



## Hospice & Palliative Care Association of NYS

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# Essential Health Benefits Comments

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## Introduction

Thank you for the opportunity to comment specifically on the Essential Health Benefits (EHB) Study and Potential Benchmark Plans currently under consideration as the New York State Department of Health develops the state's EHB package. On behalf of the patients and families served by New York's Hospice programs, we thank you for including Hospice as an Essential Health Benefit. Our previous comments, submitted on August 15, 2012, stated the clear and convincing case for including Hospice and Palliative Care in New York's Essential Health Benefits package.

## The Hospice Benefit as an Essential Health Benefit

As you consider the various options posed by potential benchmark plans, it is imperative that you select the "Hospice Covered" option, without any limitations to number of days or maximum dollar amount per year. "Hospice Covered" must be defined by/mirror the Medicare definition of Hospice:

- four levels of care—routine home care, respite care, continuous care, and general inpatient care;
- covered in all settings of care—home, nursing facility, assisted living facility, hospice residence, acute care facility;
- interdisciplinary team—physician, nurse, social worker, home health aides, pastoral care, volunteers, bereavement; and
- Per diem reimbursement.

### Palliative Care as an Essential Health Benefit

Palliative Care is a natural fit under Chronic Disease Management, which is one of the categories to be covered by EHB under the Patient Protection and Affordable Care Act (ACA).

We urge you to include palliative care as a component of chronic disease management.

National studies have demonstrated that palliative care is cost effective:

- A study in the March edition of Health Affairs found that Medicaid patients at four New York state hospitals who received palliative care on average incurred nearly \$7,000 less in hospital costs per admission than Medicaid patients who didn't receive palliative care.
- "Bending the Health Care Cost Curve in New York State: Implementation Plan to Expand Palliative Care," a report released by the NYS Health Foundation in October 2010, makes a strong case for expanding access to palliative care.
- Data from the 2008 Dartmouth-Atlas study, "Tracking the Care of Patients with Severe Chronic Illness" demonstrates "...more resources and more care (and more spending) are not necessarily better."

A valuable resource to assist you in defining palliative care within EHB is the "Clinical Practice Guidelines for Quality Palliative Care," developed by the National Consensus Project for Quality Palliative Care (NCP). The Guidelines can be found at:

<http://www.nationalconsensusproject.org/Guideline.pdf>

The Clinical Practice Guidelines for Quality Palliative Care provide a blueprint for an essential foundation as palliative care programs are growing in response to patient need. They provide information for assessment and treatment of pain and other symptoms, help with patient-centered communications, decision-making and coordination of care across the continuum of care settings. The aim of the guidelines is to strengthen existing programs and foster a solid foundation for newly created programs and those in development, to develop and encourage continuity of care across settings, and to facilitate collaborative partnerships among palliative care programs, community hospices, and a wide range of other healthcare delivery settings.

## Conclusion

New York's Medicaid Redesign Team recognized that Hospice and Palliative Care are integral to the success of Medicaid Redesign and Health Care Reform (MRT #109 and MRT #209). We urge the New York State Department of Health to: 1) assure that the integrity of the Hospice benefit within the Essential Benefits package is maintained and that the benefit is not marginalized in any way, and 2) integrate palliative care into Chronic Disease Management to optimize quality and minimize risk of excessive hospital admissions and readmissions.

HPCANYS stands ready to assist in any way possible as the State moves forward in developing its Essential Health Benefits package. We have a very robust Palliative Care Advisory Group, and you are welcome to use them as a resource as you address the value of palliative care in chronic disease management.

Again, thank you for considering our comments.

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