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Val J. Halamandaris, JD  
*President*

June 26, 2007

The Honorable Earl Pomeroy  
United States House of Representatives  
1501 Longworth House Office Building  
Washington, D.C. 20515

The Honorable Greg Walden  
United States House of Representatives  
1210 Longworth House Office Building  
Washington, D.C. 20515

Dear Representatives Pomeroy and Representative Walden:

On behalf of the National Association for Home Care & Hospice (NAHC) and our membership, including home health agencies in rural communities, I am writing to express our support for the House Rural Health Care Coalition's legislation, "Health Care Access and Rural Equity (H-CARE) Act of 2007."

Section 309 of H-CARE would provide a temporary 5 percent add-on payment for home health services provided in rural areas through 2012. It would also retroactively install the home health rural add-on payment for the episodes and visits for home health services furnished between January 1, 2007 and the date of the enactment of this legislation, with a lump sum payment made to agencies no later than 60 days after the enactment of the bill.

A one-year rural home health add-on payment was included in the Medicare Prescription Drug, Improvement and Modernization Act (MMA, Public Law 108-173) of 2003 and hit its sunset, but was reinstated under the Deficit Reduction Act of 2005 (DRA) for a period of one year. The DRA rural home health add-on payment expired on January 1, 2007.

The Medicare home health provisions in H-CARE are vital to rural home health agency providers and patients. In many rural areas, home health agencies are the primary caregivers for homebound beneficiaries with limited access to transportation. Rural patients often require more resources than their urban counterparts and are more expensive for agencies to serve.

The legislation contains two technology provisions that are also vital for home health agencies. Section 305 would require the Secretary to create pilot projects that would provide incentives for home health agencies to purchase and utilize home monitoring and communications technologies. Under section 401, agencies would also be able to apply for competitive grants to assist them in the adoption of interoperable health information technology.

NAHC appreciates your continued strong advocacy and support for rural home health agency providers and patients. We look forward to working with you and the other members of the Rural Health Care Coalition to achieve enactment of Medicare home care provisions within your legislation.

Sincerely,

Val J. Halamandaris  
President