NYS Delegation letter opposing home health care cuts; Sign on deadline: Friday, September 12th, 2025

Letter coordinated by Congressman Ritchie Torres. Contact: Leonardo Mendoza-Bernuy: 202-843-4313; Leonardo.Mendoza@mail.house.gov

[[DATE]]

The Honorable Donald J. Trump
President of the United States
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

The Honorable Russell Vought
Director
Office of Management and Budget
New Executive Office Building
Washington, DC 20503

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear President Trump, Director Vought, and Administrator Oz:

As members of the New York State Congressional delegation, we write to express our disapproval of the Centers for Medicare & Medicaid Services (CMS) CY2026 home health proposed payment rule, which will disrupt access to home health services through an unprecedentedly steep payment reduction. The proposed rule threatens the ability of home health care providers to care for our nation's senior citizens, people with disabilities, and other vulnerable populations. We urge you to consider pausing this rule change and refine your approach in determining budget neutrality in home health.

In June, CMS unveiled the CY2026 proposed home health rule, introducing a permanent 4.059% payment adjustment as well as a 5.0% temporary payment adjustment, amounting to over 9% in payment cuts, or $1.135 billion in funding losses. These proposed cuts, on top of 13.2% in cumulative negative payment adjustments since 2020, amount to a 22.2% cumulative payment reduction totaling $10.9 billion from 2020 through 2026.[1] These cuts will not only worsen the economic condition in the state of New York, but also deny additional patients the necessary home health care, and lead to additional strains to an already overcrowded hospital system.

These ongoing reimbursement cuts and related workforce shortages are having a direct impact on patient care. We would like to highlight a few sobering statistics that lay out the gravity of their issues:

- There was an estimated 25.9% decline in Medicare fee-for-service (FFS) and Medicare Advantage (MA) home health use across NYS in 2024 compared to 2018, resulting in more than 262,000 enrollees who needed but did not receive home health care from 2019-2024.[2]

[1] National Alliance for Care at Home Comment Letter on CMS-1828-P CY2026 Home Health Payment Rule

[2] Includes Medicare fee-for-service (FFS), Medicare Advantage (MA). FFS enrollment and HH utilization data from CMS Market Saturation file (2018-2024). MA home health utilization estimated from proportion of MA enrollment from CMS County Data File x FFS home health utilization rate. Percent change and total loss of access calculated using 2018 utilization levels as a baseline. All files accessed in July and August 2025.

- All of New York State is impacted, but certain regions have been hit particularly hard, including 45.7 % in the Finger Lakes, 39.9% in Central New York, 39.9% in North Country, and 36.6% in the Capital District. New York City saw a 22.8% decrease in home health use, with the Bronx experiencing the steepest decline at 37.6%, and Queens seeing the largest number of residents lose access to home health care – more than 26,000 Medicare enrollees.[3]
- 40% of patients referred to home health after a hospitalization did not receive care in 2024, with rates reaching two-thirds or more in many areas.[4]
- New York State lost 29 home health agencies (HHAs) since 2018, including nine in 2024 and 2025.[5]
- The average length of a hospital stay for NYS patients referred to home health care increased 9% from 2019-2023, indicating patients are waiting longer to be discharged safely. [6]
- These statistics are consistent with other state and national trends: Nationally, there was a 23.6% decline in home health use by Medicare enrollees between 2018-24. Almost every state experienced a loss of access (Hawaii saw no growth), with Texas (-36.5%), Michigan (-35.7%) Colorado (-32.4%) and Ohio (-31.2%) seeing the steepest declines.

In 2018, a bipartisan majority in Congress insisted on budget neutrality when transitioning from the previous home health payment system to the Patient Driven Groupings Model. Budget neutrality is yet to be achieved in the transition to the new payment model, and CMS has instead instituted an unauthorized rebasing of home health payments that result in billions of dollars in cuts. This approach ensures neither stability nor the preservation of vital services provided to seniors and people with disabilities that heavily rely on the home health benefit. We support the suggestion of our home health care providers and believe their recommendations should be viewed and considered by CMS as a viable alternative to the proposed rule. CMS should be consistent in how they treat home health by applying the same budget methodology principles as it does in analyzing budget neutrality in the skilled nursing facility payment system.

If approved, the proposed rule will not only further disrupt the services that patients currently receive, but also deepen public health disparities among some of the most vulnerable communities in our state and country. This will further exacerbate the formation of "home health deserts" across the state and the country, where there will be virtually no workforce available to provide home health care in urban, rural, and suburban communities.

For our most vulnerable communities, home health is by far the safest, most accessible choice to receive lifesaving medical treatment. Studies have shown that a growing number of Medicare patients prefer home health to treatment in a post-acute facility, but the industry currently faces several challenges that are already causing disruptions to patient care.[7] Further, the growing demand for workers outpaces supply and the industry reels from

---

[3] *Ibid*
[4] Medicare claims data 2024, Accessed August 2025.
[5] Provider of Services File iQIES for HHA, ASC, and Hospice Providers. https://data.cms.gov/provider-characteristics/hospitals-and-other-facilities/provider-of-services-file-internet-quality-improvement-and-evaluation-system-home-health-agency-ambulatory-surgical-center-and-hospice-providers/data Accessed August 2025
[6] Wellsky/Careport 2023 hospital length of stay data accessed February 2024
[7] Stulick, A. (2021, September 14). *Nine in ten Medicare beneficiaries prefer home health to snfs*. Skilled Nursing News. Retrieved September 28, 2022, from https://skillednursingnews.com/2021/09/nine-in-ten-medicare-beneficiaries-preferhomehealth-to-snfs/

the resulting financial pressures. The reimbursement reductions in the proposed rule will only exacerbate these issues, further crippling the efficacy of the home health care delivery system and burdening millions of Americans and numerous underserved communities with inadequate home health care.

We respectfully ask that you take immediate steps to safeguard access to home health by pausing this rule change and working collaboratively to stabilize the payment system consistent with applicable agency guidelines. Thank you for your full and fair consideration of our concerns and your commitment to protecting the health of our communities. We look forward to your prompt reply.

[[CLOSING]]

[[SIGNATURES]]