

June 27, 2011

President Barack Obama
The White House
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President,

Our organizations represent tens of millions of seniors, persons with disabilities, military veterans, chronically ill and rural Americans who depend upon Medicare for a wide range of health care services. We are writing to express our deep concern over prospective budget cuts as part of a debt ceiling compromise that could directly impact access to this vital care. Put simply, this would harm vulnerable patients while exacerbating the financial challenges facing our nation.

We fully support the need to address federal spending and reduce the deficit, and we agree that everyone must contribute their fair share. Certainly, the Medicare program can and should be made more cost-efficient. Reform, however, should not come in the form of cuts to care and expensive co-payments that would be taken from the pockets of seniors and chronically ill patients, many of whom are living within limited means. To do so would place a disproportionate and damaging burden on the backs of Americans who can least afford it.

As chronic diseases alone account for more than 75 percent of Medicare spending, we should focus on better managing the health of these patients and reduce the need for more serious and costlier treatments down the road. Through better disease education and coordinated care between the patient, family, physician, other providers and essential services such as home health care, we can successfully manage chronic illnesses like diabetes, heart disease, HIV/AIDS and hypertension, while minimizing the need for acute care.

Unfortunately, hundreds of thousands of home health patients in America have annual incomes below \$22,000 and yet, they'd be hit with a copayment under some proposals. For many, this additional out-of-pocket cost, this "sick tax", will represent the difference between managing their disease from the onset and seeking care only when their disease has worsened and more costly acute care is necessary. From a state and federal budget standpoint, this will only increase short and long-term costs. From a patient perspective, this could well shorten the lives of the sickest homebound patients.

There are far better alternatives. Hundreds of millions of dollars could be saved through delivery and payment reforms to incentivize care coordination, and positive outcomes could eliminate billions of dollars in unnecessary spending. Targeted efforts to address fraud and abuse will also have significant impact. Practical steps like these, which don't harm patients, can and should be taken. We are ready to work with you on these options.

On behalf of the millions of Americans who depend upon home health care services, we strongly urge you to reject measures that would impose a disproportionate burden on these patients. We shouldn't attempt to address America's fiscal challenges by harming the sickest and the poorest, and the most elderly among us.

Sincerely,

AARP
AIDS Institute
American Autoimmune Related Diseases Association, Inc.
Association of Nurses in AIDS Care
Easter Seals
HealthHIV
Home Care Alliance of Massachusetts
Home Care Association of New York State
Men's Health Network
National Association of Area Agencies on Aging
National Association for Home Care & Hospice
National Academy of Elder Law Attorneys
National Association of Nutrition and Aging Services Program
National Association of People With AIDS
National Association of Social Workers
National Association of States United for Aging and Disabilities
National Family Caregivers Association
National Minority Quality Forum
OWL, The Voice Of Midlife And Older Women
Partnership for Quality Home Healthcare
RetireSafe
The National Caucus and Center on Black Aged, Inc.
The National Consumer Voice for Quality Long-Term Care
The Retired Enlisted Association
Veterans Health Council
Vietnam Veterans of America
Visiting Nurse Associations of America
Wider Opportunities for Women
Women Against Prostate Cancer