

August 28, 2025

The Honorable Dr. Mehmet Oz, Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Attention: CMS-1828-P, P.O. Box 8013  
Baltimore, MD 21244-8013

**RE: Medicare and Medicaid Programs; CY 2026 Home Health Prospective Payment System (HH PPS) Rate Update, Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model, CMS-1828-P**

Dear Dr. Oz:

On behalf of the National Alliance for Caregiving (NAC), we strongly urge the Centers for Medicare & Medicaid Services (CMS) to reconsider and withdraw the proposed payment cuts to home health services outlined in the CY 2026 Home Health Prospective Payment System (HHPPS) Proposed Rule<sup>1</sup>—comprising both permanent and temporary adjustments. These cuts threaten the sustainability of home health care, an essential post-acute care benefit that prevents unnecessary rehospitalizations and improves patient outcomes.

### **The Importance of Medicare Home Health for Family Caregivers**

With more than 59 million Americans caring for older adults<sup>2</sup>, the Medicare home health benefit provides an essential bridge between acute care and post-acute care, easing the handoff to caregivers who provide the backbone of home- and community-based services (HCBS).

In fact, new national research from NAC and AARP, *Caregiving in the U.S. 2025*, reveals that there are now 63 million total family caregivers in the United States, a 45% increase since 2015. These unpaid caregivers already face significant challenges: nearly half (47%) have experienced at least one negative financial impact from caregiving, while their own well-being suffers dramatically. One in five caregivers rate their health as fair or poor, nearly two-thirds (64%) report moderate to high emotional stress, and almost a quarter (24%) report feeling alone. Additionally, 30% of caregivers have been providing care for five years or more, and 24% provide 40 hours or more of care weekly, equivalent to a full-time job.

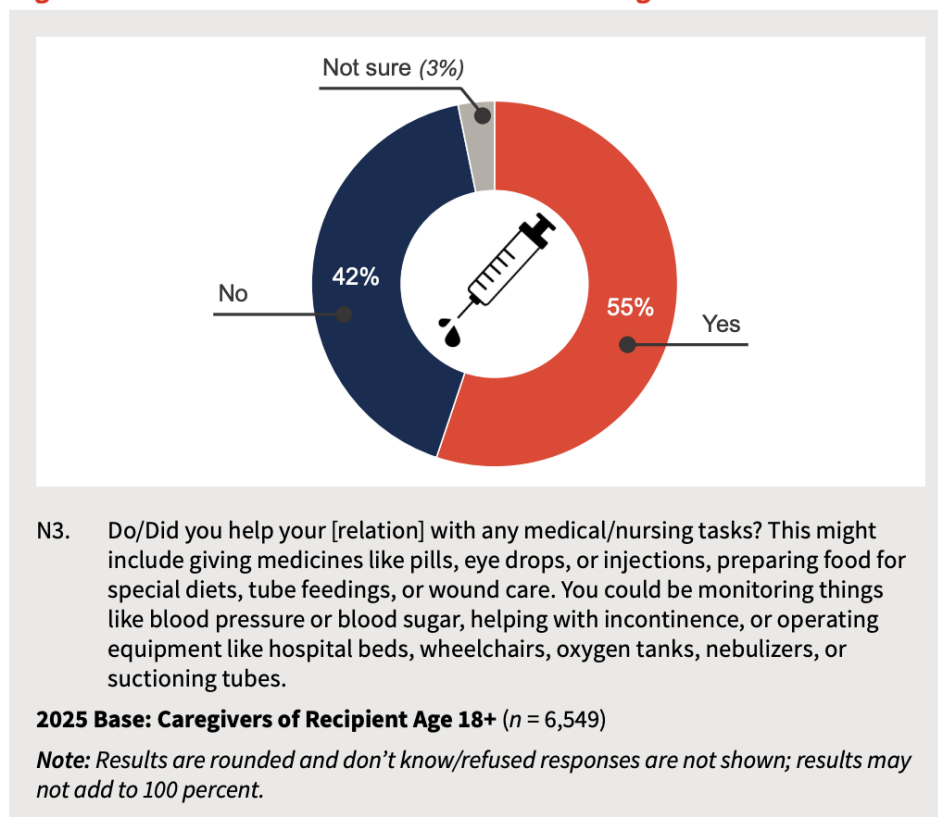
In addition to supporting activities of daily living and instrumental activities of daily living, caregivers are key partners in assisting with medical and nursing tasks for the individuals in their care.

