Public Policy

HCA Public Policy No.14-2016

TO: ALL HCA MEMBERS
FROM: HCA POLICY STAFF
SUBJECT: HCA STRATEGIC LEGISLATIVE INITIATIVES & FOCUS UPDATE
DATE: AUGUST 3, 2016

Overview

This report to the membership summarizes HCA’s ongoing strategic state legislative initiatives, followed by an update on “focus” legislation being monitored and actively shaped by HCA, as necessary, in the regulatory and implementation phases.

The timing of this report follows the June close of the state Legislative session and the ongoing delivery of bills to the Governor for his signature; but it also sets the stage for some of the initiatives HCA will be further exploring in the critical coming months as the Legislature and Governor begin planning and developing their own legislative and budget agendas for 2017.

As such, the purpose of this report is to highlight all of the critical areas for legislative support of home care now under development – regulatory, fiscal and programmatic – and to invite HCA member input for the next stages of action to pursue these important goals, while preparing the membership for advocacy over the next coming months.

HCA’s proactive legislative initiatives have been shaped to support priority and opportunity areas for home care. They are designed to better strategically position home care in the policy and overall health care arenas. They are further shaped in response to clinical, fiscal and operational imperatives of the Delivery System Reform Incentive Payment (DSRIP) program, Value Based Payment, managed care, bundles and other new developments and models. These HCA-developed initiatives address:

- Home care and managed care reimbursement adequacy and workforce support
- Infrastructure financing
- Technology development and support
- Quality advancement
- Modernization of home care private/commercial insurance coverage
- Regulatory streamlining and realignment for home care and managed care
- Harnessing home care in priority areas of public health, primary care, and needy populations
HCA invites member feedback, including questions, recommendations, data/experiences to support these endeavors and provide further insights on current or emerging member needs that could be addressed through these and other legislative vehicles.

This memorandum serves in tandem with HCA’s Legislative Action Center advocacy platform, e-mail alerts, our ASAP newsletter, and related member communications to inform and engage the home care community on the legislative measures considered and advanced this year. Still further legislative, budget and program measures are under development in the HCA Board of Directors and committee structure, and these will be showcased in future communications.

Legislative bills (whether passed and signed, or introduced for later consideration) serve multiple purposes. A bill originator may expect the full enactment of a given measure; or the bill draft may serve a more strategic purpose, such as utilizing legislation to advance debate and discussion of an issue for purposes of introducing core concepts as part of another emerging legislative or regulatory package. Other purposes of bill development include: initiating and staking out new or vitally needed action; proposing technical or substantive improvements to state laws and policies; presenting items for appropriation in the state budget; securing key protections for persons and entities; and drawing attention to or airing causes, ideas and strategies for eventual incorporation in final proposals.

**HCA Legislative Landscape & Strategic Initiatives**

HCA benefits from the proactive participation and expertise of the HCA membership, Board of Directors, Policy Council and other committees in identifying issues and innovations important to patients, home care, hospice, managed long term care, and our strategic health partners across the continuum (i.e., hospitals, physicians, nursing homes, clinics, behavioral health providers and others).

With HCA Board and member input, our policy team translates these issues and ideas into actionable legislative and budget language that HCA drafts and submits to the Senate, Assembly and Governor for consideration and introduction.

Currently, HCA has put into play a series of bills that have been introduced, passed or positioned for 2017 legislative and budget activity. These bills reflect priority areas of immediate need as well as methodical or longer-term positioning of the home-based sector for support, access, service, quality, value and innovation.

**Bills Advanced by HCA or HCA and Coalition Partners**

What follows is a series of bills that HCA advanced this year from our own bill-drafting development work or in partnership with other allied groups.

