

CONFIDENTIAL
LEGISLATIVE BILL REVIEW FORM: 2016

Bill Number: S.256

Name of Bill: An act relating to extending the moratorium on home health agency certificates of need

Agency/ Dept.: DAIL

Author of Bill Review: Suzanne Leavitt, RN MS

Date of Bill Review: 2/11/16

Related Bills and Key Players : H.823

Status of Bill: (check one): ☒ Upon Introduction ☐ As passed by 1st body ☐ As passed by both

Recommended Position:

☐ Support ☐ Oppose ☒ Remain Neutral ☐ Support with modifications identified in #8 below

Analysis of Bill

1. Summary of bill and issue it addresses. *Describe what the bill is intended to accomplish and why.*

This bill proposes to extend until January 1, 2020 the moratorium on home health agency certificates of need and to require consideration of the Green Mountain Care Board's health care reform initiatives if lifting the moratorium prior to that date.

2. Is there a need for this bill? *Please explain why or why not.*

There is a need to incorporate ongoing health care reform initiatives into the existing health care structure. This bill would provide for stability in the home health care environment while initiating health care reform.

3. What are likely to be the fiscal and programmatic implications of this bill for this Department?

This bill would not create fiscal or programmatic changes for DAIL.

4. What might be the fiscal and programmatic implications of this bill for other departments in state government, and what is likely to be their perspective on it?

There are no fiscal or programmatic implications for other departments in state government of which we are aware. DAIL is actively checking with the GMCB to ensure that they do not have any opposition to the bill.

In terms of perspectives from other departments, DVHA submits the following:

DVHA's Provider & Member Relations Unit actively monitors provider networks, including home health and hospice. Currently, there are 11 agencies comprised of 48 unique Home Health/Hospice providers enrolled in Medicaid. At this time DVHA is aware of three providers who are not accepting new patients.

DVHA's Clinical Unit monitors access and service utilization for home health services, specifically Medicaid covered services as approved by CMS in the Medicaid State Plan. These services include: intermittent or

part-time nursing, home health aide services, therapy services (OT, PT, speech pathology), and medical supplies.

DVHA is aware of certain access issues in home health, including:

- Some home health agencies have very limited support available for the treatment of children particularly in terms of the rehab services.
- Some home health agencies cannot provide the frequency level that is required for beneficiaries with complex medical issues to be able to return home from a rehab stay, or to go home instead of a rehab stay.
- Some home health agencies have difficulty with quick response for intensive services needed for a hospital discharge.
- Some home health agencies do not have wound care nurses or other areas of clinical expertise.
- In areas with just one option, if there is a conflict between an agency and a patient, there are no other options available.

5. What might be the fiscal and programmatic implications of this bill for others, and what is likely to be their perspective on it? (for example, public, municipalities, organizations, business, regulated entities, etc.)

The bill has fiscal and programmatic impacts for the existing home health agencies, and potentially for non-medical home care providers and the Vermont Home Health Association. Advocates include the Vermont Association of Home Health Agencies, and Bayada Home Health Care. The Designated Agencies may also support this legislation as they operate under a similar designation system.

Opponents of the bill might be individuals and family caregivers who have experienced access to care or quality of care issues. Additional opponents may include the growing number of private non-medical home care providers, the Vermont Health Care Association, whose members have expressed an interest in a continuum of care services the State Long Term Care Ombudsman and Area Agencies on Aging. DAIL has no evidence to support that increasing the number of home health agencies/providers would address the access issues mentioned above as it is primarily a workforce issue.

6. Other Stakeholders: As above.

6.1 Who else is likely to support the proposal and why?

6.2 Who else is likely to oppose the proposal and why?

7. Rationale for recommendation:

DAIL is neutral on this bill as the current system allows for consumer choice between two agencies in each designated area statewide. The state system for the Designation of Home Health Agencies assures that all consumers who qualify for designated services receive such services. Agencies can enter into a collaborative or shared service agreement with other home health agencies to allow for ease of service and consumer choice when necessary or when requested. There is no evidence that lifting the CON moratorium will affect current work-force challenges as experienced throughout the healthcare field.

8. Specific modifications that would be needed to recommend support of this bill: *Not meant to rewrite bill, but rather, an opportunity to identify simple modifications that would change recommended position.*

None.

Please return this bill review as a Microsoft Word document to Jahala.Dudley@vermont.gov & Jessica.Mishaan@vermont.gov

9. Will this bill create a new board or commission AND/OR add or remove appointees to an existing one? If so, which one and how many?

This bill will not create a new board or commission or make changes to an existing one.

Secretary/Commissioner has reviewed this document: _____ *Date: 02/11/16*