



Bringing HEART to Home Care

TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING:

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H.B. 7156
AN ACT CONCERNING HOSPICE SERVICES

H.B. 7193
AN ACT CONCERNING A WAIVER FROM STATE LICENSING REGULATIONS FOR
HOSPICE-ONLY PROVIDERS.

MARCH 5, 2007

Senator Handley, Representative Sayers and members of the Public Health Committee, my name is Karin Speer, Hospice Program Manager for Hospice at Home™, a program of the Visiting Nurse Services of Connecticut. Our agency has maintained an unwavering commitment to provide high quality health care services to residents of Connecticut since 1909. We currently serve approximately 9000 home care and 650 hospice patients a year throughout 52 towns in the western half of the State of Connecticut.

I am presenting testimony regarding H.B. No. 7156 and 7193. Our agency **supports HB 7156** with one technical amendment: That the word "**or**" in Section C and in the Statement of Purpose be changed to the word "**and**", thus requiring that Hospices must be licensed by the Department of Public Health and Medicare certified. The implementation of this bill, to require that hospices serve all settings, is necessary and enforces Connecticut's model of providing consistent, high quality care to patients throughout the stages of terminal illness, which we feel is the best way to care for our patients and families.

Visiting Nurse Services of Connecticut strongly opposes HB 7193 based on the following key issues:

- 1) **Continuity of Care across all settings:** This is a very important issue as hospices that are not licensed as home health agencies will not be able to provide care to pre-hospice patients, patients who decide to accept hospice late in their lives or not at all, patients who are not covered by the Medicare Hospice Benefit or similar plan, and also those who revoke or are discharged from the hospice program. The patient will not be able to have the same provider through the transition of care from traditional home care services (which currently is referred to as pre-hospice or palliative care). This is a quality of care issue as well as a patient satisfaction issue.

During the past year, our agency has cared for many adults with life-threatening illnesses who had young families. The continuity of care that we were able to provide for these parents and families is vital. Through our Palliative Care program, we were able to begin to work together with these families from the time of the diagnosis throughout the course of the illness. We assisted in caregiver education and management of physical symptoms such as pain and nausea. Just as important, we were able to begin the hard discussions that are the hallmark and domains of excellence in a palliative care and hospice program like, “What does this illness mean?” and “Why is this happening to us now?”. Our expert palliative care nurses, social workers, counselors, chaplains and volunteers and were able to follow these families throughout the course of the illness. Working side by side with community attending physicians and having licensure to provide both Home Care and Hospice, we become the thread that weaves the healthcare system together for persons facing life-threatening illnesses. When it came time for these moms and dads to elect hospice care, we had a strong knowledge of their individual and family needs and had built trusting relationships that endure even now during the time of their bereavement.

2) Decreased Regulatory Oversight: We have significant concerns about decreasing the regulatory oversight of these providers, which could potentially affect the quality of care provided to hospice patients. Because home care agencies are currently licensed, an agency follows a standard of care that has been established in our state. Decreasing the regulatory requirements for a specific group of agencies who are providing home hospice service will create an unlevel playing field. Patients who are serviced by a hospice, who is licensed under this waiver, may not realize that the hospice he or she has chosen does not adhere to the same standards as those community-based hospice providers who choose to continue to meet state licensure regulations if they maintain their current business model which includes the care of pre-hospice patients. Specifically, elimination of the state licensure regulations would result in the following:

- Decreased requirements for personnel qualifications, training and continuing education
- Decreased supervisory requirements; no staffing ratios
- Minimal/non-specific quality assurance requirements
- Non-specific responsibilities for services rendered and timeframes for documentation.

3) Unrestrained Growth will not address the issue of access for hospice patients and could financially undermine community based home care/hospice agencies.

There are currently 31 Medicare Certified Hospices in the state which are able to service all Connecticut towns. This is a significant number of hospices for the geographic area with no CON requirements. Significant increases in the number of hospices will adversely affect community-based providers in a number of ways:

- Recruitment/Retention issues due to a limited number of qualified staff and volunteers who dedicate themselves to the care of hospice patients.
- Increasing the number of hospices in the state will keep the patient census in each hospice artificially small.
- To provide needed care to patients, there needs to be increasing awareness in the community about the benefits of hospice services.
- Decreasing the number of patients serviced by a community-based hospice may result in decreased revenue and donations which are currently utilized by these hospices to assist in funding hospice and community programs. The income generated from a community-based hospice provider is utilized for the benefit of the citizens of the community, not the shareholder. Ultimately, this benefits the entire region.

Each year during the winter holiday season, Hospice at Home™ offers a “Tree of Light” program for the residents in the 52 towns we serve. This year, our program will again be offered simultaneously in 13 sites. This program provides a time of coping and remembrance for anyone in the community who has lost a loved one. The funds raised from this event go back to the communities we serve as bereavement services and/or to provide palliative and hospice care services to persons in need who have limited or no health care coverage.

In Summary: Visiting Nurse Services of Connecticut **strongly supports HB 7156** with one technical amendment: That the word “**or**” in Section C and in the Statement of Purpose be changed to the word “**and**”, thus requiring that Hospices must be licensed by the Department of Public Health and Medicare certified. The implementation of this bill, to require that hospices serve all settings, is necessary and enforces Connecticut’s model of providing consistent, high quality care to patients throughout the stages of terminal illness, which we feel is the best way to care for our patients and families.

We **oppose HB 7193** because it does not assure continuity of care across all settings, nor provide for adequate regulatory oversight or address concerns related to unrestrained growth.

Thank you for consideration of these comments.

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