**HCA Bill: Rate Adequacy for Home Care/Managed Care** – Chapter 59 of the 2016 Health and Mental Hygiene Budget Legislation, followed by S.8072 (Senator Hannon)

HCA got the Legislature to introduce language in the state budget negotiations which resulted in incremental, but important, new provisions for rate adequacy that passed in this year’s budget. These provisions require state premiums for managed care to render actuarially sound and adequate payments to enable plans and providers to meet the costs of all state and federal wage and other labor law requirements.
This legislation, along with state budget funding fought for by HCA, is vital to help finance the increased costs borne by providers and plans for the minimum wage increase, which was also adopted with the budget as a separate prerogative of the Governor, labor leaders and influential voices in the Legislature.

Building upon this budget legislation, HCA and colleagues then developed S.8072. The purpose of S.8072 is to further ensure responsive allocation of state budget funding for minimum wage and labor costs. The legislation also, more broadly, would work to bring about overall payment adequacy by specifying and detailing the exact provisions of state and federal requirements that should be reflected under the new rate adequacy law, including rate adequacy for the costs of minimum wage, Fair Labor Standards Act, wage parity, Workers' Compensation, and other labor-related and administrative requirements.

S.8072 passed the Senate in June and later delivered to the Assembly. Assemblyman Gottfried incorporated the bill’s provisions in a strongly worded memorandum to the Administration staking out the need for core assurances of adequate funding distribution and reimbursement, as reflected in HCA’s advocacy. (Please see p.1 article “Gottfried Sends Spot-on Home Care Reimbursement Memo to Helgerson” in our July 15 newsletter at http://hca-nys.org/wp-content/uploads/2016/07/ASAP071516.pdf.) In the memorandum, Assemblyman Gottfried requested that state officials follow and reflect the legislative intent of the adopted budget. Though these separate actions did not result in a dually passed and signed bill, they sent a direct message of intent for rate adequacy and, specifically, minimum wage funding implementation.

The bill and accompanying memorandum also form a united position by HCA, colleagues and the legislative health chairs on minimum wage funding as well as overall rate and payment adequacy for major labor-related costs. The bill and memorandum are critical supports in our current, ongoing stakeholder meetings with DOH on labor cost funding.

HCA and Community Health Care Coalition Bill: Health Care Transformation/Infrastructure Pool – Chapter 59 of the 2016 Health and Mental Hygiene Budget Legislation

Home care and other community health care providers have been severely overlooked in basic and transitional infrastructure support during virtually all recent budgets. This has occurred despite state officials declaring home care’s pivotal role in the state’s reforms, and despite substantial state support for institutions, which are in the process of receiving more than $8 billion in hospital-centric funding under DSRIP, on top of last year’s $2-plus billion in mostly hospital-directed capital and infrastructure funding.

This year HCA joined with the Community Health Care Association and other community-based organizations to press the message, and legislative language, for dedicated budget funding to home/community care providers. The result was a $200 million pool, with no less than $30 million earmarked for home care and community health, covering both capital and noncapital potential purposes. While much additional financial support is needed, this new fund provides a critical strategic step for building momentum on infrastructure funding.

The application for funding under this new pool has just been issued by the Department of Health. (Please see p. 11 story “Grant RFA Now Open For State Health Transformation Funds” in our July 29 newsletter at http://hca-nys.org/wp-content/uploads/2016/07/ASAP072916.pdf.) HCA will be tracking and assisting members in every way possible as they seek access to these funds.
HCA Bill: Prompt and Fair Claims Settlement Practices for Home Care Services – S.7960 (Senator Seward)

Following extensive fiscal and survey analysis by HCA, along with discussions between HCA’s Board of Directors and Senate Insurance Committee Chairman Senator James Seward, the Senator offered to work further with HCA to determine root causes and solutions related to claims payment and service authorization problems reported by home care providers in their arrangements with certain managed care plans.

These discussions prompted HCA to draft, and Senator Seward to introduce this June, legislation that isolates and addresses those root causes. The bill would require the state Department of Financial Services and the Department of Health to jointly conduct an analysis, with input from plans and providers, determining whether the state’s existing prompt-pay/fair-claims settlement practices statute needs to be further customized for home care, and/or whether the law’s enforcement similarly requires such customization.

