

## **Home Health**

Issue: CMS is proposing a 9% cut to the Medicare Home Health payment rate.

Why it matters: Cuts mean fewer agencies, longer waits, and loss of vital care for seniors. Half of U.S. counties lost home health agencies since 2020, and referrals often go unfilled or delayed.

Community impact: Stress that home health keeps neighbors aging safely at home, reduces hospital costs, saves Medicare money, and supports working families. What happens when a referral can't be filled by a home health agency? Also stress that these cuts result in job losses when agencies reduce service areas or close altogether.

Personalize: Ask Members if they know families who rely on home health or hospitals struggling with discharges. Connect local agency closures and workforce reductions to potential loss of care for their constituents. The home is the preferred place for seniors to receive this care. Share examples of patients who benefited from timely care or faced barriers.

Ask: Strenuously oppose CMS' proposed Home Health cuts and cosponsor H.R. 5142, the Home Health Stabilization Act of 2025, introduced by Representatives Kevin Hern (R-OK) and Terri Sewell (D-AL), which would pause CMS' cuts for two years.

## **Hospice**

Issue: Some are pushing to have Medicare Advantage plans administer the hospice benefit ("carve-in").

Why it matters: This risks new barriers, delayed access, less patient choice, administrative burdens, and threatens small/rural hospice providers. Hospice is managed care for patient's at end-of-life, and layering Medicare Advantage on top of the hospice benefit has no value for patients and their families.

Community impact: Emphasize the deeply personal nature of end-of-life care and the importance of allowing people, not insurers, to choose providers. Highlight local hospice stories of dignity and comfort.

Personalize: Share how Medicare's current administration of the hospice benefit works well for all Medicare patients, including those on Medicare Advantage. Compare experiences with Medicare Advantage in other service settings to highlight how devastating it would be to add them into hospice.

Ask: Oppose having Medicare Advantage plans administer the hospice benefit and sign the Nunn-Bera letter.

## **Medicaid Home and Community-Based Services**

Issue: Chronic underfunding and waitlists mean over 700,000 people go without needed home care, with some waiting years, and workers are paid low wages due to inability for agencies to fund higher compensation with existing reimbursements.

Why it matters: HCBS is cost-effective, helps people stay in their homes, but low reimbursements hurt worker retention and provider viability.

Community impact: Note how delays affect families, strain hospitals, and limit options for aging or disabled neighbors. Share local stories of waitlists or workforce turnover.

Personalize: Invite Members to consider what would happen to their own family or local residents if home care becomes harder to access. Stress the link between fair Medicaid funding and care jobs in their districts.

Ask: Support policies and funding for Medicaid HCBS.

## **Telehealth**

Issue: Medicare telehealth flexibilities expire at the end of September unless Congress acts.

Why it matters: Losing these flexibilities would disrupt access for seniors, especially in remote and high-traffic urban areas, and burden providers unnecessarily. These flexibilities help to promote patient choice.

Community impact: Telehealth lets care teams reach more patients, reduces travel, and keeps people safe at home, which is especially important for those with mobility or transportation challenges. It allows physicians and practitioners to spend more time caring for patients based on their actual care needs.

Personalize: Share stories from clinicians and patients who benefited from virtual care. Ask Members to think of those in their communities who rely on telehealth. Highlight obstacles that telehealth helps address, such as dangerous weather conditions, bumper-to-bumper traffic that limits how many patients you can see, and other examples.

Ask: Support legislation making telehealth flexibilities permanent like the CONNECT Act (H.R. 4206 and S. 1261).