Essential Health Benefits

Comments
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Introduction

As you consider design of New York's Essential Benefits (EHB) package under the Affordable Care Act (ACA), on behalf of the Hospice and Palliative Care Association of New York State (HPCANYS), I urge you to include hospice and palliative care in the EHB.

Hospice is a covered benefit under Medicare and Medicaid, and palliative care is reimbursed as a consultation service under Medicare Part B. 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, inpatient facilities, and hospice residences.

Palliative care extends the principles of hospice care to a broader population that could benefit from receiving this type of care earlier in their illness or disease process. Palliative care seeks to address not only physical symptoms and pain, but also emotional, social and spiritual pain to achieve the best possible quality of life for patients and their families.

Hospice and palliative care meet all of the principles that are guiding the design of Health Care Reform and 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.

<u>High Quality</u> – 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. HPCANYS also worked with the NYS Department of Health (DOH) as they implemented Phase 2 of their Hospice Quality Initiative.

<u>Consumer Oriented</u> – 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.

<u>Medicaid Redesign</u> – The benefits of hospice and palliative care were recognized during the Medicaid Redesign process, and expansion efforts for both palliative care (MRT proposal #109) and hospice care (MRT #209) were included in the report that was ultimately approved by the Legislature. Having an Essential Health Benefits package that is consistent

with the intent of New York's Medicaid Redesign Plan is the right thing to do—right for the State and right for all New Yorkers with a life-limiting illness.

Continuum of Care

The ten categories to be covered by EHB are:

- Ambulatory Patient Services
- Emergency Room Services
- Hospitalization
- Maternity and Newborn Care
- Mental Health and Substance Abuse Disorders
- Prescription Drugs
- Rehabilitative and Habilitative Services and Devices
- Laboratory Services
- Preventive and Wellness Services and Chronic Disease Management
- Pediatric Services, Including Oral and Vision Care

The addition of hospice and palliative care will assure that patients will receive high quality services across the entire continuum of care—from birth (maternity and newborn care) through end of life. Palliative care is invaluable in the management of chronic diseases—adding quality, patient satisfaction, and cost effectiveness.

Conclusion

Including hospice and palliative care in New York's Essential Health Benefits is key to the successful implementation of Medicaid Redesign Proposals #109 (facilitate access to palliative care) and #209 (expand hospice). Without hospice and palliative care, the EHB will have a huge gap in services that will deny patients access to hospice and palliative care, which will lead to higher hospitalization rates and an increase in futile, costly treatments. Including hospice and palliative care in the EHB supports the Institute of Medicine's recommendation to "…balance cost and comprehensiveness…"

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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