disease of penny-pinching over pound-prodence. Home health agencies have had reimbursements denied on the grounds that a patient was not 'homebound' or that the care was not 'intermittent.' Congress saw through these types of denials, saw them as an attempt to defy the spirit of the law in an effort to scimp on spending. And we've acted to do something about it.

First, legislation I introduced this spring, the Home Care Protection Act (S.961) will improve access and reimbursements by clarifying the definition of intermittent to include care provided up to seven days a week, for more than one visit per day. The bill also expands the number of days of care covered from 21 to 60. A modified version of this Act is included in the catastrophic bill before the Senate.

Second, along with Senator Bradley, I have cosponsored the 'Medicare Home Services Improvement Act of 1987.' Among its many access and quality provisions, this bill, S. 1076, clearly defines 'homebound' as a condition which restricts an individual's ability to leave home without substantial support.

You know and I know that the issue here is not splitting hairs on definitions. At issue is the health and well being of 31 million aged and disabled Americans under Medicare. There is something wrong with the way the home care system is operating when payment is denied for cases like my constituent, Harvey Sims. Harvey is a 71-year old constituent of mine who has undergone a total laryngectomy for cancer. Legally blind and deaf, living alone, Harvey received home health services to help him learn to care for his stoma. His care was denied because his brother assisted him to his doctor's office for treatments. According to the Health Care Financing Administration, this severely disabled and sick man is not 'homebound.'

I see some of you nodding your heads -- you obviously have been exposed to this disease of denial.

The good news is that Congress has acted to develop a cure. The bad news is that the Health Care Financing Administration appears to have introduced a new, mutant strain of virus to the denial game. "Medical denials" have replaced technical denials as a reason to cut costs.

I want to assure you that if the Administration thinks they can bamboozle Congress with a variation of the same game, they need to think again.

Last week, Congressman Pepper and I introduced legislation to vaccinate the home health industry against unwarranted 'medical denials.' This bill, S.1762, would require a physician to review any claims denied on the basis of so-called medical necessity. I am also working in Reconciliation to slow down the process of changing the claims system to provide for upfront approval or denial of services. This is a good idea--but without a thorough evaluation we could be setting the stage for an even greater number of denials.

Congress must take every appropriate action to assure Medicare beneficiaries access to the high quality home health care they have paid for and deserve. Our challenge is clear and I pledge my continued commitment to the cause. But what about your challenge? I see two very distinct challenges for home care providers throughout the country.

First, efficiency. From Doctor's office, to hospital, to nursing home, to home health, efficiency is the watchword for the Medicare program. Your best defense against proposed cuts, your best argument for expanding coverage is an efficient, cost-effective, tightly target program of services.

Second, quality. The National Association for Home Care historically sets high quality standards for its members. But the pressures of an expanding number of sicker patients, combined with a tightening federal fist on reimbursements may tempt some agencies to cut corners. So be on guard -- and be tough in your self-policing.

You know, and I know, that the home care industry is not devoid of bad apples. Part of the problem may be the disturbing lack of national standards for training home health aides in the Medicare program. We have no assurance that these caregivers know a bedsore from a bunion. Congress can legislate standards -- and the bill I have introduced with Senator Bradley would require HHS to set minimum proficiency standards. But the more you can do to regulate your own professional standards and quality, the less interference you'll encounter from Washington.

I leave you with one final challenge. Congress is about to vote on legislation to protect older Americans against the catastrophic costs of a lengthy hospital stay. Covering these costs is important, but it still leaves American families facing the more common and potentially financially devastating catastrophe of a long-time, chronic illness. What this nation lacks, and what we need, is a comprehensive solution to the crisis of long-term care costs that covers a full range of services -- from nursing home to home care.

Any solution won't be cheap -- and any program won't be simple. But we do know and should realize that the home health industry will play a critical role whatever the solution. And we in Congress need your help in moving the long-term care agenda to the legislative drawing boards.

Margaret, Val, members of the National Association of Home Care, thank you again for this honor. I've enjoyed this so much -- I think I will go back to the Senate and try to earn a second time around award.