

Sen. Chuck Grassley
Opening Statement
Senate Special Committee on Aging Hearing on OASIS
May 24, 1999

This hearing will come to order. As Chairman of the Special Committee on Aging it is my pleasure to welcome my colleagues, our witnesses, and members of the public to this important hearing. I want to thank everyone for being here.

First, let me mention why Medicare home health care so important. I've never met a citizen who wanted to end up in a nursing home. The good news is that what we want is also what's cheaper for the government, because home care is so much more cost-effective for the government than nursing home care.

In 1997, the Aging Committee heard witnesses describe the fraud & abuse that some unscrupulous home health providers were involved in. Last year, we returned to home health, but with a different focus: the new payment system and surety bond regulations that were turning the home care industry upside down. Those hearings were two sides of the same coin -- they were both about making sure that our seniors and disabled people get the home care they're entitled to.

Well, today we turn to another related aspect of the Medicare home care program, the OASIS assessment. I'm tempted to say it's a third side of the same coin, but maybe I should just resist that temptation! My point is that OASIS is essential to Medicare beneficiaries who receive home care, and that OASIS must be made to succeed.

Why do I feel so strongly about it? Because a key purpose of OASIS is to make the Medicare prospective payment system (PPS) for home health care accurate. The current payment scheme for home health care is a disaster, as we learned at last year's hearing. So we must meet the PPS deadline of October, 2000. Getting OASIS data on Medicare patients is essential for that goal, and the sooner it's done, the better the PPS will be. In the worst case scenario, if HCFA misses the deadline, there'll be an automatic 15% cut in the current payment levels. That would drive the situation from bad to worse.

So I want to say clearly that abandoning OASIS is not an option. The issue for us today is making it work in the right way, so that it gives us what we need without unduly burdening home health agencies and their patients.

To highlight some of the key issues, I'll describe a few of the situations in which I learned about OASIS. In January, I visited Greene County Medical Center in Iowa, and there I met one of our witnesses today, Cindy Kail. When they showed me the length of OASIS, I was shocked. I could believe that it represented a paperwork burden that would strain agencies, and take time away from patients. Today, we'll hear that point of view, as well as the opposing perspective.

Several weeks later, I met with a representative of the Lutheran Social Services in Des Moines, and learned that all patients have to submit to OASIS, whether the federal government is paying for their care or not. This bothered me, on principle. In general, I think that if the government is not providing you with a benefit, then it shouldn't be imposing burdens on you. Of course, I know there's an argument on the other side, and we'll hear both sides today.

I learned about another controversial aspect of OASIS the same way many of you probably did: from the front page of the Washington Post. In March, the newspaper reported on concerns about privacy. OASIS

requires information on some very private areas of life, such as mental health and living situation, and some patients might object to that. HCFA initially also required that the information be transmitted to the government in patient-identifiable form. It has subsequently said that information is to be transmitted in this form only on Medicare and Medicaid patients, but that doesn't answer all the questions in this area. Today we'll hear a variety of views on this privacy issue.

Because we have six witnesses on this first panel, I'm going to dispense with introductions and ask the witnesses to introduce themselves. But I do want to take a moment to greet my two constituents: Ms. Kail, and Dr. Judy Conlin, the new Director of the Iowa Department of Elder Affairs. I welcome all of you, and ask Ms. Kail to begin.