

**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

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Senator Baldacci, Representative Meyer and members of the Health and Human Services Committee, my name is Laurie Belden. I am a resident of Durham and serve as the Executive Director of the Home Care & Hospice Alliance of Maine. I am here today providing testimony on behalf of the Alliance in support of this bill.

Electronic Visit Verification for personal care services and home health services, as intended in the 21st Century Cures Act, makes sense as structured visits for these services are based on a patient assessment and a comprehensive care plan. Our providers worked diligently to be compliant by the time EVV was implemented for these MaineCare services. But, as you've heard today in testimony presented by Maine's hospice leaders, the nature of hospice and its payment methodology is vastly different.

- Hospice involves an interdisciplinary team of healthcare professionals and trained volunteers which is often less structured and more varied compared to other healthcare services.
- Hospice providers receive a daily rate for each day a patient is enrolled in the hospice benefit. This daily payment is made regardless of the number of services provided on a given day, including days when the hospice provides no services.
- Hospice visits may not occur on a fixed schedule but based on the needs of the patient at that point in time - prioritizes the quality of interactions and care provided, rather than the quantity or duration of visits.
- Hospice care is subject to unique regulations and guidelines that differ from other healthcare services. Adapting an EVV system to meet these specific requirements is resource-intensive and equates to putting a square peg in a round hole (it's just not an appropriate fit).

We appreciate the ongoing engagement between MaineCare and Alliance leadership throughout the past year regarding their plan to implement EVV for Section 43 (Hospice). While we had hoped to work towards a satisfactory resolution, significant concerns raised by providers ultimately did not alter the Department's course in implementing EVV for hospice. Consequently, emergency legislation was pursued to halt implementation, and the emergency bill currently before you received unanimous support from the Legislative Council.

Thank you for this opportunity to testify in support of this bill and I look forward to being a resource during the work session.

Laurie Belden
Executive Director