



Testimony of Patsy Aprile
President, MaineHealth Home Health and Hospice
In Support of LD 1583
“An Act Regarding Home Health Care and Hospice Services Ordered by a
Health Care Provider Outside of Maine”

April 23, 2025

Senator Ingwersen, Representative Meyer and members of the Joint Standing Committee on Health and Human Services, I am Patsy Aprile, and I am here on behalf of MaineHealth to testify in support of LD 1583.

This bill is being brought forth on behalf of not only Home Health and Hospice agencies in the State of Maine but also on behalf of the patients we serve. It is being brought forth to alleviate Home Health and Hospice agencies from **inadvertently accepting orders** from providers licensed in other states who are not licensed in the State of Maine.

In order for a patient to receive home health (or hospice) services there are parameters that must be met prior to bringing a patient onto service.

- First, we must have an “order” or what is known as a “referral” for HH services from a “qualified” provider AND;
- At the initial assessment and comprehensive assessment (no later than 5 calendar days after the Start of Care) we must verify patient’s:
 - Eligibility for the Medicare home health benefit (if a Medicare patient) AND;
 - Homebound status

This bill is specifically focused on the order from a “qualified” provider. Its intent is to support patient choice, patient convenience and decrease regulatory burden. It could also have an added benefit of improved financial health for the Maine-based agency serving the patient and retaining healthcare within the State of Maine.

I have ten recent examples (Oct 24 -March 25) of patients who live in the State of Maine and have had outpatient specialty consults as well as an inpatient stay in a MA or NH hospital. All ten of these patients are considered “complex” patients and all have had orders for Home Health services for our agency, for continued care post discharge from the hospital.

Their hospital stays ranged from Mass General to Beth Israel Lahey as well as Boston Children's Hospital, and their medical needs ranged from IV antibiotics to tube feeding and wound care. All had a high degree of complex medical issues, and all deserved to receive their home health care in Maine.

Currently, Maine law requires that a provider who orders home health or hospice care in Maine must be licensed in Maine. That is not always easy to navigate when a patient is being discharged from a hospital that is not in Maine. The most common scenario is that the out of state hospital sends an order to a Maine home health agency and states that the patient's Maine-licensed provider will take over the plan of care for the patient. That prevents the patient from experiencing a continuous plan of care overseen by the specialty provider, and it leaves the home health agency to scramble as it tries to connect with the Maine-licensed provider who may not be aware of the referral for home health services. This creates confusion, administrative burden and, most importantly, delays in the timely provision of care. For example, in the cases I mentioned, there was a great deal of time spent getting the patients' plans of care signed by an in-state provider.

The goal of this bill is to allow the patients/families to receive care where it is important to them but ALSO to allow HH&H providers in the state of Maine the ability to accept referrals for our services without having to go through a State of Maine provider. This simply causes regulatory burden, extra steps, delays in timeliness of care, and the potential for additional expense to the patient.

Now let's go to a personal example that I would like to share with you.

My husband has cancer and has been followed by a provider in the State of Maine. After 2.5yrs he was sent to Dana Farber outpatient facility for a consult. He is now being monitored by oncologists in Boston. If the Boston provider were to order home health services for my husband, we would like the ability for a licensed Maine home health agency to be able to accept that order directly. Otherwise, my husband might have to have an unnecessary visit with his prior oncologist who is licensed in Maine to place the order. That is administratively burdensome, expensive and without value to patient care nor efficiency.

Thank you for the opportunity to speak on this important topic. With these examples I respectfully urge the Committee to vote to Pass on LD 1583. I would be happy to answer any questions.