



2012 LEGISLATIVE POLICY STATEMENTS

Executive Summary

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

Access to Community-Based Care: New Hampshire must maintain and strengthen 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, loss of consumer choice, and delivery of care in settings that are more expensive than necessary.

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

End-of-Life Care: The Association promotes advanced care planning and believes individuals should receive information about home care, palliative care and hospice options when dealing with long-term or terminal illnesses.

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

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

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

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.

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

Community Benefits & Local Governance of Non-Profit Home Care Agencies: Non-profit home health and hospice agencies offer significant community benefits and are an important part of the healthcare safety net in New Hampshire. Decisions regarding the level and type of community benefits any organization offers should continue to be made by agencies' boards of directors based on needs identified in local community needs assessments and the organizations' missions.

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 and plans related to emergency response must recognize the role and capacities of home health providers at the community level.

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

Property Tax Exemption: The property tax exemption for charitable organizations should continue to be made available based on the organization's mission and delivery of public benefits.

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Priority Issues

Access to Community-Based Care

New Hampshire should maintain and strengthen the community-based care infrastructure so that those who could live safely at home with appropriate, cost-effective supports have that choice. For most, these services delay or prevent the use of more costly 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 (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 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.

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 providers like those in New Hampshire.

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 and symptom management and end-of-life care, including legal issues related to end-of-life care.

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.

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.

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.

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.

Other Areas of Interest

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. 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.

Collaborative Care Initiatives

As healthcare reform initiatives unfold, it is clear that a more integrated, collaborative approach to healthcare will be necessary to achieve desired patient outcomes and cost control. Home health is 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 healthcare services and should take advantage of the comprehensive management of care offered by home health providers.

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 assuming the care of hospital patients who are 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 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.

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.

Property 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 property 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.

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.

Approved by GSHHA Board on January 11, 2012