



Hospice & Palliative Care Association of NYS

2 Computer Drive West, Suite 105

Albany, NY 12205

Ph. 518-446-1483 • Fax 518-446-1484

www.hpcanys.org

Senate Standing Committee on Health Public Hearing

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Introduction

Thank you for the opportunity to comment on the implementation of the Patient Protection and Affordable Care Act (ACA) in New York State. New York's Medicaid Redesign Team recognized that Hospice and Palliative Care are integral to the success of Medicaid Redesign and Health Care Reform (MRT #109 and MRT #209). It is imperative that this same commitment be carried through in the implementation of the ACA.

The Hospice and Palliative Care Association of New York State (HPCANYS), founded in 1978, is a not-for-profit organization representing hospice and palliative care programs, allied organizations and individuals that are interested in the development and growth of quality, comprehensive end-of-life care. Our mission is to promote the availability and accessibility of quality hospice and palliative care for all persons in New York State confronted with life-limiting illness.

The Hospice Benefit as an Essential Health Benefit

On behalf of the patients and families served by New York's Hospice programs, we appreciate that Hospice is included as an Essential Health Benefit (EHB). However, we are greatly concerned that a 210 day limit has been placed on the hospice benefit. The "Hospice covered" benefit must be defined by/mirror the Medicare definition of Hospice:

- four levels of care—routine home care, respite care, continuous care, and general inpatient care;

- covered in all settings of care—home, nursing facility, assisted living facility, hospice residence, acute care facility;
- interdisciplinary team—physician, nurse, social worker, home health aides, pastoral care, volunteers, bereavement; and
- Per diem reimbursement.

We ask that the 210 day limitation be removed.

Palliative Care as an Essential Health Benefit

Palliative Care is a natural fit under Chronic Disease Management, which is one of the categories to be covered by EHB under the Patient Protection and Affordable Care Act (ACA).

We urge the New York State Department of Health (DOH) to reconsider including palliative care as a component of chronic disease management. National studies have demonstrated that palliative care is cost effective:

- A study in the March 2013 edition of Health Affairs found that Medicaid patients at four New York state hospitals who received palliative care on average incurred nearly \$7,000 less in hospital costs per admission than Medicaid patients who didn't receive palliative care.
- "Bending the Health Care Cost Curve in New York State: Implementation Plan to Expand Palliative Care," a report released by the NYS Health Foundation in October 2010, makes a strong case for expanding access to palliative care.
- Data from the 2008 Dartmouth-Atlas study, "Tracking the Care of Patients with Severe Chronic Illness" demonstrates "...more resources and more care (and more spending) are not necessarily better."

A valuable resource to assist in defining palliative care within EHB is the "Clinical Practice Guidelines for Quality Palliative Care," developed by the National Consensus Project for Quality Palliative Care (NCP). The Guidelines can be found at:

<http://www.nationalconsensusproject.org/Guideline.pdf>

Conclusion

HPCANYS is committed to working collaboratively with all stakeholders to assure that New Yorkers with a life-limiting illness have access to quality hospice and palliative care as the ACA and other health care reforms are implemented. The ongoing support of the Senate Health Committee is greatly appreciated. Thank you for considering our comments.

CONTACT INFORMATION:

Kathy A. McMahon
President and CEO
Hospice and Palliative Care Association of NYS
2 Computer Drive W., Suite 105
Albany, NY 12205
Phone: 518/446-1483
Fax: 518/446-1484
e-mail: kmcmahon@hpcanys.org

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