



Testimony in Support of

L.D. 1583: "An Act Regarding Home Health Care and Hospice Services Ordered by a Health Care Provider Outside of Maine"

Wednesday, April 23, 2025

Senator Ingwersen, Representative Meyer, and members of the Joint Standing Committee on Health and Human Services, my name is Katrina Lynn Sink, MD and I am a resident of Waterford in Oxford County. I am professionally licensed in the States of Maine and Michigan as a physician. I serve as Associate Medical Director at Andwell Health Partners, Maine's largest home-based health care provider. I perform Palliative Care consultations for some of the most medically complex Mainers, as well as direct and manage hospice for the terminally ill. I also had the privilege of practicing Family Medicine in the Town of Naples for 5 years, from 2017 to 2022. I am dual board certified, in both Family Medicine as well as my specialty, Hospice and Palliative Medicine, and have 15 years of experience in these fields.

I'm here to testify in support of LD 1583, an Act regarding Home HealthCare and Hospice Services ordered by a Health Care Provider Outside of Maine. I wish to thank Representative Cloutier and Senator Rotundo for sponsoring this important bill.

I urge you to adopt this law to improve access to home-based care services for so many Mainers.

When a person has an established relationship with a health care provider in the state of Maine, that provider can work with out-of-state providers to coordinate the proper home care. But patients may not have an in-state provider. Border residents, people who require specialty care outside of Maine, and snowbirds all rely on the direction of the out-of-state medical team who knows them best. In Maine, I have personally encountered many clinical scenarios that led to a patient's medical care being headed by an out of state physician.

I think of Collette, a 78-year-old resident of Maine, a snowbird who winters in Florida. After falling and fracturing her humerus, Collette was brought back to Maine by her family, in order to rehabilitate in the comfort of their home. She was set up with in-home services just 1 day after she arrived, based on an order from her orthopedic surgeon in Florida, and ultimately regained the use of her arm. This example of uninterrupted medical care demonstrates that allowing the use of her established physician's order prevented a delay. As it turned out, home care was started immediately, while she was not able to see her Maine physician for several weeks.



It is very rare in medicine for another physician to pick up where a surgeon left off, or to find a primary care provider who is willing to manage that surgical patient. This has to do with liability. No one wants to get entangled in the infection rate, follow up standards of care that are not their specialty, or a potential negative outcome. The surgical team initiated the care and should follow it through. Follow through in medicine is important for a reason – the best possible patient outcomes. The primary care physician is willing to manage the primary care aspects of that patient, but it is not appropriate for them to assume oversight of post- surgical care. Additionally, it is absolutely not the standard to sign off on orders for a problem for which the medical provider has not personally seen the patient in a face to face visit.

Some Mainers receive high level specialty care outside of the state.

Henri was a 67-year-old man whose need for definitive cancer care took him to Dana Farber in Boston. Over time, the disease process led to the development of wounds and fistulas in his pelvic region. Wound care, as well as management of his urinary catheter, infections, and pain, required multi-modal team coordination. His Oncologist and Surgeon at Dana Farber had been treating him for over 2 years – and they knew him best. These excellent physicians in Massachusetts directed the team members in Maine, including his wound care nurses. Henri spent time at both his home and camp, which was invaluable to his quality of life.

Camp. Who doesn't love going upta camp? Out of state visitors, hunters, fishermen, and families return to the same land year after year to restore themselves in the beauty of Maine's nature. Often, they only seek medical care in Maine when it is absolutely necessary. Their primary care teams are based in their home state. Even folks with chronic medical conditions may not have established care with a local Maine doctor. When they require in-home or hospice services, they rely on their long standing, established providers who know them best. I meet so many people whose final desire is to spend their last months, weeks, or days, at their beloved camp. Would we require them to sever their therapeutic relationships with their medical providers, simply in order to spend precious time where they wish?

Hospice rules require 2 medical providers to agree that the patient has a terminal condition with a prognosis of 6 months or less. Their primary care provider, with whom they have a therapeutic relationship, is the one who knows their goals of care, and has held those difficult, yet crucial conversations about their prognosis. As a hospice provider who works closely with community physicians, we do not want to intrude on these valuable relationships. When there is a willing and able colleague, even across state lines, who agrees it is time for hospice services, then their opinion should matter, and their order for hospice honored.



Consider the case of Jonathon, a border Maine resident, who has known his primary care nurse practitioner in New Hampshire for over 20 years. He grew up visiting his grandparents' camp as a boy. Now in his 90's, he faces terminal heart failure. Rather than stay by himself, he returned to the camp he loves, with family nearby and many visitors. Hospice services are provided by Andwell but were ordered by his primary provider. She is familiar with him and manages his conditions with expertise. This allows for continuity of care through the therapeutic relationship with the provider who knows him best.

Thank you for your time, and for taking into consideration how passing this law will improve continuity of care, and the provision of home health care and hospice services to the citizens of Maine. I urge you to vote in favor of LD1583.

A handwritten signature in black ink, which appears to read "Katrina Sink, MD".

Katrina Sink, MD

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