

SAFEGUARD SENIORS AS WE REFORM HEALTHCARE

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After decades of attempts that fell short, President Obama and Congress appear to be on the verge of enacting reform to reshape healthcare. Such reform is the right thing to do. The time for action is now.

With several proposals emerging in Congress and people-centered policies being advanced by the President, it is clear that the United States cannot be leader among nations when across our land over 47 million people suffer without healthcare and tens of millions of others struggle with inadequate care.

Further, failure to take action now on health care will only cause an ever increasing drag on our economy, which we cannot afford.

However, we must work together and be steadfast in ensuring that we do not pay for reforms at the expense of what's working now – or to the detriment of the people receiving good care, or at the expense of people providing that good care.

Unfortunately, there's a risk that an old idea from the last Administration in Washington might be used to help pay for reform – by reducing care for America's seniors.

In May, the Centers for Medicare and Medicaid Services (CMS) published a proposed rule that was a holdover from the administration of President George W. Bush. The proposed rule would allow CMS to retroactively take back payments – primarily for older and disabled Americans being cared for in skilled nursing homes over the last five years – by paying less for the care of all people going forward.

On the surface, it's understandable that policymakers would look to seniors for savings. A recent University of Chicago study found that healthcare spending increases after the age of 50 and continues to accelerate: "The financial per capita burden at age 85 and older is nearly six times as high as the burden at ages 50 through 54." The study also reported: "Expenditures on persons during their last two years of life account for 40 percent of all Medicare health expenditures."

But there's a right way and a wrong way to pay for healthcare reform, and the proposed Bush Rule is the wrong way. We should not reduce costs by reducing care for seniors.

If CMS actually goes forward, and the administration of President Obama implements the proposed rule from the Bush Administration, it will set the worst possible precedent for a payment mechanism to fund health care reform. Organizations and workers who already

have provided quality care for seniors will be penalized by being short-changed for care they will provide in the future.

Such a move not only will strain organizations providing care, but also harm the thousands of people providing long-term care – who are likely to see cuts to their pay and benefits. Clearly, this will have an impact on the people and families who rely on care.

Nationally, the Bush rule would cut Medicare funding for seniors by approximately \$1.05 billion next year – and by \$18 billion over ten years.

Here in Maryland, the long-term provider community that I represent – with about 19,000 workers caring for 19,000 people – would suffer a negative impact of millions of dollars and the loss of more than 500 jobs.

All healthcare providers understand that achieving comprehensive reform will require sacrifice and tough choices. We all agree there is an urgent need to bring care to people who everyday suffer without it. And the time for action is now.

But years of experience give us a base of knowledge about what works and what doesn't and have made clear some undeniable truths – for example, the majority of Americans will require some type of long-term care at the end of our lives. It's not something we like to think or talk about, but it is a reality most of us have experienced with our parents or grandparents, and even with younger loved ones.

Above all else, our federal government must keep in mind one overriding mission: Provide the best care for the most people. And as we look for ways to fund reform, I hope our government leaders will steer away from the proposed Bush rule.