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## **Senators Markey, Portman, Bennet and Cornyn Introduce Bipartisan Legislation to Make Innovative Home-based Primary Care Medicare Program Permanent**

*Independence at Home program brings primary care medical services to Medicare beneficiaries with multiple chronic conditions in their homes; has already saved \$25 million in first year*

Washington (March 2, 2017) – Senators Edward J. Markey (D-Mass.), Rob Portman (R-Ohio), Michael Bennet (D-Colo.), and John Cornyn (R-Texas) today reintroduced legislation (S.464) to convert the Independence at Home (IAH) demonstration into a permanent, national Medicare program. Independence at Home is an innovative, team-based model that is bringing measurable, high-quality care to patients suffering from multiple debilitating diseases such as Alzheimer’s, ALS, congestive heart failure, diabetes and Parkinson’s, while significantly lowering costs for the Medicare program.

Independence at Home empowers teams of doctors, care givers and other health care professionals to coordinate and provide primary care services in the comfort of patients’ own homes, reducing unnecessary emergency room visits and avoidable hospitalizations and readmissions, as well as the costs associated with them. According to the Centers for Medicare and Medicaid Services (CMS), the Independence at Home payment model saved more than \$25 million in its first performance year alone, an average of \$3,070 per participating beneficiary.

“Through Independence at Home, our most vulnerable seniors are receiving care in their living rooms rather than emergency rooms,” **said Senator Markey.** “We are improving the care that frail patients receive and saving taxpayers money by catching emerging health problems early. Independence at Home is helping steer our health care system toward a focus on quality and not simply the quantity of care. I thank Senators Portman, Bennet and Cornyn for their partnership on this legislation to ensure that this innovative program is permanently accessible to all Medicare beneficiaries and their family caregivers in the future.”

“The Independence at Home program works, and I’ve seen that firsthand in Northeast Ohio,” **said Senator Portman.** “It has made a difference by reducing hospital readmissions, preventing costly hospital and nursing home admissions, and, most importantly, keeping our seniors healthy and in their preferred care setting. Our bipartisan legislation would make the program permanent

so that it can continue to help, and make it accessible to Medicare beneficiaries in Ohio and across the nation so that it can help more of our seniors.”

“Expanding the Independence at Home program will allow Colorado seniors with chronic conditions to obtain the care they need, while staying out of the hospital,” said Senator Bennet. “This legislation builds on our state’s dedication to creating a robust coordinated care network that empowers caregivers and improves patient lives.”

A copy of the legislation can be found [HERE](#).

In 2012, Independence at Home began as a three-year demonstration program. In 2015, the House and Senate approved a two-year extension. Senators Markey and Ron Wyden (D-Ore.) are the original co-authors of the Independence at Home provision in the Affordable Care Act.

“We are thrilled that this bipartisan group of Senators is advancing legislation to create a national Independence at Home (IAH) program for some of our nation’s most frail and elderly,” **said Dr. Mindy Fain, President of the American Academy of Home Care Medicine.** “IAH care for elders with severe chronic illness and disability has proven to be incredibly successful and should be accessible across the country. We have proven that IAH provides the care patients and their families want and need and it also saves Medicare money.”

Upon passage as part of the health care law, the Independence at Home program:

- Established a voluntary patient-centered, pilot program in 13 Independent Practices and one Consortium;
- Utilized a coordinated health care delivery model to ensure that Medicare beneficiaries with multiple chronic conditions who also need help with the activities of daily living can remain independent for as long as possible in the comfort of their own homes;
- Reduced costs by coordinating the care of these patients and reducing duplicative and unnecessary services, preventing hospitalizations, and lowering other health care costs;
- Created an incentive for additional savings through investment in health IT and other technologies; and
- Developed a new, attractive career path for primary care physicians by enabling them to lead IAH organizations and receive reimbursement for house calls.

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