



Missouri Alliance for HOME CARE

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To: Senator Bill White, Chair, Seniors, Families, Veterans and Military Affairs Committee

Re: Written testimony in support of SB177

Chairman White and members of the committee, my name is Carol Hudspeth, Executive Director of the Missouri Alliance for Home Care. The Missouri Alliance for Home Care represents Missouri Home Health and Hospice agencies as well as Home and Community Based Service (HCBS) providers.

The Missouri Alliance for Home Care is in support of SB177 for many reasons.

To be eligible for the home health benefit, a patient must meet the following requirements.

- Be confined to the home;
- Under the care of a physician;
- Services are provided under a plan of care established and periodically reviewed by a physician;
- Be in need of skilled nursing care on an intermittent basis or physical therapy or speech-language pathology; or
- Have a continuing need for occupational therapy.

Background:

- Since 1965, Medicare policy required a physician to certify eligibility for home health services, even if the physician does not serve as the patient's primary care practitioner.
- This policy does not recognize that in today's health system, primary care is often provided by various advanced practice nurses or physician assistants and can result in disjointed care and the insertion of a practitioner who may not be familiar with the patient's individual care needs.
- In rural and underserved communities, in particular, nurse practitioners and other advanced practice nurses direct the care of Medicare beneficiaries, underscoring the importance of enabling them to certify eligibility for cost-effective, patient-preferred home health services.
- Requiring that a physician (even when they are not the primary care provider) must sign off on home health certification in order for Medicare to approve the care many times results in delays. The documentation must include the date when the physician or allowed NPP saw the patient, and a brief narrative composed by the certifying physician who describes how the patient's clinical condition as seen during that encounter supports the patient's homebound status and need for skilled services. These delays in getting signatures and therefore delays in care can worsen a chronic condition and even unnecessary emergency room visits. Allowing a NP or PA to certify home health at the time it is needed could eliminate these delays in care and allow patients the right to choose their home as the place to recover.

- Congress recognized the need for this change and through the recently passed CARES Act, included a provision entitled “Improving Care Planning for Medicare Home Health Services” which amended the eligibility requirements for Home Health Agencies to allow for involvement of nurse practitioners, clinical nurse specialists and physician assistants. As amended, an individual no longer has to be solely under the care of a physician. The Act allows an individual who is under the care of a nurse practitioner, clinical nurse specialist or physician assistant (non-physician practitioner) to qualify as well. The non-physician practitioner can establish the patient’s plan of care and certify the patient’s eligibility. It eliminates the unnecessary step of having the supervising physician sign orders that were provided by the non-physician practitioner. This was not only a long-overdue recognition of the non-physician practitioner’s important role in patient care, but **this legislation was a modernization of the Medicare program!**

COVID-19 Impact:

This federal legislation was also extremely important in helping the industry to respond to the COVID-19 crisis. During the interim of the CARES Act passing and a 6-month time frame given to update the federal regulations, CMS implemented an immediate waiver allowing for the change. The Missouri Alliance for Home Care in turn also requested and were granted a waiver of the state requirement during the Public Health Emergency.

The following are comments from a variety of Home Health agencies related to their positive experiences using the current state waiver and the benefit of making this a permanent change in Missouri:

North Kansas City Hospital Home Health, Kansas City:

The ability to accept certification orders, face to face documentation, and interim orders from NPs or PAs under the current emergency waiver has highlighted the importance of being able to do this on an ongoing basis. In recent months, we have seen many patients whose primary provider is a mid-level practitioner. Although these practitioners work under the authority of a physician, quite often the physicians do not want to take responsibility for signing every order that the mid-level practitioner gives us. As a result, we have historically had to discharge patients due to not being able to obtain physician signatures on the orders. **This has allowed us to provide needed services to over 100 patients since the waiver went into effect. It also allows us to talk directly with the patient’s primary provider when obtaining orders rather than having to go through the physician who never sees the patient, resulting in improved coordination of care.**

Phelps Health Home Care, Rolla:

