



March 26, 2024

The Honorable Jason Smith
Chairman
House Committee on Ways and Means
Washington, DC 20515

The Honorable Richard Neal
Ranking Member
House Committee on Ways and Means
Washington, DC 20515

Submitted electronically at WMSubmission@mail.house.gov

Dear Chairman Smith and Ranking Member Neal,

LeadingAge is submitting this statement for the record in response to the March 12, 2024 hearing on *Enhancing Access to Care at Home in Rural and Underserved Communities*. This hearing highlighted critically important gaps in service in rural and underserved areas and bipartisan policy solutions to address some of them. LeadingAge appreciates the ongoing support of members of the House Ways and Means Committee in assessing and promoting access to the full continuum of aging services for older adults and we appreciate the opportunity to submit feedback for the record.

We represent more than 5,400 nonprofit and mission-driven aging services providers and other organizations that touch millions of lives every day. Alongside our members and 36 partners in 41 states, we use applied research, advocacy, education, and community-building to make America a better place to grow old. Our membership encompasses the continuum of services for people as they age, including those with disabilities. We bring together the most inventive minds in the field to lead and innovate solutions that support older adults wherever they call home.

Other Home-Based Care Services in the Committee's Jurisdiction

We were disappointed that the hearing was not able to bring in other home-based care services in the Committee's jurisdiction like home health and hospice. For example, home health organizations are critical partners in the hospital at home model (detailed below) and having witnesses explore with the Committee how these models work together and where they differ would have been helpful for Members to hear. We hope that the Committee has future hearings on both Medicare home health and hospice – both as they relate to the greater ecosystem of care at home and also on the individual benefits. We were grateful that some Members brought up bills and initiatives related to home health – for example, Mr. Smucker's discussion of his bill, *The Medicare Home Health Accessibility Act (HR 7148)* on occupational therapy and home health is one we support and hope to see marked up in the near future.

Caregiver Support in Home-Based Care Models

LeadingAge and our members support opportunities for innovation and were pleased to hear the testimony on the effectiveness of models like home dialysis, hospital at home, and other opportunities around remote patient monitoring. The testimony, especially that of Ms. Maddux,

underscored that these models need to price in the cost of training for patients and for family caregivers. The expansion of care to the home and the use of technology to support that expansion makes sense and is inevitable as we face severe staffing shortages. But what we are seeing today is increasingly complex care being hoisted onto patients and families with less support. As we expand on the models of care discussed at the hearing, money needs to support training, education, and methods to provide emergent support as well as direct care provision.

Hospital at Home

LeadingAge supports the extension of the hospital at home waiver. There are an increasing number of hospitals becoming confident with the waiver and how it can positively impact their organization and their patients. This waiver also leverages post-acute care providers integration with the larger system. Home health care is the ideal partner as agencies are already well-established in the home environment and connected to all the points of care for a patient in their home. For hospitals this partnership can increase capacity, patient satisfaction, and quality outcomes while reducing cost without cutting into their already limited staff, many of whom are burning out and not comfortable in the home environment. Through this type of partnership, home health can participate in shared savings and quality incentive programs in ways agencies have not had the ability to do in the past. We support extending the program and conducting more analysis into the partnerships formed between hospitals and home health agencies to understand the leverage of knowledge and the incentives of shared savings. We believe additional analysis will find the partnerships between these two entities will have the strongest outcomes.

Telehealth

A message that came through loud and clear during the hearing was ongoing support for telehealth. LeadingAge agrees – telehealth has become ingrained into the healthcare system and there is no going back. The expansions in the *CONNECT for HEALTH Act of 2023 (HR 4189)* and the recently reintroduced *Telehealth Modernization Act of 2024 (HR 7623)* are ones we endorse.

If you have any questions about LeadingAge comments, please contact Mollie Gurian at mgurian@leadingage.org

Sincerely,



Katie Smith Sloan
President & CEO