

# MaineHealth

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## CARE AT HOME

**Testimony of Donna Deblois  
On behalf of MaineHealth Care at Home**

**Before the Joint Standing Committee on Health and Human Services**

**In Support of LD 1655, An Act To Improve and Modernize Home-based Care**

**Sponsored by Representative Meyer**

**May 3, 2019**

Good morning, Senator Gratwick, Representative Hymanson and members of the Joint Standing Committee on Health and Human Services, my name is Donna Deblois and I'm a resident of Hallowell. For the past five years, I have served as the President and CEO of MaineHealth Care at Home. MaineHealth Care at Home offers a full range of skilled home health services to children and adults that includes nursing care, nutritional counseling, emotional support, palliative care, rehabilitative therapies, and telehealth, as well as a full range of community health and wellness programs throughout our service area. We provide care seven days a week - - with 24/7 on-call services -- throughout York, Cumberland, Lincoln, Knox, Waldo, Sagadahoc and southern Oxford County. We also provide hospice services in Knox, Waldo and Lincoln counties with short-term hospice care and respite services at the Sussman House, a hospice facility located in Rockport, Maine. I'm here today on behalf of MaineHealth Care at Home to testify in support of LD 1655, An Act To Improve and Modernize Home-based Care.

Our Alliance was actively engaged in opposing the referendum on home based care that was on the ballot last fall. We did not take that position because we have any preference about tax policy. We certainly didn't take that position because we are opposed to an expanding eligibility for home based care services. We absolutely support efforts to expand home based care.

Rather, we opposed the referendum because we believed that there were provisions of the referendum that would have been detrimental to our patients. At the end of the day, that ought to be the first question we ask when we are evaluating policy. If proposals affect our patients and the long term care continuum in a negative way, we ought to seek alternative ideas.

That is why I am very excited on behalf of all of the members of the Alliance to join with our fellow RN, Rep. Michelle Meyer, in bringing this bill before you. We believe it will make important changes that will improve our home based care system.

I know this Committee has heard a lot of testimony about reimbursement rates and how they are below what they need to be because of the minimum wage increase, proposed sick leave legislation, more expensive criminal background checks, among other things. I'm not going to

belabor this point or draw too much attention to Section 6 of the bill, except to say that there is a reason you are hearing this testimony. We support a standardized, consistent review of our MaineCare reimbursement rate, and one that takes into account legislation and citizen initiatives that drive up our operating costs or employee costs. We support this irrespective of whether the review happens through this bill or through some other vehicle that contemplates a broader review of all MaineCare rates.

There are a number of other issues relative to our home base care system that are covered in this proposal. I will speak to two of them.

We believe Section 5 of the bill, which establishes a work group to examine the social determinants of health for our elder adults, is long overdue. We believe that this work group will be able to provide suggestions to increase collaboration and sharing of resources among service providers. That will improve MaineCare members' health and, hopefully, reduce unnecessary use of health care services. There is a similar bill before this Committee sponsored by Representative Gattine. A social determinants study could occur through that bill as well. If so, we welcome the chance to be included and offer our expertise in that effort.

Section 8 of the bill directs DHHS to amend its rules for services provided under Sections 19, 40, 63 and 96, the home based care sections under MaineCare and OEDS, to allow certified nurse practitioners and physician assistants to authorize or amend a plan of care. This is a long overdue reform that will improve patient care. It will allow the team working on an individual patient to respond much more quickly as the patient's medical and care needs change. Both nurse practitioners and physician assistants are fully capable of recognizing and responding to these changes. In fact, Maine Health provides care to many island communities through health centers that are primarily staffed by NPs and PAs.

This bill is not going to solve the entirety of our home based care challenges. But we believe that it is a significant and ambitious first step towards preparing our state for the increasing number of adults who will be entering retirement age in the coming decades.

Thank you for the opportunity to testify. I would be happy to answer any questions and hope to be present at your work session.