



**State of Connecticut**  
**HOUSE OF REPRESENTATIVES**  
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**RANKING MEMBER**  
HUMAN SERVICES COMMITTEE

**MEMBER**  
FINANCE, REVENUE AND BONDING COMMITTEE  
TRANSPORTATION COMMITTEE

**TO:** Chairman Tercyak, Chairman Musto, Ranking Member Markley,  
Members of the Human Services Committee

**FROM:** Lile Gibbons, House Ranking Member, Human Services Committee

**DATE:** March 13, 2012

**RE:** HB 5476 AA Expanding Consumer Choice for Skilled Nursing Care at  
Home

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Good afternoon, members of the Human Services Committee. I am standing in for a constituent today as he is disabled, home bound and unable to make the trip to Hartford today to testify. I am writing to ask for your support for HB 5476, "AA Expanding Consumer Choice for Skilled Nursing Care at Home".

The purpose of this bill is to help Medicaid consumers, with medically complex cases and living at home, the option to hire private duty nurses on their own or to use the state's agency based plan (or both); some constituents with severe medical needs have found that agencies simply cannot keep enough qualified nurses on staff because of low reimbursement rates.

The bill would increase the pool of qualified nurses by raising the hourly rates many now receive under the state's agency-based system. This proposal could ultimately be a cost savings for the state as the initial hourly rate for a nurse would be less than the hourly rate through the agency, (but more than the nurse's current take-home pay).

This bill directs DSS to apply for a Section 115 Federal waiver to begin a five year limited pilot project to allow LPNs (licensed practical nurses) and RNs (registered nurses) to obtain their own Medicaid number permitting them to be a direct Medicaid provider and hired independently of an agency by a Medicaid consumer. This, or another type of waiver from federal Medicaid requirements, would allow the state to offer this option on a limited basis, rather than statewide, to determine its effectiveness.

The purpose of the agency is to screen available nurses for current certification and also to ensure patient safety by agreeing not to terminate patient coverage without a two-week notice. However, some consumers are able and willing to make informed choices regarding management of the services they receive, or have a legal guardian or designated relative able and willing to make the choices. Under the legislation, similar to programs in other states, applicants would be screened for competency to directly hire nurses and must state how they will maintain their care if the nurse is sick or doesn't show, since there is no agency involvement.

I believe the current bill addresses these certification, termination and cost concerns. The state would take on the initial administrative burdens and costs of establishing a certification system, a registry of such nurses and a reimbursement plan to pay them as independent Medicaid providers (something already in place for other health care professionals). But the cost would be mitigated in the long run via hourly rates lower than they are now for some consumers.

Lastly, the bill asks the DSS Commissioner to conduct a survey of Medicaid recipients receiving continuous, skilled nursing care at home to collect data on consumers requesting direct hires and on agencies providing home health care.

This legislation is in keeping with a nationwide trend, fueled by federal health reform laws, to offer consumers more options for less restrictive care at home. In 2010, 24 states, including all other New England states—offered private duty nursing as part of their state Medicaid plan, with several limiting that option to ventilator dependent consumers. While this bill does not designate a geographic area or detail the type of consumer eligible to directly hire his nursing staff, we could be amenable to including that in that bill should it move forward.

Thank you for your time and attention.

Sincerely,



Lile R. Gibbons