

July 18, 2016

The Honorable Ed Markey
255 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Michael Bennet
261 Russell Senate Office Building
Washington, D.C. 20510

The Honorable John Cornyn
517 Hart Senate Office Building
Washington, D.C. 20510

The Honorable Rob Portman
448 Russell Senate Office Building
Washington, D.C. 20510

Dear Senators Markey, Cornyn, Bennet, and Portman:

The undersigned organizations write to express our strong support for S. 3130, the “Independence at Home Act of 2016” introduced by Senator Edward J. Markey (D-MA), John Cornyn (R-TX), Michael Bennett (D-CO) and Rob Portman (D-OH). This bipartisan legislation expands the highly successful Independence at Home (IAH) demonstration project (1866E of the Medicare Act) that has been providing home-based primary medical care to nearly 10,000 elders with severe chronic illness and disability over the last four years.

The IAH model uses interdisciplinary teams to coordinate all medical and social services in eligible patients’ homes, providing high quality clinical care and excellent patient experience while reducing total Medicare costs. Several key components make it successful:

- IAH is designed to provide appropriate levels of care for a carefully targeted group of the most complex, high cost beneficiaries.
- IAH requires an interdisciplinary team to provide access to care 24 hours a day, 7 days a week and to offer in-home visits within 48 hours of hospital or ER discharge, including medication reconciliation.
- IAH prevents unnecessary hospitalizations and misuse of medications, and discourages overuse of services with shared savings incentives.
- IAH participation is voluntary for elders and family members and other caregivers who play an important role in care for patients.
- IAH has rigorous quality standards that assure better patient and family experience and high quality of clinical outcomes.
- IAH is backed by a large body of evidence showing that Home-Based Primary Care (HBPC), as applied in the IAH demo, enhances quality of care & reduces cost for seriously ill elders.
- After only one year, the IAH Medicare demonstration program showed savings of \$3,070 per beneficiary, reducing total costs by over \$25 million, and providing the Centers for Medicare and Medicaid Services with \$13 million in savings.

Over the next two decades, the number of people aged 65 and older will nearly double to more than 72 million, or one in five Americans. Over two million seniors are living with disability and multiple chronic illnesses such as heart disease, stroke, cancer, diabetes, and Alzheimer's disease.

The "Independence at Home Act of 2016" expands a targeted, proven, bipartisan elder care model so that it can benefit more Medicare beneficiaries with severe chronic illness and disability through coordinated, home-based primary care. Over two million seniors who are living with disability and multiple chronic illnesses such as heart disease, stroke, cancer, diabetes, and Alzheimer's disease would meet the eligibility criteria for IAH. Most importantly, the Act would enhance the dignity and independence of these seniors by allowing them to stay where they are most comfortable, at home.

We applaud this legislation and look forward to continued collaboration to improve access to care for this high-needs population.

Sincerely,

AARP
Academy of Spinal Cord Injury Professionals
Alliance for Aging Research
Allscripts
Alzheimer's Foundation of America
American Academy of Home Care Medicine
American Academy of Hospice and Palliative Medicine (AAHPM)
American Academy of PAs
American Academy of Physical Medicine and Rehabilitation
American Association of Nurse Practitioners
American Association on Health and Disability
American Congress of Rehabilitation Medicine (ACRM)
American Foundation for the Blind
American Geriatrics Society
American Occupational Therapy Association
American Osteopathic Association
American Psychological Association
Aspire Health
Association for Ambulatory Behavioral Healthcare
Association of Assistive Technology Act Programs (ATAP)
Banner Home Care and Hospice
Blue Shield of California
Brain Injury Association of America
Campaign to End Unwanted Medical Treatment
Capital Caring
Caregiver Action Network
Centene Corporation

Center to Advance Palliative Care (CAPC)
Cerner
Coalition to Transform Advanced Care (C-TAC)
Compassion & Choices
Corporation for Supportive Housing
Easterseals
Enterprise Community Partners
Family Caregiver Alliance, National Center on Caregiving
Gerontological Advanced Practice Nurses Association (GAPNA)
Home Centered Care Institute
Hospirus Health
Kindred Healthcare
Lakeshore Foundation
Landmark Health
LeadingAge
LeadingAge Ohio
Maryland-National Capital Homecare Association
MedStar Health
Mental Health America
Mount Sinai
National Alliance for Caregiving
National Association for Home Care and Hospice
National Association for the Advancement of Orthotics and Prosthetics
National Association of Social Workers (NASW)
National Association of State Head Injury Administrators
National Association of States United for Aging and Disabilities
National Coalition on Health Care
National Committee to Preserve Social Security and Medicare
National Council on Aging
National Partnership for Hospice Innovation
National Partnership for Women & Families
Northwell Health
Penn Medicine
Schizophrenia and Related Disorders Alliance of America
Society of General Internal Medicine
The ARC of the United States
The Jewish Federations of North America
The Retirement Research Foundation
Trinity Health, Livonia Michigan
U.S. Medical Management
United Spinal Association
Visiting Nurse Associations of America – VNAA
VNA Health Group
West Health