The introduction of this bill provides a foundation for HCA, the Legislature, agencies and affected parties to work over the coming months toward legislative or administrative resolution of this issue. Our goal, on behalf of home care and the health plans, is to positively resolve the litany of problems – such as service delays and denials, cash flow, instability, operational dissonance, and others – resulting from conflicting practices and enforcement limits. If solutions are not otherwise promoted by this bill, the legislation is in place as a ready means of legislative remedy upon the onset of the 2017 session in January.

HCA Bill: Home Health Information and Clinical Technology Act – S.8168 (Senator Hannon) and Assemblyman Gottfried (bill no. pending)

This just-introduced HCA legislation would establish within Article 36 a multi-tiered support infrastructure for clinical and health information technology (HIT), and health information exchange (HIE), in home care. It would authorize: capital grants for clinical and HI/HIE technology; increases to MLTC and managed care premiums to reimburse network provider technology costs; provision of episodic/fee-for-service increases for technology; use of various state health workforce funds for technology; inclusion of a technology factor in managed care quality incentive payments; stronger DSRIP support for technology; technology funding under the state Health Care Reform Act (HCRA); and other provisions.

This legislation is critical for home care and partnering sectors, especially in the context of new and evolving integrated models (DSRIP, Value Based Payments, managed care, etc.).

HCA has also recently convened a Technology Committee to formulate additional proposals and recommendations to support technology development, capacity and integration for home care, hospice and managed care. This legislation supports these efforts and sets the table for upcoming legislative, policy, program and budget advocacy.

HCA Bill: Home Care-Primary Care Initiative – S.7763 (Senator Hannon) and A.10697 (Assemblyman Gottfried)

An outgrowth of HCA’s “MLTC Forum,” this new initiative establishes a homecare-primary care initiative through home care agencies and nurse practitioners, under both MLTC and fee-for-service. It would create
a new section in Article 36 authorizing special rates or rate adjustments to home care agencies, and premium
adjustments for MLTCs, for the provision of nurse practitioner primary care services in conjunction with
home care to enhance primary care to home care patients, and promote patient health, quality and
hospital/ER prevention goals.

This bill helps strengthen and position home care in multiple ways for upcoming program/policy initiatives
— administrative, legislative and budgetary — and further positions home care under MLTC, DSRIP, Value
Based Payments and other bundled-payment frameworks.

HCA Bill: Modernization of State Insurance Coverage Laws for Home Care – S.5076-A (Senator
Seward) and A.1706-A (Assemblyman Cahill)

To promote substantive change in the health care system, all insurance and payor coverages (government
and private) must be both patient- and care-centered. This is particularly important at a time when the
system is moving to integration and coordinated care, demanding a coverage system that similarly sheds its
silos and rigidity structure. Nowhere is this more apparent than in commercial health plan/insurance
coverage for home care. The terms of New York’s law were written in 1972 and, thus, reflect the hospital,
medical and home care use patterns at the time. This law has never been materially updated since.

To address this priority area, HCA drafted legislative language, introduced by Senate Insurance Committee
Chairman Senator James Seward and Assembly Insurance Chairman Assemblyman Kevin Cahill, to
modernize these long-outdated insurance law coverage provisions for home care. The bill would update the
terms of coverage to include such home care roles as: care transitions; partnerships with physicians in
medical management, provision of services to prevent avoidable hospitalizations, emergency room care and
long term institutionalization; and others. The bill would also ensure coverage recognition of core home care
services (some of which are unstated in the current coverage terms), replace artificial ceilings on the number
of visits covered under a policy with the contemporary tools used by insurers to review and approve services,
and eliminate outdated, categorical exclusions of certain policies.

