

Notes from HHS Committee Worksession on LD 1950, "An Act to Advance Palliative Care Utilization in the State."

3/3/20

Committee Analyst – Anna Broome goes over her analysis of the bill

Rep Craven - asks to amend the bill by removing the emergency clause

Dr. Jim VanKirk introduces himself - Dir of Palliative Care for Northern Light Health

House Chair Rep Patty Hymanson asks - we're hearing a lot of complicating nature - can you simplify?

Dr. VanKirk - hospice bundles, multi-disciplinary team. By compensating programs, palliative care should be structured in the same way. Many providers are not providing true palliative care, which is multi-disciplinary

Dr. Lauren Michalakes introduces self- doctor, palliative care provider – and responds to question there are national models, alternate payment models. There are two payment models that are in demonstration projects as we speak. Structure the care in the context of a team. Home based versus institution based. 24/7 access to clinical care. Per member per month. In Maine, we don't have our palliative care in those programs.

Sen Claxton - would this help you do better what you do? Or more broadly do what you do?

Dr. VanKirk - I think it will help. Broadly in terms of services and geography in this state. We have amazing centers of excellence but then large areas without access.

Dr. Michalakes - payment revenue isn't there to support palliative care. If it was there, would force institutions to provide it

Dr. VanKirk - painful to try and develop something when you are told you are losing money - this is in big institutions. Doing something that will push it out in the community. Gives system better chance to benefit.

Dr. Michalakes- data shows when early palliative care is introduced, you save money by decreasing the utilization of resources.

Senator Moore - is the palliative care provided in the hospital covered?

Dr. VanKirk - Yes - the provider can bill for their services.

Dr. Michalakes - provider is paid, but institution isn't reimbursed.

Dr. VanKirk - come from large programs. A lot of our providers are doing services that are eating up time.

Senator Claxton - we can't do dynamic fiscal notes here.

Rep Hymanson- lot of issues and we're not well set up for this bill. Would require much more thought. Are you interested in being a part of that? A lot has been teed up by our analyst. It would be for the next session. Maybe that is something that you could think about. Seeing this as too big an issue to work it to make it something good. Looking at these codes (CPT codes that were provided to the committee), we do those already. Looking at what we got from Molly Bogart (DHHS legislative liaison), don't see those codes there.

Rep Hymanson asks if these CPT codes are being factored into the state's systematic effort to review rates for Medicaid reimbursement to see if current rates are adequate. Molly Bogart (legislative liaison for DHHS) nods that they are.

Rep Hymanson explains rate review process to Dr. VanKirk and Dr. Michalakes.

Dr. VanKirk - if we just change the reimbursement rate for the code, that isn't going to help make this interdisciplinary.

Rep Hymanson - understand that; this is a short session of the legislature

Rep Perry - Hospice is a bundled rate, if we are looking at a palliative care designation, it would be another bundled rate. Can we write a letter or do a resolve, to have the department work with people who provide palliative care? Maintain a conversation around this. Don't want to shut this down completely.

Rep Hymanson - timeline is too short.

Rep Craven - I think we have some models that can be used from the hospice program. Savings to be had in rural areas where people don't get the wrap-around services. Would like to consider the amendment from the nurses' association. Would be willing to have it be turned in to a resolve, report back in January 2021.

Senator Moore - we have a copy of the palliative care advisory council membership, you are both a part of the council, looking at this, it shows what you are doing - submitting a report, the mechanism is there, don't know that we need a resolve. It's already there.

Dr. Michalakes - now that we have your attention, we're willing to take this on.

Senator Claxton - we should send you the letter. We want you to come back to us in January.

Dr. VanKirk - this group has been struggling to make it on any radar screen, we are all volunteers.

Rep Hymanson - that sounds great. We have the structure to have this conversation, and a report back to this committee, and you could get a letter from us endorsing that we want to hear from you. Committee is always able to report out a bill.

Senator Moore - some of the appointments are made by the presiding officers, how has attendance been?

Kandyce Powell is invited up to the mic - over the years at times it's been difficult to get reappointments depending on who considers it a priority. Wonderful people, rich in experience,

both providers and consumers. Looking at a grant for a pilot project. We could take that bundle payment, it has worked for hospice. It's not ideal but it is a gold standard. Palliative care is by definition, not just one person. Need support from interdisciplinary team. Complex. If we could have a bundled payment system and have a pilot project.

Dr. Michalakes - other states we can reach out

Senator Claxton - looking at the defined membership, I don't fit any of these categories but I'd be happy to participate.

Kandyce Powell - all are welcome

Rep Stover - is there any department representation (i.e., DHHS)?

Kandyce Poweel - we have the CDC working with us, various guests, we welcome all that input.

Rep Stover - maybe we could include that in the resolve, to encourage the department to be involved.

Rep Hymanson - when you have asked people to join the meeting, they have been accepted?

Kandyce Powell- yes

Rep Hymanson proposes Letter to council, report back to HHS about bundled rate, state of palliative care.

Rep Perry - Besides the letter, would we like to do the language change suggested by Nurse Practitioners

Rep Hymanson - no - that is another bill and deserves a public hearing

Lisa Harvey-McPherson - role of homecare and hospice council of Maine - want to make sure they participated.

Rep Hymanson - include in letter that Homecare and Hospice Council be invited to participate.

Rep Craven - is Karen Flynn participating?

Kandyce Powell - yes

Rep Hymanson - will you do a state by state analysis?

Dr. Michalakes – NSHP has one

Dr. VanKirk - would like to expedite the change from physician to healthcare providers - huge problem in rural parts of the state. That desperately needs to be done.

Rep Hymanson - needs a seperate bill with a public hearing

Rep Craven - I'd like to hear from Anna if you can't make the change in the bill, the physician to healthcare provider

Anna Broome (committee legislative analyst) - yes, you can.

Rep Hymanson - this is a scope of practice issue that should go to HCIFS Committee. That's my feeling. If anyone wants to argue that.

Rep Meyer - following up that there should be some sort of participation by the department

Rep O'Connor makes a motion for Ought Not to Pass with letter

Committee votes and the vote is unanimous in support of the motion.