



Testimony on Substitute House Bill 33
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Good afternoon, Chairman Romanchuk, Vice Chairman Wilson, Ranking Member Ingram, and members of the Senate Health Committee. Thank you for the opportunity to provide testimony on House Bill 33 as it relates to Hospice reimbursement within the skilled nursing facilities. My name is Catie Bryan and I am the Chief Executive Officer for Bella Care Hospice. My organization is licensed in 68 counties here in Ohio, servicing the Ashtabula, Youngstown, Cleveland, Akron, Columbus, Dayton and Cincinnati areas. I am also a Board member of the Ohio Council for Home Care & Hospice (OCHCH).

I am here today to speak with you about resolving a hospice regulatory issue that has been a burden for the two decades in which I have provided hospice care here in Ohio. This issue also negatively effects skilled nursing facilities (SNF), and we are hopeful to get it fixed within the state budget. I am here to advocate for the members of our association, and more importantly, those fragile and terminal Ohioans who reside in SNFs.

This issue is around how hospice programs are reimbursed and how they pay skilled nursing facilities for the “room and board” for the person receiving hospice care. At present, hospices are only reimbursed at 95% of the current Medicaid per diem rate. However, hospices have the option to pay their skilled nursing facility partners 100% of the Medicaid rate. This means that hospice has to take money away from paying for care simply to pay the room and board.

Making matters more challenging, hospice must routinely spend administrative time to determine the rates for room and board given that they frequently are amended. To make this process work, hospice agencies negotiate and contract with SNFs to determine the arrangements of the relationship which includes reimbursement for room and board.

Contract decisions are made by each hospice operator, but there is an understanding that this cost is simply the price of doing business within a skilled nursing facility—a cost that is only occurred because of public policy that has nothing to do with providing care. For my company alone, in 2022, that cost was \$1.8 Million!

Many hospices in Ohio opt to not care for residents in a skilled nursing facility due to the increased risk and the financial loss that they would assume based on this payment structure. The Hospices that have chosen to make caring for residents in skilled nursing facilities deserve the full reimbursement.

Hospice care within the walls of a skilled nursing facility is very specialized as we provide an additional support layer to not only the residents and the families, but to the staff of the SNFs. Hospice not only

must abide by the rules set forth for us, but also the rules for the skilled nursing facilities. Collaboration of a hospice and a SNF is its very own regulation, and an excellent hospice knows that regulation inside and out in order to ensure the safety and quality care of the residents.

During the COVID-19 pandemic, hospices were entering skilled nursing facilities when families and visitors were prohibited or restricted. Hospice caretakers were taking time out of their day to make a face time call or arrange window visits for families who were unable to make a visit. Hospice workers were an extension of SNF staff during this incredibly challenging and uncertain time for everyone. Many times, it was the hospice team member who was holding the hand of a dying resident when their families could not be there, or the SNF was experiencing massive staff shortages. It was the Hospice workers who were never more proud of the SNF workers, and who supported them without fear. The true partnership between a Hospice and a SNF was never stronger than when we were all fighting COVID19.

It's important to allow these partnerships to continue, which is why I hope that you will support the amendment that would move reimbursement for hospice room and board to 100% of the rate. Having the extra 5% of the reimbursement would substantially improve any hospice who cares for patients in a skilled nursing facility. Our opportunities are endless, but in short, we would be able to provide an increased presence, programs, and support from start to finish.

Hospice care is good for people and good for budget. Just a few months ago, there was new research published about the cost savings that hospice care provided to the Medicare benefit. Hospice contributed to a \$3.5 billion savings to the Medicare benefit in one year. If hospice was reimbursed at the 100% rate for room and board, I believe that the healthcare system would be less burdened here in Ohio by keeping these residents in their home, rather than sending them frequently for unnecessary testing and hospitalizations. We also would be able to provide our team with further education and training which could lead to a greater oversight of the overall care plan. This payment restructuring would be an economically friendly payment across all sectors of the healthcare system.

Chairman Romanchuk and members of the Senate Health Committee, I humbly thank you for allowing me to testify today. My hope with this testimony is that you consider supporting the amendment that would pay 100% of the Medicaid per diem rate rather than continuing to require hospices who care for residents in a SNF have a negative balance in their reimbursement. The residents in the SNFs would thrive with better care from the hospices who serve them.

I welcome any questions or comments.