



2007 LEGISLATIVE POLICY STATEMENTS

Executive Summary

***** *Priority Issues* *****

Access to Community-Based Care: New Hampshire should invest in the community-based care infrastructure so that those who could live safely at home with appropriate, cost-effective supports have that choice. Inadequate reimbursement for in-home services results in reduced access to care and loss of consumer choice.

Reimbursement for Home Health Services: Payment rates should be sufficient to support the delivery of quality care, be reviewed annually, and be sufficient to assure access to home health care statewide.

Employment and Management Practices: Providers must adopt fair and equitable employment policies which comply with all state and federal laws and are appropriate to their work setting. Consistency between state and federal laws and regulations is important, and costly and unnecessary regulation or mandates should be avoided.

Government Regulation and Licensure: Regulation should promote high quality, cost-effective services, protect the health and safety of consumers, and balance both of these purposes with business interests.

Long-Term Care: Individuals should be able to choose to remain at home whenever appropriate, taking into account, when public funding of care is sought, the factors of economy, safety and available formal and informal supports.

***** *Other Areas of Interest* *****

Community Benefits: Tax-exempt status for healthcare charitable institutions including home health agencies helps these organizations to offer significant community benefits and supports the healthcare safety net in NH.

Data Collection and Publication: Data can assist in making decisions crucial to supplying high quality, cost-effective services, but it should be appropriate to the purpose and reasonable for providers to collect and report.

Emergency Response: Financing and policy decisions related to emergency response must recognize the role of home health providers. Regional plans must accurately reflect home care capacities at the community level.

End-of-Life Care: Advanced care planning allows individuals to declare their values and preferences at end of life. Citizens must be informed about home care, palliative care and hospice options when dealing with long-term or terminal illnesses.

Insurer-Provider-Patient Relationship: Clinical decisions should remain within the patient/provider relationship, and medically necessary care within the patient's benefit should be covered.

Medicaid Reform: Changes in the Medicaid program must not result in shifting State and federal costs to the local taxpayer, community, county, or service providers. The federal government must continue to share the risk for any increases in program cost that result from population changes, program innovations and reasonable provider costs increases.

Personal Care Services: Unlicensed workers who deliver personal care through a consumer-directed care option should be employed by a local home care agency or other qualified agency to assure client and worker safety. Agencies must retain the right to decline to hire workers based on their own hiring criteria.

Privacy of Health Information: Privacy regulations must provide consumers with necessary and appropriate privacy protections but not impede access to medical services. State laws should not conflict with federal HIPAA regulations or incur significant implementation costs without a commensurate benefit for consumers.

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Priority Issues

Access to Community-Based Care

New Hampshire should invest in the community-based care infrastructure so that those who could live safely at home with appropriate, cost-effective supports have that choice. Supporting the continuation and development of in-home care means assuring adequate appropriations and fair reimbursement for state- and federally- funded programs, including Medicaid waiver programs (HCBC-ECI); home nursing services; hospice and end-of-life care; services for seriously, chronically ill children (Katie Beckett); and support services such as homemaker, companion, respite and caregiver support.

Reimbursement for Home Health Services

The Association supports federal and state policies that assure payments are consistent with efficiency, economy and quality of care and are sufficient to enlist enough providers so that care and services are available under publicly funded programs at least to the extent that they are to the general population. When uniform statewide rates are used, they should be based on average provider costs to deliver quality services. All reimbursement rates should be adjusted on an annual basis.

Employment and Management Practices

The Association is dedicated to promoting fair and equitable employment policies which comply with all state and federal laws, and supports measures that increase consistency between state and federal laws and regulations.

The Association maintains that employers should have the right to develop employment policies (e.g. employee benefits, wages and hours, etc.) that are appropriate for their workforce and agency operations, and opposes costly and unnecessary regulation or mandates.

Government Regulation and Licensure

Government regulation of health care providers should promote the provision of high quality, cost-effective services, while protecting the health and safety of consumers, and balance both of these purposes with business interests. Proposals for new regulation should incorporate a cost/benefit analysis in order to avoid unnecessary and burdensome requirements. Rules should be applied fairly and consistently across all provider groups and programs, without duplication of oversight, and should be appropriate to the setting in which care is delivered. When federal regulations exist, state rules should defer to those federal rules when practicable, so that conflict and confusion do not result.

Long-Term Care

Long-term care services should consider an individual's preference to remain at home whenever appropriate. Long-term care services should be based on a philosophy that is consumer-centered, supports and empowers the individual, is community-based, and prioritizes the least restrictive alternatives. Home care should be offered whenever clinically appropriate and less costly than alternative options.

An integral part of home care is access and coordination with other providers of community-based health and social services. Pre-admission screening for applicants for long-term care services should be performed in consultation with licensed home health agencies and other providers of community-based services. Home health agencies specialize in developing plans of care, as they have the experience and expertise in community-based and long term care services, are familiar with eligibility requirements and local provider capacity, and can efficiently access both federal and non-federal sources of payment.

