LATE \*Testimony submitted late may not be considered by the Committee for decision making purposes.

JOSH GREEN, M.D. GOVERNOR OF HAWAII KE KIA'ĀINA O KA MOKU'ĀINA 'O HAWAI'I



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**STATE OF HAWAII** DEPARTMENT OF HEALTH **KA 'OIHANA OLAKINO** P. O. Box 3378 Honolulu, HI 96801-3378 doh.testimony@doh.hawaii.gov

# **Testimony COMMENTING on HB2275 RELATING TO HOME HEALTH AGENCIES**

# REPRESENTATIVE DELLA AU BELATTI, CHAIR HOUSE COMMITTEE ON HEALTH & HOMELESSNESS

Wednesday, February 7, 2024 9:45 a.m. Room 329

1	Fiscal Implica	tions: Undetermined general fund appropriation amount required to implement.
2	Department 1	<b>Festimony:</b> The Department of Health (DOH) provides comments on HB2275.
3	DOH g	enerally supports the principle that patients and the public deserve access to
4	information a	bout their healthcare providers for purpose of making informed choices.
5	However, HB2275 is problematic for several reasons:	
6	•	The term "complaint" is not defined and may include any negative input from
7		any source, whether individually identified or anonymous;
8	•	Postings of complaints that have not been thoroughly adjudicated or found to
9		have merits that warrant a formal investigation are inappropriate because of the
10		lack of due process;
11	•	Complaints that fall outside of the regulatory authority of the state survey
12		agency, in this case DOH Office of Health Care Assurance (OHCA), or the State of
13		Hawaii Long-Term Care Ombudsman, are inappropriate because they have no
14		bearing on licensing;
15	•	Complaints that fall outside of the Conditions of Participation set forth by the
16		U.S. Centers for Medicare and Medicaid Services (CMS) are inappropriate
17		because they have no bearing on compliance with CMS program requirements,
18		and

1	<ul> <li>DOH lacks the resources to implement and maintain the registry currently</li> </ul>	
2	proposed in HB2275.	
3	CMS requirements exist to assure minimum health and safety standards. Complaints	
4	relating to quality of life, e.g., bad food, rude staff, etc. are regrettable but out of scope and are	
5	best suited for private sector entities to host, including online review sites. Surveys conducted	
6	by OHCA are in accordance with the appropriate protocols and substantive requirements in	
7	statute and regulations to determine whether a citation of non-compliance is appropriate.	
8	Deficiencies are based on a violation of the statute or regulations, which, in turn, is to be based	
9	on observations of the home health agency's performance or practices.	
10	Should the Legislature proceed with this measure, DOH recommends significant	
11	clarifications, an appropriate scope, and appropriations for resources.	

12 Thank you for the opportunity to testify.





### Wednesday, February 7, 2024 at 9:45 am Conference Room 329

#### House Committee on Health and Homelessness

- To: Chair Della Au Belatti Vice Chair Jenna Takenouchi
- From: Paige Heckathorn Choy Associate Vice President, Government Affairs Healthcare Association of Hawaii

### Re: Submitting Comments HB 2275, Relating to Home Health Agencies

The Healthcare Association of Hawaii (HAH), established in 1939, serves as the leading voice of healthcare on behalf of 170 member organizations who represent almost every aspect of the healthcare continuum in Hawaii. Members include acute care hospitals, skilled nursing facilities, home health agencies, hospices, assisted living facilities and durable medical equipment suppliers. In addition to providing access to appropriate, affordable, high-quality care to all of Hawaii's residents, our members contribute significantly to Hawaii's economy by employing over 30,000 people statewide.

Thank you for the opportunity to provide **comments** on this measure. We appreciate that patients should have access to data on providers that they choose to engage with. Our members include only Medicare-certified home health agencies, which provide more intensive medical care, usually after a patient is discharged from a hospital or skilled nursing facility. These agencies are not only licensed by the state but are also certified to provide care to Medicare enrollees. Because they are Medicare providers, data on the quality of our members' services based on key metrics can be found using the Center for Medicare and Medicaid Services (CMS) Home Health Compare tool.

We would note that there are other types of agencies who provide care in peoples' homes specifically, home *care* agencies, rather than home *health* agencies. These home *care* providers provide personal care services, rather than medical services, and are regulated only at the state level. These agencies are not subject to CMS requirements and are not included in the Home Health Compare site for patients and their families to refer to for more information.

If this measure were to move forward, we would request that home care agencies be included. Further, we would request that home health agencies that are Medicare-certified be excluded, in large part because of federal reporting requirements on those agencies.

Thank you for your consideration of our comments.