This bill provides a critical baseline for negotiations with the Legislature, Administration and health plans
on securing this long-overdue modernization of home care commercial coverage, and eliminating the current
law’s major obstacle in the contemporary delivery system.

HCA Bill: Quality Innovation and Improvement Through Home Care – S.7810 (Senator Hannon) and
A.10696 (Assemblyman Gottfried)

Reflecting HCA members’ commitment to quality, and the recommendations of the HCA Quality
Committee, HCA developed legislation that would establish a new specific section in Article 36 to promote
quality innovation and improvement through home care. The legislation would provide support for home
care quality innovation in critical areas of public health like falls-prevention, sepsis early recognition and
intervention, cardiovascular health, pressure-ulcer reduction/prevention, and other areas. The program
would also support: implementation of HCA’s first-of-its-kind comprehensive quality measurement and
analytical tool (our “HQMT”); specialized staff training; home care use of clinical guidelines and related
evidenced-based/best-practices; and other critical elements of quality. The legislation authorizes the
commissioner of health to support these innovations and improvements through programs, policies, grants,
and ratemaking, subject to appropriation.
This newly introduced bill by the Senate and Assembly Health Committee Chairs positions HCA’s initiative for inclusion of a visible home care quality innovation program in the upcoming 2017 state budget and legislative session. The initiative raises home care’s opportunities and potential to demonstrably elevate quality and excellence at the very time that these are highly valued in the health care arena.

**HCA Bill: Essential Personnel** – S.6692-B (Senator Lanza) and A.9381-B (Assemblyman Cusick)

This HCA bill would grant “essential-personnel” status to home care and hospice staff during declared emergencies, so they can reach patients when curfews or other restrictions are in effect. The bill would also include home care and hospice within local emergency planning efforts. This is a priority emergency health bill that HCA initiated several years ago, drawing broad-based support from home care, hospice, legislators, and other emergency partners.

This bill **again passed both houses of the Legislature** in June and awaits delivery to the Governor for his signature.

HCA worked hard this year with stakeholders to adjust the bill’s language in a way that is believed will respond to various county emergency managers’ concerns. Those concerns were accepted by Governor Cuomo as the basis for his prior vetoes (despite unanimous approval of both houses of the Legislature and existing bill language believed to have already addressed these local manager concerns). HCA will be engaging the home care community in grassroots advocacy to pass this important measure.

**HCA Bill: Regulatory Alignment and Streamlining for Home Care/Managed Care** – S.5933 (Senator Hannon) and A.7456 (Assemblyman Gottfried)

Five years after the adoption of the Medicaid Redesign Team plan to mandate Medicaid patient service coverage through managed care, the procedures and requirements on managed care plans and providers still need sorting and streamlining. HCA has worked from the outset to align managed care and home care requirements, eliminate excess and conflicting duties and roles, and other inefficiencies. While some critical improvements have been made – such as this year’s adoption of HCA-sought flexibility in medical record and billing timeframes requiring signed physician orders – more areas need to be similarly addressed.

HCA developed and continues to advocate legislation to coordinate and fast-track streamlining and sensible alignment of home care and managed care regulation. S.5933/A.7456 would: 1) require the State Health Commissioner to continue to consider regulatory and procedural reform recommendations advanced by providers, plans and their respective associations; 2) create new authority in Article 36 for regulatory and procedural waivers to streamline and align with managed care; 3) amend waiver authority in the MLTC statute to coordinate with Article 36 waivers; and 4) fast track any complementary or required regulatory changes for streamlining.

