



May 12, 2025

Russell T. Vought  
Director, Office of Management and Budget  
Attn: Office of Information and Regulatory Affairs  
1725 17<sup>th</sup> Street, NW  
Washington, DC 20503

**RE: Response to Request for Information: Deregulation ([Federal Register Docket No. 2025-06316](#))**

Dear Mr. Vought,

On behalf of the Home Care Association of America (HCAOA), I am grateful for the opportunity to submit comments in response to the Office of Management and Budget's (OMB) Request for Information on Opportunities for Deregulatory Actions (Federal Register Docket No. 2025-06316). HCAOA is the nation's leading trade association representing the home care industry, and we advocate for thousands of agencies that deliver personal and skilled care to individuals in their homes, including many military families and veterans.

One policy that urgently merits deregulatory consideration is the **prohibition within the Department of Defense ([TRICARE](#)) and the Department of Veterans Affairs ([CHAMPVA](#)) policies that prevents a single nurse from providing care to more than one patient in the same home**. This restriction is outdated, inefficient, and contrary to best practices in home-based care delivery.

**The Problem: One Nurse, One Patient — Even in the Same Household**

Under current TRICARE and CHAMPVA policies, when two eligible beneficiaries reside in the same household, (for example, an aging veteran and their adult dependent with disabilities or medically complex twins) each must have a separate nurse assigned, even if both require identical skilled nursing services during overlapping hours. This rule prohibits a nurse from providing care to both patients, even in cases where it would be clinically appropriate, more efficient, and more cost-effective.

This mandate is not supported by medical necessity or quality standards. Instead, it reflects a rigid interpretation of coverage policy that needlessly increases costs, reduces flexibility, and worsens access to care in a system already facing critical shortages of skilled nursing personnel.

**Why This Policy Should Be Repealed**

*1. Artificial Workforce Constraints*

With widespread shortages of nurses and home care professionals across the United States — particularly in rural areas — this rule doubles the workforce requirement in situations where a



single nurse could safely and appropriately serve two patients. Forcing agencies to deploy two nurses where one is sufficient limits capacity, increases burnout, and reduces access.

### *2. Higher Costs Without Added Value*

This policy requires double billing for duplicate staffing, even when the clinical load does not justify it. In contrast, Medicaid programs in many states allow for shared nursing arrangements, recognizing that certain services (such as medication administration, ventilator support, or seizure monitoring) can be safely provided to multiple individuals concurrently in the same home. TRICARE and CHAMPVA's refusal to allow this leads to unnecessary expenditures for the government.

### *3. Clinical Safety and Best Practices Support Shared Care*

The home care industry already employs structured care plans and time-based documentation to ensure that shared care arrangements do not compromise safety or dilute attention. Many agencies are experienced in allocating time and tasks when caring for multiple individuals in the same home, and there is no clinical rationale for prohibiting such arrangements outright.

### *4. Disproportionate Impact on Military and Veteran Families*

This restriction falls particularly hard on multi-generational military households, where two or more beneficiaries may require skilled home care due to service-connected injuries, chronic conditions, or disabilities. Families must navigate unnecessary red tape and staffing inefficiencies, or go without care altogether, due to this rigid policy.

## **Ensuring Billing Integrity in Shared Nursing Arrangements**

We recognize that permitting a single nurse to care for two TRICARE beneficiaries in the same household may prompt questions regarding billing integrity, particularly concerns about potential double billing. To be clear: we do not support, and would not tolerate, any form of duplicate billing for services rendered by one clinician during a single time period.

What we propose is a model in which a single nurse may, when clinically appropriate and based on the individual care plans of both beneficiaries, provide shared services to two patients simultaneously, with billing adjusted accordingly, such as a split or prorated payment methodology that reflects the actual time and attention devoted to each individual. Many state Medicaid programs and commercial insurers successfully operate under similar models, with compliance safeguards such as documentation requirements, supervisory review, and claims audits.

For example, in some households, twins or siblings with complex medical needs may each qualify for skilled nursing under TRICARE. In many such cases, their care needs are staggered and individualized, necessitating two separate nurses working concurrently—and in that instance, two full units of care would appropriately be billed. But in other cases, such as when two children with similar ventilator care needs reside in the same home, a single nurse may safely and effectively



manage both patients. In these situations, agencies would not bill as if two nurses were present, but rather according to an approved, policy-compliant rate structure that reflects this shared model.

With clear guidance, rigorous documentation, and robust oversight, TRICARE and CHAMPVA can expand access to home care without compromising either clinical quality or billing integrity.

### **A Deregulatory Recommendation**

HCAOA strongly urges the Office of Management and Budget to coordinate with the Department of Defense (TRICARE) and the Department of Veterans Affairs (CHAMPVA) to eliminate the prohibition on shared skilled nursing in the same household. We recommend that:

- A single nurse be allowed to care for multiple eligible beneficiaries in the same residence if care plans are distinct, documented, and appropriate;
- Time-based billing or task-based documentation be allowed to reflect time spent on each patient; and
- TRICARE and CHAMPVA align with Medicaid best practices already in place in many states that support cost-effective and clinically sound shared care models.

### **Conclusion**

At a time when access to home-based skilled care is under strain and the need for efficient care delivery is greater than ever, policies that block common-sense staffing models should be eliminated. Allowing a nurse to serve more than one patient in the same household is safe, cost-effective, and well-established in other public programs. We urge OMB to include this issue in its deregulatory priorities and recommend policy alignment across federal health care systems.

Thank you for your consideration of this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Lee".

Jason Lee, CEO  
Home Care Association of America