



## **INTERESTED PARTY TESTIMONY FOR HB 470**

**House Health & Aging Committee  
May 10, 2016**

Good morning Chairwoman Gonzales, Vice Chair Huffman and Ranking Member Antonio, thank you for the opportunity to testify today as an interested party on HB 470 (Schuring) regarding licensure of palliative care facilities. My name is John Stacy and I am the Director of Advocacy and Communications for The Ohio Council for Home Care & Hospice (OCHCH). We are a nonprofit trade association representing more than 500 home care, hospice and palliative care providers across the state.

Palliative care is a philosophy of care that focuses on providing relief from the symptoms and stresses of a serious illness with the goal of improving the quality of life for the patient and their family. This care can be provided in many different types of settings including hospital, nursing facility, residential care facility, and hospice or in a community-based setting. Again it is an approach to care rather than the physical location of that care.

As a growing number of our members, both home care and hospice, provide palliative care services in a community-based setting this proposal is of great interest to us. We are supportive of efforts to increase awareness and utilization of palliative care services in Ohio.

Whenever a new program is created there can be a lot of questions and clarifications and Representative Schuring was generous with his time to work to resolve them. I would like to briefly highlight four important provisions that have been added to the substitute bill.

- The substitute bill specifies that the Ohio Department of Health (ODH) will establish rules consistent with standards specified by the Center to Advance Palliative Care (CAPC) which is affiliated with the Icahn School of medicine at Mount Sinai medical center in New York City, New York. CAPC is a national, member-based organization that provides hospitals, health systems, hospices, and other health care organizations with the tools, training, technical assistance and metrics needed to support the successful implementation and integration of palliative care.
- In addition the ODH's rules shall specify the number of qualified staff, including physicians, registered nurses, social workers, and spiritual or other counselors that must be on duty twenty-four hours a day and seven days a week based on the number of patients the facility is able to admit and patient acuity levels. This was a major concern of ours to ensure that patients receive proper care to match their individual care needs and acuity.
- The license granted under this bill is valid for three years and the licensee is subject to ODH inspections similar to those providers that hold a hospice license. We believe that this language will help provide important oversight to ensure that a program licensed under this bill will comply with the rules established by the state.
- Lastly, we shared with the sponsor our concern that the introduced version of bill would place a burden on home health agency by requiring that they contract with a palliative care facility in order to provide palliative care. As I mentioned earlier palliative care is an approach to care and not location based.

As the association for community-based care providers this was our number one concern with the legislation. Our members wish to provide high quality care that allow individuals to remain in their homes and receive services in the setting they choose whether it be facility based or community based. The substitute bill specifies that home health agencies and hospice care programs are exempt from the licensing requirements of the bill.

In closing, we would like to thank Representative Schuring for his leadership on this issue and would be happy to try to answer any questions you may have.

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