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NorDx
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Testimony of Tricia Foley, MaineHealth In Support of LD 590

"An Act To Require MaineCare Coverage for Ostomy Equipment" Tuesday, March 16, 2021

Senator Claxton, Representative Meyer and distinguished members of the Joint Standing Committee on Health and Human Services, I am Tricia Foley, Certified Wound Ostomy Continence Nurse at Maine Medical Center, and I am here to testify in support of LD 590, "An Act To Require MaineCare Coverage for Ostomy Equipment."

MaineHealth is Maine's largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our commitment to meeting our vision of "working together so our communities are the healthiest in America," MaineHealth's providers work hard every day to provide high quality, efficient care to our patients, and we are proud that all of MaineHealth's eligible hospitals recently received an A Safety Rating from the Leapfrog Group.

Prior authorizations (PA) place a significant and expensive burden on practices. The Maine Medical Association recently surveyed providers, and a full 85% indicated that there was a high administrative burden associated with seeking PAs. Many practices have ten or more cases per week that require PAs, and 62% stated that they spend between 2-10 hours on them, and another 20% spend more than 10 hours per week seeking PAs. This represents a very expensive administrative cost to the health care system, a factor in physician burnout, one that does not support evidence-based medicine.

During my time as a Certified Wound Ostomy Continence Nurse, I can think of countless occurrences in which MaineCare denied coverage of ostomy equipment or only covers a portion of the cost. It can become a needless hassle for patients that are already experiencing anxiety related to having a fecal diversion and stress from the recent surgery. This administrative burden has a real impact on the patients we are trying to care for – and only delays their access to these necessary supplies or places an undue financial burden on our patients.

The fitting and maintenance of ostomy equipment and supplies is a highly specialized aspect of healthcare. There are multiple factors that skilled teams carefully evaluate to create the best solution for the individual patient. These items are generally not interchangeable.

I have had many pediatric patients that have flush stomas. They require pre-cut Hollister convex pouches which are not covered by MaineCare and or they do not reimburse the DME supplier for the entire cost of the product. Oftentimes,

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families cannot afford the co-pay and, therefore, we have to place them with an inferior product. The inferior option can lead to more frequent changes and skin irritation and is a stressor on the baby/child and family.

Additionally, when a patient is discharged home and referred for home health services, ostomy items are often not immediately available with the PA. Agencies across the state must then rely on standard stock items or manufacturer-donated supplies that do not meet the patient's needs. Most frequently this results in deteriorating health status requiring much longer post-acute care or rehospitalization. In the most extreme situations, surgical ostomy revisions have been required.

It is for those reasons, that I urge the Committee to vote Ought to Pass on LD 590, "An Act To Require MaineCare Coverage for Ostomy Equipment." Thank you and I would be happy to answer any questions you may have.