

Floor Remarks on the *Home Health Care Payment Innovation Act* and the *Home Health Care Planning Improvement Act*

Senator Susan M. Collins

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Madam President, I rise today to urge my colleagues to support two bills that I have introduced that will help preserve and expand access to home health care. I have been a strong supporter of home care since my very first home visit early in my Senate service. This experience gave me the opportunity to meet and visit with home health care patients, where I saw first-hand what a difference highly skilled and caring visiting nurses and other health care professionals make in the lives of patients and their families. I have been a passionate advocate of home health care ever since.

The highly skilled and compassionate care that home health agencies provide in the state of Maine and across the country has enabled millions of our most frail and vulnerable individuals to avoid hospitals and nursing homes and stay just where they want to be — in the comfort, privacy, and security of their own homes. As we look to the future, home health services will continue to be in high demand. The Census projects that by 2030, the proportion of U.S. residents older than age 65 will nearly have doubled from 2010.

The *Home Health Payment Innovation Act*, which I have introduced with Senator Stabenow and Senator Kennedy, Senator Jones, Senator Cassidy, and Senator Paul, preserves access to existing home health services under the Medicare program while also providing a pathway for innovative approaches to using these vital services. This bipartisan legislation is endorsed by the National Association of Homecare and Hospice as well as by the Partnership for Quality Home Healthcare.

Our bill would make two key adjustments in home health payment reform provisions that were passed last year. First, it would prevent unwarranted payment rate cuts by basing any behavioral adjustment on actual evidence. Second, it would limit the risk of disruption in care by providing a phase-in for any necessary rate increases or decreases. This phase-in is critical for home health providers, as CMS has already proposed cutting Medicare payment rates in 2020 by more than \$1 billion in the first year alone, based purely on assumptions of changes in behavior.

Our bill also provides a pathway to expanded use of home health care in the Medicare program without increasing program spending. It provides flexibility on waiving what is called the “homebound” requirement for home health services when a plan or innovative care delivery models, such as an Accountable Care Organization, determines that providing care to the patient in the home would improve patient outcomes and reduce spending on patient care.

As plans and providers continue to experiment with innovative ways to deliver care and improve value in Medicare spending, allowing them the flexibility to waive this limitation – the “home bound limitation” – will help advance the goals of ensuring that care is delivered at the right time, in the right place, and at the right cost.

The second bill that I introduced is the *Home Health Care Planning Improvement Act*. I’ve introduced this bill with my friend and Colleague from Maryland, Senator Cardin. Our legislation will improve the access Medicare beneficiaries have to home health care by allowing physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives to order home health services. All of these health care professionals are playing increasingly important roles in the delivery of health care, particularly in rural and underserved areas of our nation, like those represented by the presiding officer and the state of Maine.

I have learned of far too many cases of seniors experiencing unnecessary delays in accessing home health care because a physician was not available to order the care promptly. To avoid these needless delays, it is common sense that other medical professionals who are familiar with a patient’s case should be able to order these services. Under current law, however, only physicians are allowed to certify or initiate home health care for Medicare patients, even though they may not be as familiar with the patient’s case as the non-physician provider. In some cases, the certifying physician may not even have a relationship with the patient and must rely on the recommendation of the nurse practitioner, physician assistant, clinical nurse specialist, or certified nurse midwife to order the medically necessary home health care. That makes no sense whatsoever. In too many cases, that requirement create obstacles, delays, and unnecessary paperwork before home health care can be provided. The result can be an unnecessary hospital readmission or other setback for the patient that would not have occurred had the home health care been provided promptly.

The *Home Health Care Planning Improvement Act* removes the needless delays in getting Medicare patients the home health care they need simply because a physician is not available to sign the form required by law. And again, I would make the point that this physician may not even have a relationship with the senior or other patient who needs the home health care. That primary care relationship may be between the patient and the nurse practitioner or a physician assistant, and yet, that qualified health care professional is unable to order the home care that the patient needs.

These two bills will help to ensure the viability and accessibility of home health services now and in the future. By helping patients to avoid much more costly hospital stays and nursing homes, we know that home health saves Medicare, Medicaid and private insurers millions of dollars each year. At a time when health care costs are among our most pressing policy challenges, we should embrace cost-effective solutions like home health care.

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