

Council of the District of Columbia

Committee on Health

Bill 20-153, the "Omnibus Health Regulation Amendment Act of 2013

Friday, June 28, 2013

Councilmember Alexander, Chairperson of the Committee on Health, thank you for having this hearing on the "Omnibus Health Regulation Amendment Act of 2013" and giving me the opportunity to testify. My name is Susan Walker, I am a retired medical/home care/geriatric social worker and a senior volunteer advocate for the D.C. Coalition on Long Term Care.

The D.C. Coalition on Long Term Care's goal is to expand and improve the quality of long term care programs, ensuring that Washington, D.C. residents with chronic care needs age in the community safely and with dignity.

The greatest strength of the Coalition is the active participation of its volunteer members whose deep expertise and experience allows them to identify problems within long term care systems in the city and develop timely solutions. Both government agencies and community organizations work with the Coalition on a wide range of problems. In addition, the Coalition is able to bring together city agencies that deal with separate pieces of long term care to communicate and collaborate on solutions. As a result, the Coalition's consumers, advocates, and health care providers have assisted in the development and implementation of expanded Medicaid home care, the improvement of assisted living residences and home care agencies, as well as, the expansion and improvement of the workforce essential to these programs.

There are two concerns that the D.C. Coalition has with the Omnibus Health Regulation Amendment Act of 2013.

1. The Home Care Improvement Act of 2012 would require Home Care Agencies to provide skilled nursing services and at least one other therapeutic service to an individual. This statute's purpose, according to Natwar Ghandi, is to make the definition of a home care agency consistent with Medicare's definition of certified provider, and to require a home care agency to provide the services directly and not through a contractor. However, because D.C. has only one definition of a home care agency, it forces all agencies to be skilled care providers. The reality is that some home care agencies provide supportive or custodial services to individuals who require assistance to remain in their homes. The Coalition believes that these supportive services are needed to provide the bulk of the care to the 67,695 DC residents living with a disability, including 24,937 residents over the age of 65. Forcing these agencies to become skilled home care agencies places an undue burden on them to provide services that are not needed by their private pay or grant funded clients. This is why the D.C. coalition has urged that there be two levels of home care agencies – one for intermittent, acute episodes of care funded by Medicare and

Medicaid and one for long term, supportive custodial services funded privately by patients and families or through specially funded programs. The D.C. coalition has argued for division of service since June 2010 when we requested regulatory revisions to the Health-Care and Community Residence Facility, Hospice and Home Care Licensure Act of 1983. (Please see the attached copy of our report).

The D.C. Coalition has always been concerned with the intent of the Home Care Licensure law to make all home care agencies follow a medical model. The trended nationally is for a home and community based model. The D.C. Coalition hopes that when D.C. unveils its home care regulations that they will follow the national trend.

As I am sure the Council is aware, when legislation is introduced or amended, unintended consequences must be considered. I would hate for quality agencies to be negatively impacted by this legislation, especially if it did not "fix" the intended problem. The D.C. Coalition would like to see the DOH, and Home Health agencies come together to discuss the problems that the DOH and DCHCF are experiencing and try as a community to solve these problems. When there is one bad apple in the barrel all the apples are affected. The D.C. Coalition would be happy to offer their facilities to begin this dialogue.

2. Our second concern is that the proposed regulation and licensing of assisted living administrators, home health care administrators, and nursing home administrators. On the whole, we approve that these three groups of people should be regulated and licensed. However, many people who have successfully run small assisted living and nursing home facilities might be negatively impacted, although they run excellent facilities. We urge that the regulations take these practitioners length of service and experience into consideration and grandfather them under this statute.

The Committee on Health has a unique opportunity to make a significant impact on the well being of D.C. Residents. The D.C. Coalition looks forward to working with the Committee on Health to see that opportunity become a reality for the residents of the District of Columbia.

Thank you again for allowing me to participate today.