

**Public Health Committee
Public Hearing
March 5, 2007**

**Testimony of Jeanne Kalvaitis, RN
Vice President of Operations, VITAS Innovative Hospice Care**

My name is Jeanne Kalvaitis. I have been working in hospice since 1990, and I am here this morning to testify in support of Raised Bill No. 7193 which recognizes a state regulatory scheme for hospice-only providers in the State of Connecticut.

I am appearing before you today in my capacity as a registered nurse who has worked in hospice for over 18 years and as a representative of a Connecticut hospice provider, VITAS Innovative Hospice Care. VITAS has been providing hospice services in Connecticut since 2004. In the few years in which we have been serving patients here in Connecticut, we have provided care to over 1,100 patients and families. For the record, I am submitting as an exhibit to my testimony a map that shows where Connecticut residents have received our services. In addition, I am providing the committee with copies of a few of the many letters we have received from patient families who have experienced our care. VITAS has created nearly 150 healthcare jobs for Connecticut workers.

I would like briefly to describe VITAS Innovative Hospice Care ("VITAS"). VITAS has been a pioneer and leader in the hospice movement since 1978 and is the nation's largest provider of end-of-life care. VITAS (pronounced VEE-tahs) operates 41 hospice programs in 16 states (California, Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Kansas, Michigan, Missouri, New Jersey, Ohio, Pennsylvania, Texas, Virginia and Wisconsin). VITAS employs 9,059 professionals who care for terminally ill patients daily, primarily in the patients' homes, but also in the company's 25 inpatient hospice units as well as in hospitals, nursing homes and assisted living communities/residential care facilities for the elderly. At the conclusion of the third quarter of 2006, VITAS reported an average daily census of 11,213.

VITAS is committed to expanding access for traditionally underserved populations, particularly communities of color, the economically disadvantaged and those with non-cancer diagnoses including AIDS. Non-white populations are traditionally underserved for hospice.¹ VITAS has been successful in using specific strategies for serving inner city communities of color, notably in Chicago where it operates a program in collaboration with Rainbow/PUSH Coalition's *One Thousand Churches Connected*. This unique partnership fosters initiatives that promote hospice particularly in underserved areas. In addition, all VITAS caregivers are trained on how to care for persons of varying cultures and religions through the "Things Hospice Innovators Need to Know" (THINK) program

¹ O'Mara, AM and Arenella, C (2001) *J. Pain and Symptom Manage.* 21(4):290-7.; Greiner, KA, Perera, S and Ahluwalia, JS (2003) *J Am Geriatric Soc* 51(7):970-8.

developed to train VITAS employees and volunteers on diversity issues and how to approach individuals of various cultures and faiths such as African Americans, Euro-Americans, Hispanic/Latino Americans, Jewish Americans and Muslim Americans. VITAS was recently presented with an award by the Initiative to Improve Palliative Care for African Americans for demonstrated commitment to providing and improving quality end-of-life services for African American communities. In addition, VITAS has demonstrated a strong commitment to providing charity care from its beginning days when all patients were cared for solely depending on donations and volunteers. Year after year, VITAS provides in excess of one percent of revenues in charity care. For fiscal year 2005, this amount exceeded \$9.0 million.

In all states in which VITAS operates, we are Medicare and Medicaid (where applicable) certified and adhere to the Conditions of Participation for hospice providers. Our philosophy and care practices demonstrate to our patients, their families, other health care providers, and the government regulators that hospice is the most comprehensive model for delivering quality end-of-life care.

While our growth and outreach in Connecticut has been very rewarding, our research (based on Medicare and U.S. census data) and experience in the Connecticut community demonstrates that there is still a large underserved hospice care population in Connecticut; particularly in the inner cities. Based on data compiled from the Centers for Medicare and Medicaid Services ("CMS"), we estimate that nearly 46% of hospice appropriate patients in Connecticut still do not receive this valuable and important service at the end of life. That means that approximately 1,200 Connecticut residents – each day - that otherwise would benefit from hospice care are not doing so. The non-white hospice utilization in Connecticut is especially low. The following hospice utilization data are revealing on this point:

1. Fairfield non-white population: 19%
 - i. Fairfield non-white hospice utilization: 6.3% (**VITAS: 15%**)
2. Hartford non-white population: 21%
 - i. Hartford non-white hospice utilization: 7.3%
3. New Haven non-white population: 19%
 - i. New Haven non-white hospice utilization: 5.4% (**VITAS: 11%**)

As the people in Connecticut experience the quality of our service, the need for more offices and trained professionals steadily increases. VITAS' growing patient numbers are testament to the need for quality hospice care in Connecticut.

Unfortunately, VITAS' continued outreach to Connecticut's urban residents has been stymied by Connecticut's licensing/regulatory structure. Connecticut is the ONLY state in the nation that demands that hospice providers be licensed and follow the regulations, standards, and ratios created for home health agencies while adhering to the Conditions of Participation as set down by the Federal Government for the Medicare Hospice program. No other state in the nation requires hospice providers to also be licensed as home health agencies. The home health regulations have management staffing

requirements that shift expenses away from hiring the nurses and interdisciplinary team members required to provide the direct care. Further, where hospice employs an interdisciplinary team concept that executes a unique plan of care for each hospice patient, the current Connecticut regulations have the effect of undermining the collaborative elements that are so beneficial to the execution of a hospice plan of care. Connecticut's regulatory scheme does not encourage the quality and dedication to end of life services that can be provided by hospice-only providers.

The legislation before you today corrects the deficiency in Connecticut's hospice licensing law. Specifically, the proposed bill permits hospice only providers in Connecticut to be regulated like most other states where regulation matches the Federal Medicare Conditions of Participation for hospice set forth in 42 CFR Part 418. This action will bring Connecticut's burdensome regulatory scheme in line with that of our nation's Medicare hospice program and the other 49 states. Interestingly, the Department recently supported a waiver so that these same duplicative requirements could be waived in Connecticut's 65 rural towns. The effect of the bill before you today will be to expand the waiver so that the residents of Connecticut's urban towns could also avail themselves of quality end of life services.

Beyond Raised Bill 7193, VITAS is eager to work with you to explore ways in which we can further enhance the provision of quality hospice care in Connecticut. For example, measures that encourage hospices to report their effectiveness in pain management as well as the satisfaction of the services they provide are laudable. We support these appropriate enhancements to the Medicare regulations and would be pleased to collaborate with you on their adoption.

In conclusion, hospice provides the quality care patients and families deserve and increasingly desire at the end of life. Raised Bill 7193 will allow hospice providers in Connecticut to continue and expand their important mission. I urge your support of this bill and appreciate your consideration. Thank you for this opportunity to speak to you. I would be pleased to answer any questions you may have for me at this time.