

**Congress of the United States**  
Washington, DC 20515

December 10, 2025

Administrator Mehmet Oz, MD  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W. Washington, DC 20201

Dear Administrator Oz,

This letter in response to a final rule payments for Medicare home health services that will constrain the ability to provide in-home care to seniors. In 2021, Centers for Medicare and Medicaid Services' (CMS) Home Health Quality Reporting Program found that approximately 3 million Medicare beneficiaries utilized home health care. These services enable individuals to receive care in their own homes and communities<sup>1</sup>, which research shows is the preferred option for many patients<sup>2</sup>.

On December 2, 2025, CMS issued a final rule that includes policies that would result in about a 1.3% payment reduction of the home health benefit for Calendar Year (CY) 2026. While this is a smaller reduction than was initially proposed, reducing payments to home health agencies (HHAs) by any amount is unacceptable. These payment cuts would not only be disastrous, but they also do not align with CMS' intent to ensure budget neutral payment rates, given that total Medicare home health expenditures have declined year-over-year. CMS is also considering cuts beyond those in the proposed rule to recoup alleged overpayments that occurred during the COVID-19 pandemic<sup>3</sup>.

These cuts to Medicare's home health payment rates would exacerbate a growing crisis, as CMS has already cut these rates by nearly 9% over the last three years. As a result, HHAs have struggled to maintain an adequate workforce, half of all U.S. counties have lost HHAs entirely, and over 70% of counties are treating fewer Traditional Medicare patients, according to CMS data from 2020 to 2024.<sup>4</sup>

Access to home health care enables seniors and individuals with disabilities to receive the specialized care that allows them to safely transition from the hospital to the home. This benefit is often cost-saving, more convenient for patients and their families, and allows patients to receive quality care in-line with what they would receive in a hospital or a skilled nursing

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<sup>1</sup> <https://www.cms.gov/medicare/payment/prospective-payment-systems/home-health/home-health-prospective-payment-system-regulations-and-notice/cms-1828-f>

<sup>2</sup> <https://homehealthcarenews.com/2025/06/cms-cuts-home-health-medicare-payments-6-4-for-2026/>

<sup>3</sup> <https://www.aha.org/news/headline/2025-06-30-cms-proposes-64-decrease-home-health-payments-cy-2026-updates-quality-and-value-based-purchasing>

<sup>4</sup> <https://allianceforcareathome.org/the-alliance-responds-to-cy-2026-home-health-proposed-rule/>

facility<sup>5</sup>. An analysis from the Partnership for Quality Home Healthcare found that the mortality rate and emergency room admission rate for patients not receiving timely access to this care is increasing annually, in line with cuts that are growing annually. They found that patients who receive home health within 7 days of discharge saw lower hospital readmission rates compared to those who went home without services, and patients who did not access home health after hospital discharge had a 41% higher mortality rate than those who gained access to home health. Unfortunately, as a result of cuts to home health payment rates, rejections of home health referrals have increased from 49 to 71% between 2020 and 2022<sup>6</sup>. The impact will fall disproportionately on patients in rural areas, who already face significant barriers to accessing care due to higher rates of chronic disease, increased travel distance, and closures and service reductions in rural healthcare facilities<sup>7</sup>.

I strongly urge against any further cuts to Medicare home health services, particularly those being considered to recoup alleged COVID-19 overpayments. Additionally, I urge you to work with Congress and home health providers to ensure that funds directed to the home health benefit are used to improve the program for beneficiaries, including by addressing mortality and emergency room admission rates, rejections of home health referrals, and barriers to home care in rural areas. Further cuts to this system will be devastating. We must work together to improve, modernize, and expand access to the home health benefit for patients, providers, and their families.

To that end, **I would like to request a meeting at your earliest convenience** to discuss how we can best work together to support Medicare beneficiaries who rely on the home health benefit, as well as how we can strengthen home care services across the country more broadly, including Home and Community-Based Services.

Sincerely,



Debbie Dingell  
Member of Congress

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<sup>5</sup> <https://www.medicare.gov/coverage/home-health-services>

<sup>6</sup> <https://pqhh.org/article/new-data-analysis-finds-reduced-access-to-medicare-home-health/#:~:text=In%202023%2C%20access%20to%20home,rate%20made%20in%20recent%20years.>

<sup>7</sup> <https://www.ama-assn.org/practice-management/medicare-medicaid/medicare-pay-cuts-what-they-mean-rural-america#:~:text=Medicare%20cuts%20threaten%20to%20exacerbate,become%20worse%2C%E2%80%9D%20she%20said.>