TO: PatientsOverPaperwork@cms.hhs.gov

RE: Scope of Practice (Do we need to be more descriptive here, not knowing who will be reading this. Is there a law or statute to reference here?) SF 296 / HF 2150

DATE: 1/17/2020

Question: What are we specifically asking for- NPP (which includes nurse practitioner, clinical nurse specialist, certified nurse midwife, and physician assistant) and/or just a NP or PA. I think we need to define what we are asking for and use consistent language throughout the letter. I highlighted the areas in blue that should be consistent.

Thank you for the opportunity to provide input during this period of discussion about scope of practice. Minnesota HomeCare Association (and co-signers???) stand(s) firmly in support of allowing appropriately trained and certified non-physician providers to work at the top of their licenses as they serve home care patients.

As you know, widening the pool of health care professionals who are authorized to sign home care orders and certify home health services will have a number of benefits:

* **Timeliness**: When home care is needed, it should begin as soon as possible. Many Medicare recipients see an APRN as their primary care provider, and not allowing the APRN to certify home care and write/sign home care orders places an unnecessary delay in the process. Requiring a physician, who is likely unfamiliar with the patient, to sign off on the care plan is time-consuming at best, and may significantly hinder the care process. In rural communities, a physician may simply not be available, and it is not uncommon for a physician who visits intermittently to be reluctant to sign orders on patients they do not know.
* **Quality of Care**: The PCP knows the patient best. When the PCP is an APRN or PA, current signing requirements place an obstacle between the provider and the patient. APRNs can perform a face-to-face assessment, but a physician has to certify that it took place. That is an illogical requirement and it can cause delays in both care to the patient, and reimbursement to the home health agency. While the orders await required physician signatures, the patient’s care is interrupted, which could cause harm to the patient and possibly lead to re-hospitalization.
* **Cost Savings**: It is more cost effective to have APRNs, rather than physicians, certify and write orders for home care patients. In 2012, the AARP Public Policy Institute indicated that by allowing ARPNs to certify home health services, Medicare could see $129 to $309 million in cost savings over 10 years based on the 15 percent reduction in Medicare payment for services when billed by a non-physician provider.  Allowing APRN and PAs to certify home health ~~and hospice~~ services would eliminate the need to obtain documentation from physicians for home care ~~and hospice~~ certifications and orders, which is a burdensome, expensive process for agencies.
* **Consistency**: In many other health care settings – including hospice – a nurse practitioner and physician assistant ~~an APRN, and in some cases a PA,~~ can serve as the attending ~~primary care~~ provider. In hospice, nurse practitioners ~~APRNs~~ have been able to act as the PCP since 2003, yet are still not able to certify for home health services. APRNs have been able to certify patients for post-hospital extended care services in skilled nursing facilities since 1995, as well as other post-acute care and rehab services. By supporting licensed professionals working at the top of their license, CMS would promote consistency with the rest of the American health systems.
* **Efficiency**: As the sheer number of patients needing home care increases, it does not make sense to ignore the availability of APRNs and PAs to manage the need.

We strongly support the passage of SF 296 / HF 2150 (these are MN statutes, not federal rules) or equivalent policy updates to allow home care to be provided in the best way possible for the patient who need it.

Sincerely,

Kathy Messerli, Executive Director

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(MHA? Other co-signers?)