

August 22, 2023

Honorable Chiquita Brooks-LaSure  
Administrator, Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
P.O. Box 8010  
Baltimore, MD 21244-1850

Submitted electronically to [www.regulations.gov](http://www.regulations.gov)

**Re: Medicare Program; Calendar Year (CY) 2024 Home Health (HH) Prospective Payment System Rate Update; HH Quality Reporting Program Requirements; HH Value-Based Purchasing Expanded Model Requirements; Home Intravenous Immune Globulin Items and Services; Hospice Informal Dispute Resolution and Special Focus Program Requirements, Certain Requirements for Durable Medical Equipment Prosthetics and Orthotics Supplies; and Provider and Supplier Enrollment Requirements [CMS-1780-P]**

Dear Administrator Brooks-LaSure:

The American Nurses Association (ANA) is pleased to comment on the Centers for Medicare & Medicaid Services (CMS) Fiscal Year 2024 proposed rule for Medicare home health care. Our comments address access to RN care in the home, home health care quality measures, and health equity.

As the agency considers which provisions to finalize, through this comment letter we urge CMS to:

1. Evaluate access to RN care and address RN staffing issues;
2. Finalize proposed modifications to the quality reporting program; and
3. Continue to engage nurses to address health equity issues in the home health program.

ANA is the premier organization representing the interests of the nation's over 5 million registered nurses (RNs), through its state and constituent member associations, organizational affiliates, and individual members. ANA advances the nursing profession by fostering high standards of nursing practice, promoting a safe and ethical work environment, bolstering the health and wellness of nurses, and advocating on health care issues that affect nurses and the public. ANA members also include the four APRN roles: nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse-midwives (CNMs), and certified registered nurse anesthetists (CRNAs). RNs serve in multiple direct care, care coordination, and administration leadership roles, across the full spectrum of health care settings. RNs provide and coordinate patient care, educate patients and the public about various health conditions including essential self-care and provide advice and emotional support to patients and their family members.

#### **1. CMS Must Evaluate Access to RN Care at Home and Address RN Staffing Issues.**

CMS invites public comments on access to services of home health aides, including potential challenges that home health agencies face in recruiting and retaining aides. ANA appreciates the focus on aides,

given the dramatic declines in home health aide utilization, according to the data displayed in the proposed rule.

However, ANA urges CMS to look more expansively at access to care personnel under the Medicare home health benefit, given the declines in utilization of RN care over the same time period. RNs not only provide the skilled care that is the basis of home health coverage, but RNs also serve as “eyes and ears” in the home, identifying and documenting the need for assistive care and other supports. If home health care agencies do not deploy RNs sufficiently to patient homes, additional care needs may go unnoticed, resulting in underutilization of aides and other key services necessary to quality patient outcomes.

RN practice in home health has declined in recent years, compared to other settings. According to the 2022 National Nursing Workforce Survey, 3.4 percent of RNs reported home health as their primary practice setting in 2022, compared to 6.1 percent in 2015.<sup>1</sup> These data along with CMS utilization data indicate potential RN staffing issues that CMS must examine.

Survey data collected from nurses by the American Nurses Foundation indicate that home health nurses face burnout from stressful work environments where they bear the burden of staffing shortages, administrative demands, and risks of violence.<sup>2</sup> Increased staffing and support are consistently named as the second-most desired improvement for work satisfaction, with increased salary the most desired. Nurses in home health are among the lowest paid RNs, compared to those in other settings.<sup>3</sup>

To ensure beneficiary access to high-quality care in their homes, CMS must consider all care roles and how they are utilized over the course of home health care episodes. **Evaluating access to RN care can inform regulatory actions to ensure sufficient and appropriate staffing, including mandated ratios, to meet patient needs.**

## **2. ANA Supports Proposed Modifications to the Home Health Quality Reporting Program.**

ANA generally supports CMS’ proposed modifications to the Home Health Quality Reporting Program (QRP). In particular, ANA is pleased that CMS is proposing to adopt a discharge function measure as an indicator of home health quality and outcome. We agree that functional scores are useful indicators of the quality and appropriateness of clinical care delivered in the home health setting. Adding this measure to the QRP is a recognition of the value of RN care. **ANA urges CMS to consider ways of analyzing functional scores to assess the adequacy of RN staffing in home health, and hold agencies accountable for appropriate RN staffing.**