Other Areas of Interest

Community Benefits

Nonprofit home health care and hospice agencies provide community benefits that help meet critical health care needs, improve the quality of life for all citizens of our state, and contribute to the essential safety net for vulnerable citizens. Decisions regarding the level and type of community benefits any organization offers should continue to be made at the local level by the organization's governing body based on community need. The Association encourages tax policy that retains tax-exempt status for healthcare charitable institutions including home health agencies. Tax-exempt status increases the capacity of non-profit health and human service agencies to respond to community needs.

Data Collection and Publication

The Association supports appropriate collection and publication of data that assist in making decisions crucial to supplying high quality, cost-effective services. Data collection should be appropriate to the purpose and should not be duplicative or overly burdensome for providers. Data publication must be presented in a clear and understandable manner and disclosure must not compromise a consumer's right to personal privacy nor a provider's right to maintain confidential commercial and financial information. Finally, sufficient explanatory information must be provided to users of data so they can understand the validity, reliability and meaning of the data reported.

Emergency Response

Home health agencies play an integral role in the response to public health emergencies. They are critical in assuming the care of hospital patients discharged so that the hospitals can take on multiple trauma patients, while continuing to care for their existing home health patients. Home health staff will assist with identification of problems in the community, provision of healthcare to homebound and special needs patients, and education for the community about quarantine, isolation and infection control measures. They may also assist with vaccination and medication administration to homebound and special needs individuals, as well as the general public, through mass vaccination efforts. Public health financing and policy decisions related to emergency response should recognize the important role of home health providers, and policymakers should include home health representatives in their planning efforts so that plans accurately reflect home care capacities at the community level.

End-of-Life Care

The Association promotes advanced care planning by individuals as a means to ensure that their values and preferences are respected, and encourages initiatives that supply individuals with information about home care, palliative care and hospice options when dealing with long-term or terminal illnesses. Health care professionals should be encouraged to pursue continuing education on developments in pain management and end-of-life care, including legal issues related to end-of-life care.

Insurer-Provider-Patient Relationship

Clinical decisions are an integral part of the relationship between the clinician and the patient. While payor decisions relative to services covered inevitably affect the plan of care, clinical decisions should remain within the patient/provider relationship, and medically necessary care within the patient's benefit should be covered. Clinical decisions should not be legislated, but should be based on accepted clinical practice.

Medicaid Reform

As the state strives to improve the efficiency of the Medicaid program, policymakers must be mindful that this program offers a critical safety net for the state's low income and medically needy population. While the Association supports efforts to improve the program's efficiency and quality of care, any significant changes to

the Medicaid program must be determined and implemented through a public process that includes consumers, providers, advocates and other stakeholders.

The Medicaid program must continue to be financed so that the federal government shares the risk for any increases in program cost that result from population changes, program innovations and reasonable provider costs increases. Changes in the Medicaid program must not result in shifting State and federal costs to the local taxpayer, community, county, or service providers. Substantial changes should be implemented as a pilot program first, in order to determine the value and impacts of the changes and make necessary adjustments before statewide implementation.

Personal Care Services

The Association supports a consumer-directed care option, in which consumers identify and recruit their own caregivers, then refer them to a local home care agency or other qualified agency for hire. We believe this structure ensures the appropriate state oversight that is important to protect the health and safety of both consumers and caregiver staff. As the employer of record, the local agency retains the right to decline to hire a worker selected by a consumer based on its own hiring criteria.

In many instances, personal care assistance can be safely delivered by unlicensed caregivers for disabled and chronically ill individuals living in the community, under the following conditions:

- the consumers of care must be mentally and physically able to self-direct their care, or must have a surrogate who can direct the care;
- the unlicensed caregivers must be professionally trained and professionally supervised;
- paid caregivers covered by government-funded programs should be employed by a qualified agency, not by the consumer.

Privacy of Health Information

Consumers are entitled to privacy, particularly with respect to their health information. However, government regulation of information must strike an appropriate balance between the protection of privacy and other factors, such as coordination of services among health care providers and excessive inconvenience for consumers and their families. The Association supports privacy regulations that (1) provide consumers with necessary privacy protections; (2) allow appropriate exchange of patient-specific information between health care professionals; and (3) minimize requirements that could limit access to important medical services, such as the need to sign a separate authorization form each time service is rendered.

With the passage of the Health Insurance Portability and Accountability Act (HIPAA), the regulation of privacy is more appropriately handled at the federal level. HIPAA regulations provide adequate protection for the privacy of health information. The Association opposes passage of new state laws that would create confusion for providers and consumers, conflict with HIPAA regulations, or incur significant implementation costs without a commensurate benefit for consumers.

Workforce Supply

Home health agencies, like other healthcare employers, are affected by the present and anticipated future shortage of healthcare workers. The Association believes this issue must be addressed by collaborative efforts involving employers, educational institutions, state and federal governments, business and economic development programs, and organizations representing the various healthcare professions.

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