

2024 NAHC Legislative Priorities



Since 1982, the National Association for Home Care & Hospice (NAHC) has been the leading association representing the interests of home health, hospice, and home care providers across the nation, including the home caregiving staff and the patients and families they serve. Our members are providers of all sizes and types – from small rural agencies to large national companies – including government-based providers, nonprofit organizations, systems-based entities, and public corporations.

Throughout the COVID-19 Public Health Emergency, home care and hospice providers stood ready and answered the call to provide high-quality care in the safest setting for the most vulnerable among us. However, over the past three years historical home care workforce shortages were amplified, new challenging payment methodologies were implemented, and oversight concerns emerged. These issues need attention from various governmental bodies to stabilize and protect integral benefits and services. NAHC and its members continue to be willing and engaged partners in addressing these challenges providing the expertise, insight, and real-world experience needed for the optimal outcome.

The NAHC Legislative and Regulatory Priorities for 2024 address issues related to workforce, home health, hospice, home care, and innovation. The priorities highlight the areas needed for Congressional and regulatory action to support and expand care in the home. The proposed priorities aim to improve access to high-quality care, reduce costs, and address workforce shortages to better meet the needs of patients and their families.

These priorities were identified to address previous actions that hold direct impact on the home care and hospice community, as well as forward-looking policies designed to position providers for stability and growth in the future through payment methodology reforms, workforce competition improvements, and benefit enhancements.

The legislative and regulatory priorities identified in this document were selected from the larger NAHC [Legislative](#) and [Regulatory](#) Blueprints for Action reviewed and approved by the NAHC Board of Directors.

HOME HEALTH

Ensure fair and accurate payment rate adjustments for home health agencies

Medicare Home Health has faced a series of payment rate cuts, most recently behavioral assumption and budget neutrality cuts as part of the transition to the Patient Driven Groupings Model (PDGM). Congressional intervention is needed to end CMS's rate cutting practices and bring stability to home health providers.

Ensure adequate reimbursement from Medicare Advantage plans for home health services

Many MA plans reimburse on a per-visit basis, as opposed to episodic. Per-visit rates often do not cover the full cost of care. In addition, claim denials are common and are typically overturned on appeal while costing the home health agency in the meantime. Reforms are needed for adequate reimbursement and reductions in inappropriate claim denials.

Ensure a fair and equitable Home Health Value Based Purchasing (HHVBP) system

The nationwide HHVBP was implemented in 2023 yet CMS has finalized significant modifications to the measure set beginning with performance year 2025. HHAs will not have sufficient time to prepare for the changes creating potential access to care issues for patients with complex needs and SDOH.

Provide reimbursement recognition for telehealth

Telehealth use in the home has proven to be a valuable tool in meeting patient need in a timely manner while reducing cost. Congressional action is needed to ensure robust telehealth access within the Medicare home health benefit.

HOSPICE

Permanently allow the use of telehealth to perform the hospice Face-to-Face (F2F) encounter

In March 2020, Congress included a provision in the CARES Act to specifically allow hospices to perform the F2F via telehealth for the duration of the PHE, a flexibility that has since been extended through 2024. Hospices report that being able to perform the F2F using telehealth has been a major success and should be permanently expanded. Hospices are able to collect all necessary clinical information and allocate staff more effectively due to this flexibility. In addition to supporting patients, families, and hospice providers, an extension of the hospice F2F telehealth flexibility would not impose additional costs on the Medicare program, as there is no separate payment for the F2F visit. F2F visits are covered under the current daily capitated payment structure of the Medicare Hospice Benefit, so permitting them to be performed virtually is cost-neutral.

Advance hospice program integrity measures that more accurately and timely identify egregious fraudulent or abusive providers

In response to recent reports identifying quality of care and compliance concerns in select hospice programs, including the proliferation of potential problem providers in certain western states, Congress should enact a hospice-specific compliance package targeted to hospices that have demonstrated questionable practices.

Protect the integrity of the Medicare Hospice Benefit by averting any major payment cuts or structural changes that could reduce access to care

The hospice benefit has undergone significant changes in recent years, and hospice providers have been subject to severe financial strains as the result of increased regulatory requirements, dramatic workforce shortages, the impact of the COVID-19 PHE, and rapid inflation.

Additionally, [new research](#) released in 2023 from NORC at the University of Chicago has demonstrated that utilization of the hospice benefit is associated with billions of dollars in savings to the Medicare program. Congress should oppose reductions in the annual payment update or any other major payment system changes (including a cut to the hospice aggregate cap), and instead work to advance policies that support more timely access to hospice for eligible patients facing a terminal illness.

