



Pass the Home Health Planning Improvement Act

H.R.1825, S.445: a commonsense measure, supported by clinicians & providers, with bipartisan sponsorship in Congress

Background

Before an elderly or disabled New Yorker can utilize the Medicare home health benefit, a doctor must sign-off on the services. Requiring physician sign-off alone – and with no advanced-practice clinical alternative – is an overly restrictive and costly mechanism for third-party oversight and authorization of home health.

Not every patient sees a physician for routine primary or geriatric care. Often it is a non-physician advanced-practice clinician who sees the patient and best knows his or her clinical needs. Often it is a non-physician practitioner who is best qualified to make individualized decisions about the need for home health services that: keep patients healthy, provide routine clinical monitoring, and reduce the chances of a patient taking the wrong medication or dosage, having a life-threatening fall, or needing to go to the ER.

A physician also may not be readily available to sign paperwork in time for initiation of necessary care at home; or physicians may find they are being asked to make care-planning decisions not having assessed the patient with the same depth as a patient's primary clinical specialist.

What is a non-physician advanced-practice clinician?

These clinicians include nurse practitioners (NPs), physician assistants (PAs), and clinical nurse specialists.

Why NPs or PAs for authorization of home health?

- The number of NPs has more than doubled in the last ten years, with the vast majority entering primary care and seeing three or more patients per hour, according to the American Association of Nurse Practitioners. NPs evaluate patients, diagnose, write prescriptions and bring a comprehensive perspective to health care. **There is no reason why they shouldn't also be permitted to sign off on home health services.**
- NYS ranks fourth in the nation for the concentration of Certified Physician Assistants (PAs), **with 57.7 PAs per 100,000 of population** – many serving in rural areas overcoming severe access-to-care gaps. These professionals practice medicine. They examine patients, order labs, prescribe medications and assist in surgery. **There is no reason why they shouldn't also be permitted to sign off on home health services.**

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- A survey by MedPAC found that **41% of rural Medicare beneficiaries saw a PA or NP for all (17%) or some (24%) of their primary care in 2012**. In many regions, these non-physician primary care practitioners are filling a community and public health gap; **and they should be similarly equipped to meet the need for timely ordering of home health services** when the physician is unavailable to provide this documentation or is not the practitioner most closely involved in the care of the patient.
- The current process of restricting sign-off to physicians creates unnecessary delays and administrative time spent tracking down the physician's orders. This process is also unnecessarily expensive. **A study by Dobson Davanzo and Associates estimated a five-year savings of \$82.5 million resulting from more flexibility** in the home care certification and ordering process.

Why H.R.1825, S.445?

- This commonsense, bipartisan legislation would allow non-physician advanced-practice clinicians – such as NPs and PAs – to order and certify Medicare home health services, reducing costs, and filling a rural health gap in the authorization of vital, cost-effective home care services.
- The House version of this bill is sponsored by a Member of New York's Congressional Delegation, Rep. Chris Collins (R-NY-27), and it has co-sponsorship from 12 of his New York colleagues among 177 Members of Congress.
- Nearly half of the Senate has cosponsored this bill on a bipartisan basis.



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