Our NPs have been very willing to work with us and have consistently and timely sent referrals to us- getting the patient to be able to be admitted to services more quickly as we did not have to wait for their supervising physician to give us the authorization/certification for admission. **This has been the biggest win for our patients- not having to wait for services, especially when their condition needs nursing or therapy services timely to prevent further issues with their illness and preventing unnecessary ED visits.**

CoxHealth at Home, Springfield:

CoxHealth at Home has been thankful for and has embraced the opportunity for Nurse Practitioners and Physician Assistants to provide appropriate and timely directives and orders as it relates to Home Care. Patients have benefited from the consistent oversight in addition to timely provider feedback and coordination as required by regulation.

As of 1/27, CoxHealth at Home has had **107** NPs and PAs serve as attending for HHC since inception of the Public Health Emergency. **This represents at least 107 times we were able to get our orders directly from the provider who most directly provided the primary care.** As systems all expand their use of these midlevel providers, this number will only grow.

VNA of Southeast Missouri, Kennett:

In our rural area, we have many NP that take care of our patients. Physicians have signed and ordered HH over the years for the NP- but that Physician does not know the patient and what they need as the NP does that is treating the patient. It is usually easier to contact a NP for issues and changes than it is the Physician.

Our patients are very dependent on the care given to them by the NP that they see. I do not know what our area would do without them!

Why SB177 is Needed:

- Even though this is now allowed on the federal level, Missouri's home health statute references home health services being provided at the residence of a patient according to a ***"Physician's written and signed plan of treatment"*** which prohibits the new federal law from being followed in Missouri.
- SB177 will align Missouri's statute with the federal language to allow nurse practitioners, clinical nurse specialists and physician assistants in Missouri to order home health services for the patients they serve.
- This new policy will in no way change collaborative practice arrangements. The new statute language simply follows the new federal change and merely allows these other medical professionals to "certify" that a patient needs and would benefit from home health services.
- Physicians and health care organizations also benefit through the elimination of paperwork and reduction of workload.
- **MOST IMPORTANT FACT** – Patients, especially in the rural areas of our state, are the direct beneficiary of this change as it would allow them more direct access to home health services without possible delay and the ability to remain at home, receive their care there and also return home from a hospitalization sooner.

Patient Case Examples:

- While there are many, the following two examples detail actual cases surrounding patient care and coordination that is the most beneficial aspect to the patient.

- When I worked as a Nurse Practitioner, I became the primary, and pretty much only, provider for a feisty 80+ year old woman. She was the model patient – always willing to try a new recommendation if it made her healthier. She became very ill at one point and my collaborating physician was on vacation. The back-up agreed this woman probably needed home health care but refused to order it because “she isn’t my patient”. Even with my pleading, no action was taken. The woman ended up in the hospital with a costly stay, my collaborating physician upon return was furious she had not been admitted, and I became even more committed to fighting for NPs.
- Kris Torgerson is an NP that works very closely with the wound physician, Dr. Larry Chase. She was very closely following and driving the care for a patient at Walnut Lawn/TCU. This patient had a truly tragic medical situation (hernia surgery then sepsis then massive abdominal wound then shower of clots to her extremities. All her fingers and toes were amputated to some degree). During her hospitalization, Kris was the provider who had the most involvement with her wound care, the extensive therapy required for her hands and feet to avoid contractures while still promoting healing for all her stumps, as well as the tremendous trauma at what was happening to her and her profound depression and anxiety regarding her return home. Prior to the waiver, Kris would not have been able to continue driving this patient’s care at home and we would have been required to get all our orders from physicians who had not been as involved in the true care of the patient. Instead, Kris has been able to continue ordering and coordinating her care, including advocating from some complicated billing arrangements between home health and outpatient therapy to ensure that she receives the care that she truly needs to reach her rehab potential.

This legislation will simply bring Missouri in line with federal law and more importantly improve access to home health services and promote continuity of care for Medicare beneficiaries, particularly patients living in rural and other medically underserved communities.

Thank you for your consideration and for the opportunity to testify in support of SB177.

Questions? Contact:

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