

News from Senator

BOB DOLE



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STATEMENT OF SENATOR BOB DOLE

HEARING ON HOME HEALTH

WASHINGTON, D.C. -- In a hearing before the Finance Committee Senator Bob Dole (R.-Kansas) said the following:

"Mr. Chairman, I am pleased to join with you this afternoon, in welcoming our witnesses.

"The subject of home health care is an important area, one that deserves our attention."

INSTITUTIONAL BIAS

"Home-based health services offer to many individuals the opportunity to remain in surroundings most supportive of their physical and mental well being. But traditionally, the Medicare Program has heavily favored institutionalization. In addition to being costly, this focus has also often resulted in unnecessary use of institutions, at a time when there are many efforts to decrease the costs of health care. We must begin to seek out alternative locations for the delivery of care. One such location should certainly be the home," Dole said.

HISTORICAL PERSPECTIVE AND PROBLEMS

"Congress originally included home care benefits in the Social Security Amendments of 1965; utilization of these services has increased since that time, but so have the problems. The problems are found in many areas.

"Congressional hearings in 1976 and 1977 raised numerous questions about the reasonableness of home health agency costs; questions have been raised about the restrictive nature of the homebound requirement; some have claimed that there is no coordinated home health policy in this country, others have noted our failure to use these services to their fullest extent," stated Dole.

"All of these, and other issues that I hope will be raised today, must be addressed. It is, however, of no use to merely point out the problems, we must also seek out answers. Because of this I was disappointed to note that the Administration did not include in their report any recommendations for change.

"While recognizing the fiscal difficulties facing the Medicare Program, I nonetheless believe that the Department does have the responsibility to point out potential solutions to problems and then allow the Congress the opportunity to debate them on their merits. To provide us no suggestions for change, and merely a listing of problems, is to have only done half the job. I am hopeful, however, that the Administration in its testimony today will provide us with some solutions to the problems they note in their report.

"As many of you may be aware, Senators Danforth, Domenici and I recently introduced catastrophic health insurance and Medicare amendments of 1979. This legislation contains a number of provisions dealing with home health care which would delete all limits on the number of days, liberalize the homebound requirement, and add occupational therapy as a primary service. Other provisions are also included. Senators Domenici and Packwood have also introduced S. 489, the Home Health Care amendments of 1979, which contains a number of additional suggestions," Dole said.

"I believe our bills address some of the problems that exist--certainly not all. I hope to hear from the witnesses some further recommendations."

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ALTERNATIVE CARE FOR TERMINALLY ILL

"One area that I hope receives particular attention is the potential for the use of home care services by the terminally ill. The focus of our health care delivery system, even home care, has been historically directed toward caring and curing. Central to this is the question of what kind of care is more appropriate for the terminally ill?"

"As society has moved from the extended family of old to the smaller, non-extended family of today, the support systems necessary to care for a terminally ill family member have become less available. This is further complicated by our present reimbursement system which pays for institutional care but not for home care in most instances," stated Dole.

"There is a desire on the part of many to look to home care again as a viable resource.

"In a south-central Connecticut survey of deaths from cancer, between 1969 and 1971, 67% of the patients expressed a desire to die at home as opposed to the 20% who did die at home. However, in order for home care to again become a reality we must determine the type of support systems the family and the individual need," continued Dole.

"We must also continue to seek out other models of care, for while there is general consensus that for the individual with appropriate support systems, financial means, etc., the best place to die may be at home, there are circumstances, such as the physical condition of the individual, where this is not appropriate.

"What appears to be emerging is a sensitivity toward the dying individual and an appreciation for the role of the family and the home in caring for these people. We must seek out forms of treatment that support this movement, and afford the individual the optimum opportunity to make their own decisions," Dole said.

CONCLUSION

"I look forward to hearing from each of you today, and from those witnesses scheduled to testify tomorrow. Together we must seek out answers that will result in a health care delivery system that is sensitive to the needs of our people."