

TESTIMONY BEFORE THE HUMAN SERVICES COMMITTEE
REGARDING S.B. 558
AN ACT CONCERNING THE AVAILABILITY OF HOSPICE SERVICE
UNDER THE MEDICAID PROGRAM

March 4, 2008

Senator Harris, Representative Villano, and members of the Human Services Committee, my name is Catherine Collette RN MSN CHPN, Hospice Program Director for North Central Hospice and Palliative Care, a program of Visiting Nurse and Health Services of Connecticut. I am here to urge the committee's support of S.B. 558, regarding the availability of hospice services under the State of Connecticut's Medicaid Program.

The addition of the hospice benefit to Medicaid will fill gaps in coverage that now exist. The benefit will ensure that one of CT's most vulnerable populations; terminally ill Medicaid patients and their families have access to the same core services and in all settings provided for under the Medicare hospice benefit.

Under CT's current Medicaid system, Medicaid recipients can only access end of life care in their own homes. Because this is not hospice care provided under the Medicaid benefit, gaps in service are created.

For instance, if a Medicaid home care patient receiving end of life care from a hospice requires hospitalization to control severe pain or symptoms, they often must be evaluated in the Emergency Department, where they undergo costly and unnecessary testing to determine the need for admission.¹ Once admitted, there can be a disruption in continuity of care. The hospice staff may visit the patient but are not allowed access to the record and cannot effectively advocate for the patient's care needs.

¹ The need for admission has already been established by their physician and/or the hospice Medical Director and their primary care nurse.

This is in stark contrast to what would occur if the state had a Medicaid benefit where the patient's needs would be identified in the home setting and the patient would be directly admitted to a hospice room in the hospital. The hospice would receive reimbursement from the State and would pay the hospital through a contractual relationship for the 24 hour care needs of the patient. The team who had been following the patient at home would continue to work with and would direct the care for the patient in the inpatient setting in coordination with the facility.

Medicaid program patients who are currently residing in nursing homes who are covered solely by Medicaid and are terminally ill would also benefit from the access to hospice services which they currently do not have. These patients are too young and have not been disabled long enough to access Medicare. They now reside in a nursing home because they lack resources to remain in their own home and have no choice on how their end of life care is handled.

A bundled Medicaid hospice benefit would facilitate access to durable medical equipment and supplies necessary for care which now can take weeks to obtain through the authorization process. This bundled payment would also eliminate co-payment for medications related to the terminal illness that Medicaid recipients must pay.

For all of these reasons, I am pleased to support SB 558. Thank you for hearing my testimony. I would be pleased to answer any questions you may have.