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*Testimony of Rep. Kristen Cloutier introducing*

**LD 2055, An Act to Prohibit the Department of Health and Human Services from Implementing Electronic Visit Verification for Hospice Providers Within the MaineCare Program Unless Mandated by the Federal Government**

*Before the Joint Standing Committee on Health and Human Services*

Good afternoon, Senator Baldacci, Representative Meyer and distinguished members of the Health and Human Services Committee. My name is Kristen Cloutier, and I represent House District 94. I am here to introduce **LD 2055, An Act to Prohibit the Department of Health and Human Services from Implementing Electronic Visit Verification for Hospice Providers Within the MaineCare Program Unless Mandated by the Federal Government.**

I submitted this bill in an effort to help Maine's hospice providers, who offer care, comfort and important services to Mainers near the end of their lives, along with their families. Hospice provides individualized care and support for people with terminal illness toward the end of their lives, generally for six months or less. The Medicaid reimbursement for hospice care covers this entire term and is intended to cover all components of care—not just the visits from hospice staff and volunteers, but also medications, medical equipment, on-call nursing services and more.

Back in 2016, the United States Congress passed the 21<sup>st</sup> Century Cures Act. As part of this federal legislation, states were required to begin implementation of Electronic Visit Verification (EVV) for some in-home services. EVV is a tracking system that requires electronic verification when a person receives Medicaid-funded personal care or home health services. EVV requirements were intended to accurately track when services were rendered in order to reduce fraud and save money.

Importantly, the federal government mandates that states must implement an EVV system for all Personal Care Services (PCS) and Home Health Care Services (HHCS) that require an in-home visit by a provider, but does NOT require that states implement EVV for hospice. This is most likely because EVV is not a good fit with the hospice reimbursement model and the manner in

which hospice services are provided. While personal care and home health services are reimbursed per visit, hospice services are reimbursed on a per-diem basis for the entire term of care, whether or not a visit occurred each day. And as discussed earlier, the reimbursement is intended to cover a wider array of services beyond the visit alone.

Unlike other states, Maine's Department of Health and Human Services has proposed rules to implement EVV for hospice, in addition to personal care and home health services. My understanding is that hospice providers, along with the Home Care and Hospice Alliance of Maine, have discussed this issue at length with DHHS over the past year, expressing serious concerns about the policy and providers' ability to comply. You will hear from many of those providers today and they can share much more about the implications of this proposed policy, the burden it would place on their agencies, and the lack of any sort of benefit it would provide for hospice patients.

Maine's hospice providers believe that EVV is not necessary for hospice and is not a good fit for the service model. This bill is simply seeking to halt the implementation of EVV for hospice, unless or until it is actually mandated by the federal government.

Thank you for your time and consideration.