



May 4, 2016

Good morning Chairwoman Gonzales, Vice Chair Huffman and RMM Antonio, thank you for the opportunity to testify today as an interested party on HB 470 (Schuring) Palliative Care. My name is Anne Shelley, I am the Director of Regulatory Relations for LeadingAge Ohio.

LeadingAge Ohio is a membership organization made up of mission-driven, values-based providers of pre- and post-acute care, services and supports. Our members are continuing care retirement communities/life plan communities, assisted living facilities, skilled nursing facilities, home health agencies, hospices, and providers of transportation, meal services and other critical supports which allow approximately 400,000 Ohioans to remain in whatever place they call home, for life . We are encouraged to see providers from the community wanting to improve the care provided to individuals who are experiencing complex health conditions or approaching the final phase of their lives. Indeed, it is no surprise to us that there are gaps in service, since palliative care programs are currently without a dedicated funding stream. Those organizations that offer community-based palliative care services are restricted from offering it on an inpatient basis to individuals who are not terminally ill. We hope that with some improvements, this bill might become a comprehensive vehicle which can improve palliative care provision in all settings, beyond what is currently being targeted.

I would like to share our general comments and suggestions on HB 470 to ensure it will offer adequate protections for the safety and well-being of Ohioans with serious illness.

- Could this be provided within the framework of existing care models, such as residential care facilities or nursing facilities? Much of what was described fits a private-pay assisted living facility (residential care facility in Ohio statute) and nursing facility which would specialize in palliative care. There is nothing prohibiting the parties from pursuing this option, without any necessary statutory change. Furthermore, introducing another care model without clear need may complicate an already fragmented system of care for older and seriously ill Ohioans.
- This bill proposes a care setting that currently does not exist in Ohio. Most palliative care is provided in either inpatient hospital units, as part of community-based programs (either hospital- or hospice-based), or in some cases, independent community-based programs which would either provide services in the home or in a physician office setting. At this point in time, palliative care lacks any formal regulation either at the state or federal level, apart from a definition found in OAC 3701-19-01 "Palliative care" means treatment for a patient with a serious or life-threatening illness directed at controlling pain, relieving other symptoms, and enhancing the quality of life of the patient and the patient's family rather than treatment for the purpose of cure. Nothing in this section shall be interpreted to mean that palliative care can be provided only as a component of a hospice care program". It is our position that regulating this



yet-untested provider type (dedicated private pay inpatient palliative care) before any regulations or standardization has taken in the wider palliative care industry would be a fragmented approach.

- We would propose more specificity around quality assurance service requirements to ensure positive patient outcomes.
- While the intent of this bill is to provide some flexibility for individuals who are earnest in their desire to serve their community, it may open a loophole that could have unintended consequences. These potential consequences could include providers using this licensure type to avoid more stringent residential care facility, nursing facility or hospice inpatient rules.

We suggest the following additions to the current proposal to align licensure with other similar health care facilities:

1. An explicit mention of the Center to Advance Palliative Care (CAPC) Standards, which speak to best practice in Palliative Care.
2. A licensure survey should be conducted at a minimum interval of every three years;
3. Team member disciplines should be identified in legislation, as the involvement of physician, nursing, social worker and spiritual or other counselor, are central to the palliative care model. This ensures the patient's medical, psychosocial and spiritual concerns are addressed;
4. For the complexity of the patients that are perceived, there should be a requirement for 24-hour nursing provided on site, especially given the size proposed (15-20 beds);
5. A cap on the number of beds or an identified bed structure that provides the optimal patient experience.
6. An amendment which would allow hospice inpatient facilities which are already licensed by the Ohio Department of Health to automatically qualify for licensure as a palliative care facility, allowing them to admit the same patient described, i.e., not yet hospice-appropriate;
7. Allow payer stream options that may pay for palliative care services (commercial insurances, private pay, Medicare and Medicaid) to be acceptable payment models for hospice inpatient units.
8. A consideration of palliative care quality metrics to be designed in rule.

For years, palliative care services have existed, but with little recognition of the critical role they play in improving communication, care coordination, and diminishing burdensome transitions for those with complex illness. In today's environment, increased attention is being paid to enhancing positive patient experiences, improving care transitions, and caring for individuals in the least-restrictive environment in the most cost-effective way: all of which are hallmarks of palliative care. HB470 has provided us with the opportunity to broach this discussion with stakeholders who are already invested in this work.



We look forward to continuing to dialogue with you around these improvements to the bill, and how we can raise the bar for palliative care in Ohio. Thank you for your time and attention to my testimony. I am available to answer any questions you may have at this time.

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