

Janet T. Mills
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Jeanne M. Lambrew, Ph.D.
Commissioner



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April 1, 2021

Senator Ned Claxton, Chair
Representative Michelle Meyer, Chair
Members, Joint Standing Committee on Health and Human Services
100 State House Station
Augusta, ME 04333-0100

Re: LD 1064 – *An Act To Advance Palliative Care Utilization in the State*

Senator Claxton, Representative Meyer, and Members of the Joint Standing Committee on Health and Human Services:

This letter is to provide information on LD 1064, *An Act To Advance Palliative Care Utilization in the State*. This bill directs the Department to provide reimbursement under the MaineCare program for palliative care for the entire interdisciplinary team as appropriate to the plan of care, regardless of setting, including hospitals, nursing homes, outpatient clinics and home care providers. It also requires the Department to adopt rules that support and standardize the delivery of palliative care in the State, including but not limited to strategies for the distribution of public educational documents and the distribution by health care providers of information regarding the availability of palliative care to patients in consultation with the Maine Hospice Council, the Palliative Care and Quality of Life Interdisciplinary Advisory Council and other stakeholders.

The Department covers most of the services that would fall under palliative care without identifying the services specifically as palliative care, the exception being spiritual services that are not eligible for federal match. The Department's ongoing Comprehensive Rate System Evaluation has recommended, within the Department's first year of work on implementing rate changes, standardizing the Medicare percent and benchmark year for several areas of policy, including Section 90 where many of these palliative care-type codes reside.

The Department has met with some stakeholders about team-based, community palliative care options, and we believe there are merits to a bundled, alternative payment model that would better enable team-based, integrated care delivery for palliative care. There are different ways this could be structured with varying impacts on the service delivery system that should be considered before taking action. If this work were to proceed, it would be best served by a comprehensive review of other state Medicaid programs that have implemented similar reforms, evidence-based practice research, review of available data for quality measurement, and stakeholder engagement. This effort would be led, in part, by MaineCare's Value Based Purchasing unit which has many competing priorities underway.

We do request that if this committee decides to pass this bill that you allow the Department to complete the requirements within realistic timeframes.

We wanted you to be aware of the above information as you consider this bill going forward. If you have any further questions, please feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Michelle Probert". The signature is fluid and cursive, with the first name "Michelle" written in a more compact, stylized manner and the last name "Probert" written more fully.

Michelle Probert
Director
MaineCare Services