ANA also supports adding a COVID-19 vaccination measure to the QRP measure set, for the reasons CMS cites in the proposed rule. Specifically, risks of COVID-19 infection are still present in the general population and present higher risks of serious illness in the older Medicare population. Vaccination is proven effective to prevent COVID-19 severity leading to hospitalization and death. **Most important, measuring the percent of home health beneficiaries who are up to date with COVID-19 vaccines is a first step to address racial and ethnic disparities in vaccination rates and COVID-19 outcomes.**

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<sup>1</sup> Journal of Nursing Regulation. The 2022 National Nursing Workforce Study. Supplement. April 2023.

<sup>2</sup> American Nurses Foundation. 2022 Workplace Survey. August 2022. Accessible online at <https://www.nursingworld.org/practice-policy/work-environment/health-safety/disaster-preparedness/coronavirus/what-you-need-to-know/covid-19-survey-series-anf-2022-workplace-survey/>

<sup>3</sup> See Journal of Nursing Regulation. April 2023

### 3. CMS Must Continue to Work Closely with Nurses to Determine and Develop Approaches to Advance Health Equity.

ANA is encouraged by CMS' continued focus on advancing health equity in the health care delivery system. As noted in the proposed rule, CMS recently engaged with nurses as part of the Technical Expert Panel (TEP) convened to examine the creation of a health equity structural measure within the hospice and home health care settings. We are pleased that the agency engaged with nurses as part of that effort, and urge the agency to continue to do so as it looks to future health equity activities. In particular, as CMS looks at aligning measures that capture social determinants of health (SDOH) data across care settings, ANA and its nurses can be key partners. Nurses can inform adoption of measures that truly capture the needs of patients, the impact of nursing care on patients, reflect the role of the nurse in identifying and addressing health disparities, all while balancing administrative burden.

Advancing equity in patient care has long been an ethical imperative for the nursing profession. Nurses embrace diversity and engage in culturally competent care, while working to remove unconscious biases to effectively promote meaningful patient outcomes. Ultimately, nurses are key in designing and directing care that appropriately meets the needs of patients, improves access to needed care, promotes positive outcomes, and reduces disparities. Nurses, in addition to providing quality care to patients, often serve as advocates for their patients and are best positioned to identify factors that could result in inequitable health outcomes. Nurses also typically reflect the people and communities they serve—allowing them to recognize the challenges faced by their patients and ensure that their patients receive culturally competent, equitable health care services.

Further, ANA continues to encourage CMS to examine recommendations contained in the National Academy of Medicine's Future of Nursing 2020-2030 report, *Charting a Path to Achieve Health Equity*.<sup>4</sup> Some of the recommendations in the report call on government agencies and other stakeholders to take action that allows nurses to comprehensively address social determinants of health across care settings, allow nurses to practice to the top of their license, support the mental well-being of nurses and ensure a robust and diverse workforce ready for future challenges, and implement payment strategies that support addressing patients' social needs and health equity challenges. The report also specifically calls on CMS, with other federal agencies, to convene nurses and other key stakeholders to work together to identify research areas and other evidence-based approaches that examine the impact of nursing services on patients' health and nurses' well-being.

The TEP convened to examine hospice and home health services is in line with this recommendation and we applaud CMS for that action. **As CMS continues to focus on the critical issue of inequity in our health care delivery system, ANA urges the agency to work closely with nurses and look to NAM report to advance health equity through policies and programs.**

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<sup>4</sup> National Academy of Medicine. The Future of Nursing 2020-2030. <https://nam.edu/publications/the-future-of-nursing-2020-2030/>. Accessed July 2023.

ANA appreciates the opportunity to submit these comments and looks forward to continued engagement with CMS. Please contact Tim Nanof, Vice President, Policy and Government Affairs, at (301) 628-5166 or [tim.nanof@ana.org](mailto:tim.nanof@ana.org) with any questions.

Sincerely,



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