This bill was not acted on this year by the Legislature, but HCA will continue to press for this measure and/or others to bring about extremely needed relief in the state’s regulatory structure. Similar advocacy is required federally, and HCA has engaged in parallel efforts to press our case in Congress and at the U.S. Centers for Medicare and Medicaid Services as well.
HCA Bill: Amendments to Home Telehealth Coverage – S.5852 (Senator Young) and A.8200 (Assemblywoman Russell)

This HCA-drafted legislation would amend the 2014-15 Telehealth/Telemedicine Coverage Act to ensure proper accommodation of home care and home telehealth. The 2014-15 bills establishing this Act provide for commercial insurance and Medicaid coverage for services provided via telemedicine/telehealth that would otherwise be provided and covered under the terms of an insurance policy or Medicaid by means other than telemedicine/telehealth. The Act omitted important provisions for equitable inclusion of home telehealth coverage, thus inadvertently limiting its benefits for home care.

HCA’s amendments (S.5852) – to remedy the Coverage Act’s inequities and problems for home care – were successfully reported to the Senate Calendar for vote. However, the Assembly bill was not similarly advanced. HCA will be meeting with the Senate and Assembly sponsors, as well as with the State Departments of Health and Financial Services, to continue to advocate for the remedy provided by this legislation.

HCA Bill: State Telehealth/Telemedicine Development Act – S.5789-B (Senator Valesky) and A.10436 (Assemblywoman Russell)

This legislation was originally drafted and submitted several years ago by HCA as legislators and home care providers sought to promote telehealth development and accessibility across the state. The bill would establish a statewide plan to support, innovate, and coordinate policy as well as finance research for telehealth/telemedicine services.

The legislation was passed by the State Senate in June. The Assembly Health Committee has not yet acted on the bill. Though last year’s passage of the Telehealth/Telemedicine Coverage Act marks some progress in this area, the underlying legislation continues to be a needed measure and driver for solidified support and promotion of this innovative service, which now also clearly aligns with state DSRIP, Value Based Payments and related reform goals.

HCA/MSSNY Bill: Home Care-Physician-Hospital Programs to Address Health Disparities – A.10693 (Assemblywoman Peoples-Stokes)

This initiative was developed by HCA and the Medical Society of the State of New York (MSSNY) to create opportunities for home care and physicians to address disparities in populations and regions. Health care disparities are a major focus in public health, with several solutions intended as part of virtually all major health policies and reforms; yet tangible efforts are not as visible. Policymakers and planners have certainly overlooked the potential unique and significant contribution of home care in disparities solutions.

HCA and MSSNY have built A.10693 on the successfully enacted 2015 HCA “collaboration program” law. A.10693 would authorize and support collaborative programs to address disparities in health care access or treatment, and/or in conditions of higher prevalence, in certain populations or regions. Such programs would target: cardiovascular disease; hypertension; diabetes; obesity; asthma; sickle cell disease; specified cancers; geographic areas of service shortage; special needs of veterans; cultural and linguistic compatibility; and others.
The legislative sponsor, Assemblywoman Peoples-Stokes, is a prominent member of the bipartisan Legislative Black, Puerto Rican, Hispanic and Asian Caucus, which is charged with focusing on the unique needs of diverse/underserved communities. HCA and MSSNY will be working with Assemblywoman Peoples-Stokes, other Caucus members and leaders, potential Senate sponsors and the Administration to advance this bill and funding in the upcoming legislative and budget planning period.

**HCA/LANY Bill: Independent Senior Housing Resident Freedom of Choice Act** – S.2276-A (Senator Young) and A.10243 (Assemblyman Cymbrowitz)

Supportive housing options for seniors and persons with disabilities are in critical need. HCA and LeadingAge New York (LANY) collaborated to develop A.10243 to assist in this effort. This legislation would break down one of the current barriers to housing and support by clarifying individuals’ rights in independent senior housing to also access and obtain services as any other individual residing in the community, from the provider of their choosing. These services include personal care, home care, case management, technologies and other community services that support their ability to live independently in the community.

Current laws and regulations created for defined, licensed “facilities” have been ambiguous, causing inadvertent application to senior housing when residents seek “in-home” support from community agencies. This interpretive overreach then precludes residents from selecting services of their choosing in the same manner as if they were in their own private homes in the community. This legislation would clarify the law, eliminate the overreach, and assure freedom of choice for these residential and services for seniors.

