



Comments

Public Forum Health Insurance Exchanges May 23, 2011

Thank you for the opportunity to speak at this Public Forum on the development of New York's Health Insurance Exchanges under Federal Health Care Reform, the Affordable Care Act. I am Kathy McMahon, President and CEO of the Hospice and Palliative Care Association of New York State.

As you consider benefits design, I urge you to include hospice as an essential benefit and to strongly consider including palliative care as well. While hospice is currently a covered benefit and is critical, palliative care is a cornerstone of New York State health care reform and currently reimbursed for consultations.

According to Public Health Law Article 40, "Hospice" means a coordinated program of home and in-patient care which treats the terminally ill patient and family as a unit, employing an interdisciplinary team..." Hospice serves patients at the end of life and provides pain and symptom management, addresses social, emotional and spiritual needs and provides care and support to the bereaved. Hospice services are provided in the home, nursing home, and inpatient facilities, and hospice residences.

Both hospice and palliative care meet all of the principles that are guiding the design of the insurance exchanges:

Affordable – Hospice and palliative care are cost-effective

- According to an independent study conducted at Duke University, hospice saves Medicare an average of \$2,300 per patient, or nearly \$2 billion a year.
- A recently published study by Aetna found that "Liberalization of hospice benefits that permits continued curative treatment and removes limits on hospice benefits is a strategy that is financially feasible for health plan sponsors, insurers, and Medicare."

- Data from the 2008 Dartmouth-Atlas study, “Tracking the Care of Patients with Severe Chronic Illness” demonstrates “...more resources and more care (and more spending) are not necessarily better.”
- “Bending the Health Care Cost Curve in New York State: Implementation Plan to Expand Palliative Care,” a report released by the NYS Health Foundation in October 2010, makes a strong case for expanding access to palliative care.
- A study in the March edition of Health Affairs found that Medicaid patients at four New York state hospitals who received palliative care on average incurred nearly \$7,000 less in hospital costs per admission than Medicaid patients who didn’t receive palliative care.

High Quality – Hospice and palliative care provide high quality services to their patients and families:

- According to nationally validated surveys, more than 98% of families served by a hospice program would recommend those services for other another loved one at the end of life.
- New York’s hospices are committed to quality end-of-life care. We were active participants in the recently completed CMS AIM (Assessment, Intervention and Measure) grant, which charged IPRO with developing a set of recommended quality measures for hospice. We are also working with the NYS Department of Health (DOH) as they implement phase 2 of their Hospice Quality Initiative.

Consumer Oriented – Hospice and palliative care are unique in that the family is the unit of care. Patient choice is paramount to the care provided. While consumer driven health care is the new “buzz,” it has always been the core of hospice with the interdisciplinary team focused on achieving the goals of the patient and family.

Medicaid Redesign – The benefits of hospice and palliative care were recognized during this year’s Medicaid Redesign discussion and expansion efforts for both palliative care (MRT proposal #109) and hospice care (MRT #209) were included in the report that was ultimately approved during the budget process. It only makes sense that the Essential Benefits under the Affordable Care Act are consistent with the intent of New York’s Medicaid Redesign Plan.

The Hospice and Palliative Care Association of New York State represents the state's certified hospice providers and palliative care providers, as well as individuals and organizations concerned with care for patients at the end of life.

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