

**\*Delivered Live on the Senate Floor\***  
**Home Health Care Planning Improvement Act**  
**Senator Susan Collins**  
**February 28, 2017**

Mr. President, I rise today to urge my colleagues to support the Home Health Care Planning Improvement Act, which I have introduced with my friend and colleague from Maryland, Senator Cardin. Our legislation aims to help ensure that our seniors and disabled citizens have timely access to home health services available under the Medicare program.

Mr. President, nurse practitioners, physician assistants, certified nurse midwives, and clinical nurse specialists are all playing increasingly important roles in the delivery of health care services, particularly in rural and medically underserved areas of our country where physicians may be in scarce supply. In recognition of their growing role, Congress in 1997 authorized Medicare to begin paying for physician services provided by these health professionals as long as those services are within their scope of practice under state law.

Despite their expanded role, these advanced practice registered nurses and physician assistants are currently unable to order home health care services for their Medicare patients. Under current law, 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 fact, Mr. President, in many cases, the certifying physician may not even have a relationship with the patient and must rely upon the input of the nurse practitioner, physician assistant, clinical nurse specialist, or certified nurse midwife to order the medically necessary home health care. At best this requirement adds more paperwork and a number of unnecessary steps to the process before home health care can be provided. At worst, it can lead to needless delays in getting Medicare patients the home care that they need simply because a doctor is not readily available to sign the requisite form.

The inability of these advanced practice nurses and physician assistants to order home health care is particularly burdensome for our seniors in medically underserved areas where these providers may be the only health care professionals who are readily available. For example, needed home health care can be delayed for up to days at a time for Medicare patients in some rural towns in my State of Maine where nurse practitioners are the only health care professionals and the supervising physicians are far away.

A nurse practitioner told me about one of her cases in which her collaborating physician had just lost her father and, therefore, understandably, was not available. But here's what the consequences was: This nurse practitioner's patients experienced a two-day delay in getting needed care while they waited to get the paperwork signed by another doctor. Another nurse practitioner pointed out that it is ludicrous that she can order physical and occupational therapy in a sub-acute facility but cannot order home health care. How does that make sense? One of her patients had to wait 11 days after being discharged before his physical

and occupational therapy could continue simply because the home health agency had difficulty finding a physician to certify the continuation of the very same therapy that the nurse practitioner had been able to authorize when the patient was in the facility.

So think about that, Mr. President. Here we have a patient who is in a rehab facility, for example, or a sub-acute facility or a nursing home, a skilled nursing home, and that patient is ready to go home. But the chances of successful treatment of that patient -- of that patient's ability to regain function -- is going to be diminished if there is a gap between the physical and occupational therapy and home health care nursing that patient would receive at home if there's no physician available to do the paperwork. That simply does not make sense. And I would wager that it leads to additional costs for our health care system because if that essential home health care is not available in the patient's home, the tendency is going to be to keep the patient in the facility for a longer period of time to avoid the gap in treatment. And yet we know that it is much more cost-effective to treat the patient in his or her home. We also know that for many patients that is their preference as well. They would rather be in the comfort, security, and privacy of their own home.

Mr. President, the Home Health Care Planning Improvement Act would help ensure that our Medicare beneficiaries get the home health care that they need, when they need it, by allowing physician assistants, nurse practitioners, clinical nurse specialists, and certified nurse midwives to order home health services. It makes no sense that they can order it when the patient is in certain facilities and then lose the right to order it when the patient goes home. These are skilled professionals who know what the patients need, and we should not be burdening the system with unnecessary paperwork.

Our bipartisan legislation is supported by the National Association for Home Care and hospice, the American nurses association, the American Academy of Physician Assistants, the American Association of Nurse Practitioners, the American College of Nurse Midwives, and the Visiting Nurse Associations of America.

Mr. President, a lot of times we deal with health care issues that are extraordinarily complex and difficult for us to figure out what the answer is. This is not one of those cases. This is a common sense reform that will improve and expedite services to Medicare beneficiaries, whether they are disabled citizens or our seniors. It will help them get the home health care that they need without undue delay. I urge all of my colleagues to join us as cosponsors of this commonsense bill. Thank you, Mr. President. Mr. President, seeing no one seeking recognition, I would suggest the absence of a quorum.

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