Hospice Special Focus Program (SFP) modifications to ensure the program identifies the appropriate hospices in need of additional scrutiny and supports SFP candidates' ability to improve quality-of-care

The SFP program, while well-intentioned, has been designed in such a way that it has the potential to diminish the program's effectiveness by not accurately identifying hospices at highest-risk of delivering poor-quality care, wrongly identifying higher-performing hospices as poor-quality providers, unfairly biasing hospices that take care of large numbers of patients, and disincentivizing the reporting of quality-of-care data. Changes are needed to ensure the SFP aligns with congressional intent and supports both increased oversight and technical assistance for poor-performers.

Demo respite care in the home

A more flexible approach to respite care in hospice could better meet the needs and goals of modern hospice patients, families, and caregivers. In the wake of the COVID-19 pandemic, many more individuals and their loved ones are hoping to avoid inpatient care settings and stay in their own homes for as long as and with as little disruption as possible. Testing a limited, voluntary in-home respite option under the MHB may better respond to these goals.

PRIVATE DUTY

Workforce Development Incentives

Advocate for incentives and funding to recruit, train, and retain competent caregivers, home care aides, and nurses in the private pay home care sector to address the critical shortage of workers. Support the establishment of training and education programs that equip caregivers with essential skills, enhancing the quality of care provided to clients.

Enhanced Healthcare Visa Programs

Advocate for modifications to existing visa programs to explicitly accommodate healthcare professionals of all

categories, encompassing but not limited to registered nurses, licensed practical/vocational nurses, personal care aides, home health aides, and direct care workers. This initiative aims to address workforce shortages by ensuring swift access to qualified personnel essential for home care services.

Support Efforts to Safeguard Workers

Work with OSHA and other federal agencies to ensure employers have access to meaningful tools to help safeguard home care workers from violence and abuse in home settings, ensuring their safety while on the job.

MEDICAID

Moratorium on finalizing 80-20

In response to pervasive issues with low pay and resulting workforce shortages, CMS Proposed a rule in May 2023 that would, among other things, require States to assure that 80% of Medicaid payments for home health aide, homemaker, and personal care services be passed through to direct care workers. While well-intentioned, this policy fundamentally misunderstands the various requirements associated with delivering care. CMS should not finalize a rule with any pass-through requirement. If CMS does finalize such a requirement, Congress should pass a moratorium preventing it from being finalized.

Enact legislation that requires that states continually assess Medicaid home care rates of payment and the methodology utilized for establishing rates

Congress should enact legislation that requires that states assess Medicaid home care rates of payment and the methodology utilized for establishing rates at least once every two years. Legislation should apply to both rates paid by managed care plans and fee-for-service. The legislation should further require that rates be reasonable and adequate to:

- Assure access to care comparable to the non-Medicaid patient population;
- Ensure reimbursement sufficient for providers to conform with quality and safety standards; and
- Guarantee payments sufficiently adequate to incentivize providers of care to operate efficiently while meeting the cost of care provision.

Congress should enact requirements to ensure that home care reimbursement allows for appropriate living wage and benefit levels (including health care and paid sick leave), and annual pay increases for all caregiving staff

Specifically, for the Medicaid program, Congress should mandate that state agencies Implement a rate review process that uses generally accepted accounting practices to develop a payment methodology that assures continued adequacy of each component of the mode.

Reconsider the requirements for the use of EVV in home care services

EVV can be of great value in protecting the integrity of government reimbursed home care programs. However, not all services and programs are alike, and not all contain risks are addressed by EVV. Modifying EVV requirements will ensure that the systems fulfil their promise without creating unnecessary administrative burdens and barriers to care. Congress should modify the CURES Act EVV requirements to:

- Require that the Office of the National Coordinator for Health Information Technology collaborate with CMS to implement national interoperability standards for EVV;
- Exempt Medicaid Home Health services from the EVV mandate;
- Ensure that the additional costs for implementing and operating an EVV system are included in the state reimbursement methodology; and
- Mandate that GAO evaluate the implementation of the CURES Act requirements, including to determine whether the state processes were “minimally burdensome” to providers as required by the law and whether the policy resulted in any cost savings.

Establish HCBS as a mandatory program

Congress should make bold changes to the Medicaid program that enable it to properly fulfill its mission to provide services and supports to older adults and people with disabilities in the most integrated setting appropriate to their needs and preferences. Congress should restructure the long-term care benefit to promote meaningful choices to individuals, ensure access to care, and support direct care workers with livable wages.
