



## 2017 LEGISLATIVE POLICY STATEMENTS

\*\*\*\*\* *Priority Issues* \*\*\*\*\*

### **Access to Community-Based Care**

New Hampshire should maintain and strengthen the community-based care infrastructure so that those who can live safely at home with appropriate, cost-effective supports have that choice. For most, these services delay or prevent the use of costlier institutional care. Supporting the continuation and development of in-home care means assuring adequate appropriations and fair reimbursement for state- and federally-funded programs, including the Medicare home health benefit; Medicaid and Medicaid waiver program (Choices for Independence); home nursing services; hospice and end-of-life care; services for seriously and chronically ill children; and support services such as homemaker, companion, respite and caregiver support. The Association supports continued State expansion of the Medicaid program in order to provide access to services for citizens who have been uninsured or underinsured.

### **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 available to the general population. The state should comply with the Medicaid rate-setting methodology established through state law and regulation, and should appropriate sufficient funds to implement the resulting rates. As the State transitions Medicaid enrollees to programs administered by managed care organizations (MCOs), it should implement a robust oversight program to ensure that MCOs consider factors of economy, efficiency, quality of care, access to care and an adequate provider network.

Federal Medicare payment rules must 1) allow home health agencies to maintain a skilled workforce by establishing parity with hospitals through fair wage index policy; 2) recognize a reasonable rate of cost inflation; and 3) be rebased in a way that does not penalize honest and conservative home health and hospice providers.

### **Workforce Supply**

Payment for home care services must be adequate to allow providers to offer competitive compensation and benefits in order to maintain a stable workforce. Not only are home health employers in competition with hospitals, nursing homes and others for skilled professionals, but they also draw from the same labor pool for direct care workers as providers serving the developmentally disabled, persons with mental illness, and other populations. Thus, policies affecting pay scales and benefits in one sector affect all employers, and reimbursement policies must be adjusted to maintain a balance in all sectors. The Association supports state and federal initiatives to promote adequate health care workforce supply and retention through educational programs, scholarships and loan assistance programs. Professional licensure programs should be efficient and flexible to enable prompt licensure of qualified individuals.

## *\*Other Important Issues\**

### **Community Benefits & Local Governance of Non-Profit Home Care Agencies**

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 in their communities, and contribute to the essential safety net for vulnerable citizens. Boards of these non-profits are representative of their organizations' constituencies and communities, and are held accountable for assuring that the activities of the agencies are in service of their stated missions. Non-profit agencies should provide appropriate orientation and training to enable trustees to further the organization's mission and fulfill their fiduciary responsibilities. Accordingly, the Association believes that decisions regarding the level and type of community benefits any organization offers should continue to be made at the local level based on needs identified in local community needs assessments, and that resources dedicated to meeting identified local needs should not be diverted to fund or subsidize state programs.

### **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.

### **Emergency Response**

Home health agencies play an integral role in the response to public health emergencies. They are critical in sharing the responsibility for care of patients and the community when a medical surge incident occurs. 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 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.

### **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. Any increase to minimum wage laws should be balanced with increased reimbursement from state and federal health insurance programs.

### **End-of-Life Care**

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

## **Government Regulation and Licensure**

Government regulation of health care providers is intended to promote the provision of high quality, cost-effective services, protect the health and safety of consumers, and take into consideration appropriate business practices. 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 and unnecessary expense is avoided. Program integrity efforts should be targeted to identified high-risk providers in order to avoid creating burdens for the home health industry as a whole.

## **Health Reform Initiatives**

As healthcare reform initiatives unfold, a more integrated, collaborative approach to healthcare will be necessary to achieve desired patient outcomes and cost control. Home health and hospice are critical to achieving these goals, particularly in the management of chronic diseases and successful transitions from various care settings to independence at home. Government programs and policies must ensure that all patients have access to quality home health and hospice services and should empower home-based providers to lead the comprehensive management of care in patients' homes

## **Insurer-Provider-Patient Relationship**

Clinical decisions are an integral part of the relationship between the clinician and the patient. While payor decisions relative to covered services 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.

## **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, prioritizes the least restrictive alternatives and is cost-effective.

## **Palliative Care**

The Association believes that all individuals should have access to information that promotes informed choice regarding healthcare treatments. All individuals should be offered services to help manage the symptoms, pain and stress of life-limiting or serious illness. Policies related to palliative care should respect individuals' values and choices regarding their care. The Association supports development of reimbursement for comprehensive palliative care services delivered in the community

## **Privacy of Health Information**

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 within the state and across state borders. The Association believes that this balance can best be achieved when privacy and security of medical records is regulated at the federal level. The Association supports privacy laws and 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.

As early adopters of electronic medical records, home health agencies recognize the value and efficiency that development of a Health Information Exchange (HIE) may bring to New Hampshire residents. The Association supports creation of an independent body that will function in this role with oversight by public officials and stakeholders.

## **Tax Exemption**

The Association encourages tax policy that increases the capacity of non-profit home health care and hospice agencies to respond to community needs, in particular the tax exemption for charitable organizations. Determinations of eligibility for the property tax exemption should be based on the use of exempt property to further the charitable mission of the organization.

## **Tobacco Taxes**

The Association supports taxes on tobacco products as a means to deter use of tobacco products and prevent youth smoking. Revenue from these taxes should be used by the State to fund disease prevention efforts and the medical costs associated with tobacco use.