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<sup>1</sup> Medicare and Medicaid Programs; Calendar Year 2026 Home Health Prospective Payment System (HH PPS) Rate Update; Requirements for the HH Quality Reporting Program and the HH Value-Based Purchasing Expanded Model; Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Updates; DMEPOS Accreditation Requirements; Provider Enrollment; and Other Medicare and Medicaid Policies, 90 C.F.R. 29108, <https://www.federalregister.gov/documents/2025/07/02/2025-12347/medicare-and-medicaid-programs-calendar-year-2026-home-health-prospective-payment-system-hh-pps-rate>.

<sup>2</sup> National Alliance for Caregiving and AARP. *Caregiving in the U.S.* (July 2025). <https://www.caregivingintheus.org/>; full report at [https://www.caregivingintheus.org/wp-content/uploads/2025/07/caregiving-in-us-2025.doi\\_.10.26419-2fppi.00373.001.pdf](https://www.caregivingintheus.org/wp-content/uploads/2025/07/caregiving-in-us-2025.doi_.10.26419-2fppi.00373.001.pdf).

**Figure 21. Assistance with Medical and Nursing Tasks**



Our research reveals that more than half (55%) of family caregivers are already performing high-intensity medical tasks that should be delivered by healthcare professionals, including wound care, administering injections, operating medical equipment, and managing tube feedings, catheters, or ostomies. Alarming, only 22% received any training for these complex medical procedures.

The proposed payment reductions will force home health agencies to limit services, shifting even more medical responsibilities to these untrained family caregivers who are already stretched beyond their capabilities. For these families, the Medicare home health benefit is essential as it provides a means to include family caregivers in needed training on how to care for someone post-discharge at home and in the community. It also enables Medicare to maximize its efficiency by incorporating family caregivers into the delivery of necessary healthcare services, thereby reducing the cost and need for institutional care.

### **Proposed Cuts to Medicare Home Health Will Exacerbate the Long-Term Care Crisis**

The proposed cuts will devastate this already overwhelmed, isolated, and physically and emotionally strained population. Below, we outline the key reasons why these reductions should not be implemented, and respectfully request that CMS protect the Medicare home health benefit, a vital service that maintains the efficiency and efficacy of our current post-acute care landscape.

## **1. Caregivers Lack Needed Access to Medicare Home Health Services**

Despite their role in providing unpaid support to Medicare beneficiaries, family caregivers are often not adequately informed or educated about the home health services available to them.<sup>3</sup> Family caregivers benefit specifically from the training provided by home care professionals. Without skills training, family caregivers often struggle to manage care at home, resulting in more falls, emergency department visits, and higher Medicare spending. The current conditions of participation for home health agencies require family caregiver preparedness, including the use of family caregivers in the shared decision-making process for Medicare home health users.

Yet despite these requirements, data from NAC/AARP reveal that this includes a lack of access to home health services for family caregivers under existing payment rules. Over the past decade, nearly a third of caregivers (28%) have experienced difficulty finding affordable services for those in their care, such as home health aides, transportation, and meal delivery. This is even more challenging for caregivers in rural areas (34 percent).

The proposed cuts to the Medicare home health benefit will widen this gap dramatically between caregivers who are prepared to care at home and those who lack support, risking worse outcomes for the Medicare beneficiaries in their care. Many eligible homebound Medicare beneficiaries are already not receiving the professional care they need and are entitled to under their benefits. These proposed cuts will exacerbate this access crisis, leaving even more of the 55% of caregivers performing medical tasks without professional support.

We call on CMS to enhance beneficiary knowledge through educational outreach to authorizing providers, Medicare beneficiaries, and their family caregivers regarding coverage guidelines and the comprehensive suite of home-based health services Medicare offers—not reduce access to these vital services.

