

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

**Testimony in Support
January 9, 2024**

Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Chris Costello. I am the Director of Quality and Compliance for home health and hospice at MaineHealth. I also serve as a board member of the Home Care and Hospice Alliance of Maine. I am here today providing testimony on behalf of MaineHealth in support of this bill.

MaineHealth, through its two hospice agencies, Community Health and Nursing Services (known as CHANS) and MaineHealth Care at Home provided end of life care to more than 1,100 Mainers in 2023, with an average daily census of approximately 150. We are committed to our mission of working together so that our communities are the healthiest in America and hospice care, including both care to the patient and bereavement services to caregivers following the patient's death, is part of that commitment.

We have worked closely with the Home Care and Hospice Alliance of Maine as they advised the Department of Health and Human Services over the past year of hospice provider opposition to expanding the electronic visit verification requirement to hospice. The opposition to this expansion stems from three main points:

- The 21st Century Cures Act does not require electronic visit verification for hospice services;
- Expanding the EVV requirement to hospice will add additional, unnecessary regulatory burden; and
- It frankly does not make sense either operationally for the hospice agency, or as a program integrity safeguard for the state, based on the hospice per-diem payment model. The hospice daily payment covers far more than just the in-person visits. It also includes durable medical equipment like hospital beds and commodes; it covers the patient's medications; it covers 24 hour on-call services including off-hours phone calls and visits by a nurse and consultation with a trained hospice medical provider if needed; it includes bereavement services for caregivers for a year after the patient's death. Payment for a hospice day does not hinge upon whether a visit was provided that day.

MaineHealth is concerned about the financial and operational impacts to our hospice agencies if EVV is implemented. It will present technical challenges related to both the state's EVV software and MaineHealth's electronic medical record, and it will present staffing challenges related to the increased administrative burden. This will all translate into increased and unnecessary financial burden for agencies attempting to provide the best possible care to the dying in a setting of reduced, or at least delayed, reimbursement, and increased expenses related to the technical challenges and increased administrative work.

I ask that you support this important legislation.

Thank you for allowing me the opportunity to provide this testimony in support of LD 2055. I'd be happy to answer any questions and I can make myself available as a resource for the work session.