

TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE
REGARDING HB 6678 AN ACT CONCERNING REVISIONS TO DEPARTMENT OF
PUBLIC HEALTH LICENSING STATUTES.

March 16, 2008

Senator Harris and Representative Ritter, and members of the Public Health Committee, my name is Carolyn Reid and I am the Administrator for Masonicare Partners Home Health and Hospice. We are a state licensed and Medicare certified home health agency and hospice providing over 200,000 visits to 4,400 Connecticut families in the greater Hartford county annually. I am pleased to provide comments **in support** of Section 16 of HB 6678, An Act Concerning Revisions to the Department of Public Health Licensing Statutes.

Home is where the residents of Connecticut want to be...home is also often the most cost effective setting in which to provide health care. With federal reimbursement shrinking and state reimbursement for homecare below cost- home health providers are struggling to survive. Recognizing that government as well as private industry is facing equally daunting deficits- we look for ways to save dollars while maintaining quality.

Reducing *unnecessary* administrative burden is one way this may be accomplished.

Home health agencies have unannounced site surveys by the Department of Public Health every 2 years for state licensure and every 3 years for Medicare certification. Many of the regulations are similar. Although DPH attempts to coordinate and minimize redundancy, the current discrepancy between routine licensure survey frequency and Medicare survey frequency results in instances where, in a short period of time, surveyors look at the exact same issues, despite no findings on the previous survey. One Hartford county agency had two surveys looking at the same things in a 6-month time period because of this discrepancy.

This would have no impact on quality of care as this proposal does not limit surveys performed for complaints or quality of care issues. Complaints or problems will continue to result in more frequent surveys as per Medicare survey frequency requirements.

In the current economic crisis, home care providers come to partner with you to identify ways we can capture efficiencies, while maintaining quality. This proposal will not decrease quality oversight, but instead align the survey processes to improve efficiencies for both the Department of Public Health as well as for home health agencies.

This is a way to save money for the State by decreasing redundancy in the survey process, as well as for agencies as the survey process is both time consuming and expensive taking staff away from their patients, necessitating time for coordination of patient visits and manager/office staff time to coordinate survey events and follow up.

We support this proposal as a way to decrease burden on the State and home health agencies and to avoid duplication of efforts while maintaining appropriate oversight.

I thank you for the opportunity to provide testimony today. I will be glad to answer any questions you may have at this time.