

**Testimony of
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On

SB 283: An Act Concerning the Availability of Hospice Services under the Medicaid Program

**Public Health Committee
February 29, 2008**

Good morning and thank you for the opportunity to testify before you today concerning Senate Bill 283, *An Act Concerning the Availability of Hospice Services under the Medicaid Program*. As you know, the Commission on Aging is the independent state agency solely devoted to enhancing the lives of the present and future generations of our state's older adults. The Commission also co-chairs the Long-Term Care Advisory Council, which seeks to promote a full range of services and supports across the life span.

I'd like to begin by thanking this committee for its leadership in co-sponsoring the recent Legislative Briefing presenting the results of the state's first Long-Term Care Needs Assessment in over 20 years. To create a system that honors the desires of its residents, reflects national trends and best practices, and simply makes sense, the Long-Term Care Needs Assessment based its recommendations on these guiding principles:

- Create parity among age groups, across disabilities, and among programs through allocating funds equitably among people based on their level of need rather than on their age or type of disability; and,
- Break down silos that exist within and among state agencies and programs.

These principles directly relate to Senate Bill 283, which requires the Department of Social Services to amend the state Medicaid plan to include a hospice benefit under Medicaid. Unfortunately, this valuable service is currently not provided to all Medicaid recipients in our state. Although Medicare has offered a hospice benefit since 1982, and hospice became an available state option for Medicaid in 1985, Connecticut is one of only two states that has not elected to provide a Medicaid hospice benefit to its low-income residents under the age of 65. Our current system creates unnecessary and arbitrary age barriers to this important service.



The philosophy of hospice is to emphasize *palliative* rather than *curative* treatment. The dying are comforted, professional medical care is given, and sophisticated symptom relief is provided. Patients and their families receive emotional, spiritual and practical support, based on the patients' wishes and families' needs. Compassionate medical care in one's final days is a small request. Additionally, nearly all of us, at some point in our lives, will experience the dying of a family member or close friend, a time when emotional and practical support is sorely needed.

Moving forward with this worthwhile proposal would allow social workers, bereavement services and durable medical equipment to be part of the service package and reimbursable. This initiative will improve end-of-life care to individuals and families in our state. The Governor has proposed consideration of this benefit in her budget package; the Human Services Committee is considering similar bills. We ask you to join with advocates, families across the state, and legislators from all backgrounds in supporting this measure.