

TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING S.B. 283
AN ACT CONCERNING THE AVAILABILITY OF HOSPICE SERVICE
UNDER THE MEDICAID PROGRAM

February 29, 2008

Senator Handley, Representative Sayers, and members of the Public Health Committee, my name is Maureen Moore RN, BSN, MA, recently retired executive director of Regional Hospice of Western Connecticut, a mid-sized Hospice Program in Danbury, Connecticut. I currently work part time for a national hospice consulting firm and serve on the Hospice & Palliative Care Committee of the Connecticut Association of Homecare and Hospice (CAHCH). I am pleased to provide comments today on S.B. 283, regarding the implementation of hospice services under the State of Connecticut Medicaid Program.

I strongly support the amendment of the Medicaid state plan to include hospice services as a benefit for Connecticut Medicaid patients. Connecticut is one of only three states in the nation that does not provide this important benefit to its poor citizens suffering from a terminal illness.

Over 25 years ago, Congress enacted the Medicare Hospice Benefit. 47 states provide this same benefit for its Medicaid clients. This benefit provides comprehensive care for the terminally ill, provided by a multidisciplinary team at a per diem rate. The hospice agency provides all the professional care, medications, services and equipment needed by each patient for this daily rate.

Hospice care is unique in medical care because a multidisciplinary team meets regularly to review and plan the care of the patient and family. And the family is very much a part of the care and receives bereavement services for a year following the death of the patient. This after death care is important for the mental health of the family and is a mandated service under the Public Health Code, but is not currently funded for Medicaid patients in CT.

I believe that the hospice benefit is a fiscally sound way to provide terminal care. When patients elect this care at the end of life it is with informed consent that they are opting for palliative rather than curative care. Nationally over 97 percent of hospice patients die at home (including nursing homes) surrounded by family rather than in acute care hospitals. Hospice coordinates and provides all care, which decreases the number of physicians consulted, emergency room visits and hospitalizations. Hospice works aggressively with the patient's physician to manage symptoms so that the patient can die with comfort and dignity. It is compassionate care at its best with excellent measured patient and family satisfaction.

Those of us in hospice care want every terminally ill citizen in Connecticut to have the right to elect hospice care at the end of life. We are committed to working with the Department of Social Services (DSS) to develop a benefit that meets the needs of CT Medicaid clients.

The time is right for Connecticut to act to provide a comprehensive care package to support Medicaid patients who are dying so that they may live out the remainder of their life with dignity, comfort and compassion.

Thank you for hearing my testimony. I would be pleased to answer any questions you may have.