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TESTIMONY
BEFORE THE PUBLIC HEALTH COMMITTEE
H.B. 5499 AN ACT CONCERNING REGULATIONS RELATING TO HOSPICE CARE
March 16, 2012

Senator Terry Gerratana, Chairman Representative Betsy Ritter, Representative Jason Perillo and Senator Jason Welch and members of the Public Health Committee, my name is Cynthia Roy Squitieri and I am the President and CEO of Regional Hospice and Home Care of Western CT which is located in Danbury, CT and provides hospice and palliative care to patients in Western CT. We have the largest community bereavement center in Connecticut, which has received the Met Life Caregiver award, and we were a finalist in the Premiers Cares award in 2009. We have served thousands of palliative care and hospice patients and their families for the last 29 years. We serve young children, teenagers and adults who are all in their remaining days, weeks and months of life.

I am also the Chair of the Hospice and Palliative Care Committee and a Board Member of the Connecticut Association for Home Care & Hospice. I have been a hospice administrator for the last 12 years and have a background in clinical social work, bereavement, international policy and administration. I hold a Master's Degree in Science from Columbia University and a Bachelor's degree in Science from Boston University.

I am writing to testify in **support** of H.B. 5499 AN ACT CONCERNING REGULATIONS PERTAINING TO HOSPICE CARE with some proposed revisions as noted below. For more than two years, the Connecticut Association for Home Care & Hospice (CAHCH), along with 28 of 29 licensed hospice providers in the State of Connecticut, have been working in conjunction with the State of Connecticut Department of Public Health (DPH) to develop proposed revisions to Section 19a-122b-1 to 19a-122b-14 Hospice Facility regulations which are based on the current Medicare Hospice Conditions of Participation and provide opportunities for all licensed hospice providers in the state to provide terminally ill patients greater access to hospice service and care. It is time for these regulations to be passed and implemented.

Regional Hospice and Home Care of Western Connecticut has already completed a feasibility study and has plans drawn to build a 35,000 square foot, twelve private bed hospice residence in southern Danbury which also encompasses our 3,000 square foot bereavement center for the community. We simply cannot go any longer sending dying patients to nursing homes for hospice beds and with no local hospitals in our area providing hospice care. We MUST build a hospice residence. Traveling over an hour and a half to Branford is unacceptable. Families want to remain in their own community and have

access to a residence with private rooms to live out their remaining days. It is simply not appropriate to have a 14 year old who cannot die at home because there are other young siblings in the home, die next to a patient in a nursing home who had a hip replacement. This is the suggestion of those who oppose our set of hospice regulations. This inhumane alternative to a hospice residence is unacceptable.

If the passage of H.B. 5499 will facilitate the implementation of the DPH hospice facility regulations as currently drafted, then this bill must be supported with two recommendations as noted below:

The language in H.B. 5499 section "a" references only hospice residences, and the regulations developed with DPH during the past two years address all facility based hospice care. The current draft of the DPH regulations is more comprehensive and addresses the intent of the current statute which supports the vitally important need for hospice services to be provided in *all* settings and for hospices to be licensed *and* certified to provide this care. These requirements insure that our clients can receive qualified hospice staff in all settings, and provide for additional quality oversight to insure safe client care. Therefore I recommend that the language in this bill be amended to reference hospice facilities, not just residences.

In addition I support the technical wording recommendations that will be submitted by Hospice of Southeastern Connecticut and the Connecticut Association for Home Care & Hospice which seek to further clarify that hospices must be able to provide all levels of hospice care (routine, general inpatient, continuous home care or respite). This way our citizens can be assured to receive the full spectrum of qualified hospice services in their communities by their local hospice provider as their needs warrant. The draft DPH hospice facility regulations, which I have previously referenced, correctly identify the parameters around which hospice residences and facilities should be developed and operated. We have not seen the final draft of the proposed regulations that were going to the Attorney General's office last week. We would like to review them to ensure that there have been no substantive changes to what had previously been developed.

I applaud and acknowledge the tremendous work of the Public Health Committee and the Department of Public Health for taking the initiative to update these regulations which will ensure quality of care as well as increased access to care for hospice patients and family members throughout the state. I also would be remiss if I didn't acknowledge the support of Representative's Bob Godfrey, David Scribner, Christopher Lyddy, Janice Giegeler, Dan Carter, Joe Taborsak, Dan Fox, and Senator Michael McLachlan.

Thank you for consideration of this testimony.

Please feel free to contact me with any questions.

Best Regards,


Cynthia Roy Squitieri, MS, LCSW, CHCM, CHA
President and CEO
Regional Hospice and Home Care of Western CT