



HOSPICE AND PALLIATIVE CARE ASSOCIATION OF NEW YORK STATE

Advocacy Day – February 7, 2017

Hospice and Palliative Care

Hospice and palliative care offer high quality, patient-centered care to patients and their families.

Hospice is one of Medicare's most cost-effective programs. New York State's Medicaid Redesign Team called for greater access to Hospice in MRT #209 and to Palliative Care in MRT #109. And yet, in New York State, hospice utilization and length of stay are extremely low:

- Hospice Utilization (Medicare) — 30.3% New York State vs. 45.9% national (2014 Medicare data);
- Median Length of Stay (LOS) (Medicare) — 16 days New York State vs. 23 days national average.

2017-18 Budget Priorities

Article VII Legislation to Implement Health and Mental Health Portion of the Budget

Part E, Section 6 – Hospice & Medicare/Medicaid – The Governor's budget proposal includes language intended "to clarify that Medicaid would not cover hospice-related services otherwise covered by Medicaid," (a \$4.4 million reduction). It is not clear how this proposal would be implemented and despite repeated attempts, the only explanation we received was that it has to do with "ancillary services." Without clarification of "ancillary services," we remain concerned that hospice patients will be negatively impacted. **Our request: that this section be struck from the proposed budget.**

Part E – Rate Adequacy for Managed Long Term Care ("MLTC") Plans – MLTC plans are responsible for room and board for its members who are also enrolled in hospice and reside in a nursing facility or a hospice residence. Proposed cuts included in the Governor's budget to the already insufficient rates for MLTC threaten the viability of providers and therefore put at risk nursing facility residents enrolled in hospice. HPCANYS supports LeadingAge New York's position on MLTC rate adequacy. **Our request: Restore proposed cuts to MLTC plans and ensure that room and board reimbursement for hospice patients in nursing facilities and hospice residences is not jeopardized.**

Part K – Health Care Facility Transformation Program – The Governor’s budget proposal would establish this program “for the purpose of strengthening and protecting continued access to health care services in communities.” Providers have not received state financial support for the critical infrastructure needed to survive in today’s changing health care environment. The Legislature should allocate appropriate funding for infrastructure, including health IT and health information exchange, and telehealth. Eligible providers include home care providers, but not hospice providers. We urge the legislature to include hospice providers and ALPs Assisted Living Programs. Assembly Bill 1650 (Magnarelli) addresses this omission. In addition, the Governor’s proposal allocates only \$30 million for community based providers. This amount is insufficient, as this effort to move patients from hospital to community settings will require significant resources to accomplish. **Our requests: 1) Make hospices and ALPs eligible providers under the Health Care Facility Transformation Program; and 2) Increase funding for community based providers.**

Part L – Health Care Regulation Modernization Team – The Governor’s proposal would establish an advisory group which would include stakeholders to provide advice and counsel “toward a fundamental restructuring of the statutes, policies and regulations that govern the licensure and oversight of health care facilities and home care to better align with recent and ongoing changes in the health care delivery system that are designed to increase quality, reduce costs and improve health outcomes.” Although home health care is mentioned in the list of stakeholders, hospice is not, and that needs to be rectified. HPCANYS has taken a strong, proactive role in working with the NYS DOH regarding regulation modernization. In particular, after extensive research regarding the hospice need methodology under Certificate of Need (CON), HPCANYS offered a proposed revised need methodology based on current utilization. **Our request: That hospice representatives be included on the Health Care Regulation Modernization Team.**

Part D, Section 8 – Access to Pain Management Medication/Opioids – The Governor’s budget proposal includes language to address the State’s continued effort to combat the opioid crisis. The proposal would make the inappropriate prescribing of opioids an unacceptable provider practice in the Medicaid program, which could result in the provider’s exclusion from the program. While we recognize the need for vigilance in this area, we ask that the legislature also recognize that hospice and palliative care providers need to be able to prescribe appropriate opioids for pain management. **Our request: Clarify that this proposal would not create unnecessary barriers for hospice and palliative care providers prescribing appropriate opioids for patients with advanced, life-limiting conditions, who are experiencing intractable pain.**

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