

VERMONT MEDICAL SOCIETY RESOLUTION**Support for Increased Access to Home Health and Hospice Services**

Submitted by VMS Executive Committee for adoption at VMS Annual Meeting on November 6, 2021

WHEREAS, the Vermont Medical Society recognizes the integral role that home health and hospice agencies perform in providing acute and post-acute services that support the entire health care continuum in Vermont for patients who are unable to leave their home; and

WHEREAS, the Vermont Medical Society recognizes the value that services delivered in the home provide to the overall health outcomes for patients in addressing chronic conditions and recovering from acute and post-acute health procedures; and

WHEREAS, the Vermont Medical Society recognizes the cost-savings that services delivered in the home provide to the patient and the overall health care system in Vermont;¹ and

WHEREAS, Vermont is the second oldest state in the nation, with 20 percent of Vermont's population over the age of 65;² and

WHEREAS, according to a 2018 study from the American Association of Retired Persons (AARP) 90 percent of Americans over the age of 65 prefer to receive care in their homes as they age;³ and

WHEREAS, Vermont's home health agencies are heavily dependent on public funding, with about 59 percent of their services covered by Medicare and another 26 percent covered by Medicaid;⁴ and

WHEREAS, eligibility for home health services covered by Medicare is narrowly interpreted and dependent on an individual's homebound status, which largely includes individuals who need post-acute, skilled care after a hospitalization, and individuals with longer-term, skilled care needs that require services to be delivered in a home or community-based setting;⁵ and

WHEREAS, Medicare's home health benefit provides limited coverage for "skilled care," which includes: skilled nursing care, physical therapy, speech-language pathology services, and

¹ National Association of Home Care. Defining the Value of Home Health, March 2019.

https://www.nahc.org/wp-content/uploads/2019/04/NAHC_WhitePaper_Value-of-HomeHealth.pdf

² U.S. Census Bureau (2019). American Community Survey 1-year estimates. Retrieved from Census Reporter Profile page for Vermont <<http://censusreporter.org/profiles/04000US50-vermont/>>

³ https://www.aarp.org/content/dam/aarp/research/surveys_statistics/liv-com/2018/home-community-preferences-survey.doi.10.26419-2Fres.00231.001.pdf

⁴ VTDigger: Nurses, Lawmakers Plan Fight Home Health Care Cuts. December 5, 2018.

<https://vtdigger.org/2018/12/05/nurses-lawmakers-plan-fight-home-health-care-cuts/>

⁵ Commonwealth Fund: Medicare Home Health Taking Stock Covid-19. October 21, 2020.

<https://www.commonwealthfund.org/publications/issue-briefs/2020/oct/medicare-home-health-taking-stock-covid-19-era#5>

36 continuing occupational therapy, of less than 8 hours per day and and/or 28 hours per week;⁶
37 and in Vermont, Choices for Care (CFC) Long-Term Medicaid covers home and community
38 based services that support activities of daily living for older adults and adults with physical
39 disabilities receiving care in a home or community based setting, such as: meal delivery,
40 shopping, bathing, and dressing; and

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42 WHEREAS, according to the VNAs of Vermont, there has been an incremental reduction in
43 Medicare reimbursement rates for home health agencies in Vermont, which in 2018, were down
44 by 14 percent since 2009;⁷ and Medicaid payments for all home care services, including CFC,
45 do not cover the cost of doing business as a designated, Medicare approved home health
46 agency;⁸ and

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48 WHEREAS, during the COVID-19 pandemic Medicare beneficiaries were provided expanded
49 access to telehealth services, yet the ability for home health agencies to bill Medicare for
50 telehealth remains limited; and

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52 WHEREAS, home care workers typically receive inadequate compensation for the array of
53 essential services they provide, with few or no benefits, which results in a reported national
54 turn-over rate of 65.2% and inconsistent access to home-based services;⁹ therefore be it

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56 **RESOLVED, the Vermont Medical Society will work with Vermont home health and**
57 **hospice agencies, the Department of Vermont Health Access, the Department of Aging**
58 **and Independent Living, the General Assembly and Vermont's Congressional delegation**
59 **to support:**

- 60 • **Reliable access to quality, home care services in every region of the State;**
61 • **Adequate reimbursement to Vermont's home health and hospice agencies and to**
62 **health care professionals who provide home visits, to enable them to serve all**
63 **eligible Vermonters and provide patients with high quality care;**
64 • **Expanded coverage for home health services including telehealth services under**
65 **the Medicare program and telemonitoring services by all payers;**
66 • **Expanding eligibility for home health services so that all Vermonters who would**
67 **be best served by health care delivered in the home can receive services in that**
68 **setting;**
69 • **Increased inclusion in Vermont's All Payer Model, with adequate payments for**
70 **care coordination to reduce unnecessary and preventable emergency department**
71 **utilization and hospitalizations.**

⁶ Medicare Benefit Policy Manual. November 6, 2020. <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf>

⁷ Home Health Care News: Vermont Home Health Agencies Face Big Financial Hit Under Proposed Medicare Changes, November 28, 2018. <https://homehealthcarenews.com/2018/11/vermont-home-health-agencies-face-big-financial-hit-under-proposed-medicare-changes/>

⁸ Report on Rate Setting; Medicaid. January 15, 2016. <https://legislature.vermont.gov/assets/Legislative-Reports/FINAL-RateSettingReportCorrectedDate-2.22.16.pdf>

⁹ 2021 Home Care Benchmarking Study. May 26, 2021. <https://www.hcoa.org/newsletters/caregiver-turnover-rate-is-652-2021-home-care-benchmarking-study>