## **2. Proposed Updates in the CY2026 Rule Undermine the Administration's Efficiency Goals**

The HHS-OIG Strategic Plan for 2025 – 2030 supports a mission to promote the “economy, efficiency, effectiveness, and integrity of HHS programs,” including a goal to advance excellence and innovation. As America’s long-term care needs increase with an aging population, the Medicare home health benefit is key both to advancing new models of healthcare (such as hospital-at-home) and to reducing reliance on costly institutional care.

Despite these core characteristics of the home health benefit, the current Proposed Rule threatens progress towards more efficiency in the delivery of post-acute care.

**A. Reducing the availability of the Medicare Home Health Benefits contradicts Medicare's own cost-effectiveness data.** CMS's own data demonstrates that beneficiaries receiving home health care have significantly lower total costs compared to

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<sup>3</sup> Bipartisan Policy Center. Optimizing the Medicare Home Health Benefit to Improve Outcomes and Reduce Disparities. (2022). [https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/04/Optimizing-the-Medicare-Home-Health\\_R0\\_Web-Ready.pdf](https://bipartisanpolicy.org/download/?file=/wp-content/uploads/2022/04/Optimizing-the-Medicare-Home-Health_R0_Web-Ready.pdf).

those with similar conditions who don't receive these services. Despite this proven cost-effectiveness, these cuts will reduce access to professional home health services, forcing more expensive hospitalizations and institutional care.

**B. Home health providers need support to address rising operational costs amid the healthcare workforce crisis.** Despite modest market basket updates, home health providers face unprecedented operational cost increases. The proposed cuts overlook these inflationary pressures while simultaneously eliminating data collection that could help identify patients who require additional support. CMS should evaluate the current Medicare payment system to ensure its sustainability, rather than implementing cuts that force providers to discriminate against people with chronic conditions who require ongoing services.

**C. Proposed reductions in payment rates may undermine prior face-to-face encounter improvements.** While we applaud the expanded flexibility allowing any physician to perform face-to-face encounters, severe payment cuts will nullify these access improvements. Agencies facing significant revenue reductions will be forced to restrict admissions regardless of easier certification processes, leaving families to navigate complex medical care alone—without the training they desperately need.

**D. Collecting less data on the upstream drivers of health reduces program efficacy.** CMS's decision to remove SDOH data collection while implementing severe payment cuts demonstrates a troubling disconnect from the Administration's goals to address the upstream drivers of health. Low-income families, who disproportionately serve as caregivers and have fewer resources to purchase private care or training, will bear the heaviest burden of these service reductions. These changes contradict Medicare's obligation to ensure providers use the proper standard for skilled nursing and therapy services under Medicare without discriminating against vulnerable populations. The lack of data also makes it more difficult for service providers, such as home health agencies, and analysts, like MedPAC, to evaluate the effectiveness and impact of current programs.

## Urgent Call to Action

Given these concerns, we respectfully request that CMS:

- Withdraw the proposed payment reductions immediately.
- Enforce the full scope of the Home Health Benefit as currently authorized by law.
- Rigorously uphold existing family caregiver training provisions.
- Enhance beneficiary and provider education about available services.
- Evaluate payment systems to ensure sustainability and access, not create barriers.
- Consider the full societal cost of shifting medical care to 63 million untrained family members.

The data is clear – the Medicare home health benefit, when implemented to its full potential, has the potential to result in annual savings of \$13 – \$15 billion in Medicare spending by avoiding costly and unpopular institutional care.<sup>4</sup>

The National Alliance for Caregiving represents millions of family caregivers who already provide an estimated \$600 billion in unpaid care annually. With a nearly 50% increase in family caregivers over the past decade and more than half performing complex medical tasks with minimal training, these proposed cuts will push our healthcare system past its breaking point. We urge CMS to continue its proven, cost-effective model that reduces hospitalizations and total Medicare spending while ensuring collaborative care planning that includes both patients and their family caregivers. Instead, these cuts will force families to choose between their own health, employment, and financial security and their loved ones' care needs.

Thank you for your consideration of these comments. Should you have questions, please don't hesitate to contact me at my information below.

Sincerely,



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<sup>4</sup> Ma, C., Rajewski, M., & Smith, J. M. (2024). Medicare Advantage and Home Health Care: A Systematic Review. *Medical care*, 62(5), 333–345. <https://doi.org/10.1097/MLR.0000000000001992>.