This legislation was passed by the Assembly, and remained in the Senate Aging Committee. HCA and LANY will continue working to break through this policy barrier.

**HCA Bill: Veterans Home and Community Based Services Pilot Program** – S.5780 (Senator Croci) and A.8198 (Assemblyman DenDekker)

HCA collaborated with the New York State Health Foundation, federal officials, HCA providers, veterans’ organizations and others on a veterans home care roundtable. The roundtable identified gaps in both the general and Veterans Administration health care systems, and identified program elements that, if brought together, might foster a more integrated, accessible and responsive approach for veteran services in the community.

HCA translated these issues and recommendations into S5780/A.8198. It creates a Veterans Home and Community Based Services Pilot Program to provide an integrated, coordinated and managed plan of care and service for veterans. The HCA bill would bring together home care, physicians, and interdisciplinary practitioners and providers, as well as integrated care planning, care management and service financing.

The Senate bill advanced to the Senate Finance Committee, and the Assembly bill was referred to the Ways and Means Committee. The program was also advanced by the Senate in its budget resolution. Along with many other important items on the budget table, however, this proposal did not make the final insert into the adopted budget. HCA plans meetings with the sponsors and the fiscal committees in the summer/fall budget and legislative preparation periods to advance these important provisions.
Other 2016 Bills Impacting Home Care

This next section provides a reference on bills passed and pending that impact the home and community based care system. These are bills that compel HCA’s involvement in: 1) seeking signature or veto; 2) seeking to shape and guide implementation; 3) supporting future planning/passage; 4) urging amendment; 5) requesting reconsideration.

Bills That Passed Senate and Assembly

Advanced Home Health Aides – S.8110 (LaValle)/A.10707 (Glick)

This bill creates a designation of an “Advanced Home Health Aide” (AHHA) who can perform certain advanced tasks, including the administration of certain medications, under the supervision of a registered professional nurse and pursuant to an authorized practitioner’s ordered care.

The legislation directs the state departments of Education and Health to formulate many details in rules and regulation, including the array of permissible tasks, the required training and qualifications, and other implementing elements. The legislation requires that a workgroup be convened to provide input from the field.

HCA will distribute a “closer-look” memorandum on the AHHA legislation, detailing for the membership the many aspects, requirements and provisions of this particular legislative act.

Over the years, HCA initiated the first of this type of legislation and led efforts to provide increased flexibility for nurses in home care and hospice agencies to work with aides and patients to enable a greater span of service, where appropriate, and consistent with existing nurse discretion to educate, train and assign family members in a patient’s care. Such flexibility offers critical support with the challenges and needs facing patients and the health care system.

HCA appreciates the sponsors for finally advancing this concept to passage. During the sponsors’ rapid work to formulate and finalize this bill version, HCA identified several critical concerns and absent provisions or protections that must be addressed for implementation of the AHHA program. These include: the need for funding for training, compensation and oversight of AHHAs; excessive layers in the bill for new requirements and regulations; lack of fair liability protection for nurses and agencies utilizing AHHA’s in good faith; lack of alignment between managed care plan procedures and the bill’s AHHA procedures for nurses, agencies and aides; lack of clear provisions for approved home health aide training programs to seamlessly qualify for AHHA training, upon provider application and state approval; and others.

HCA will be recommending and working to secure amendments or other implementation provisions that address these issue areas. HCA specifically looks forward to participating on the implementing workgroup, and to garnering the input of HCA agencies and nurses in this process to help guide the clinical and operational details of the AHHA program.
**Off-Site Services at Home** – S.8081 (Hannon)/A.7714-C (Gottfried)

This legislation permits “house-calls” to patients in their homes by hospital and clinic physicians and other primary care practitioners in these settings. The “offsite” house-call visits would be allowed for patients that have pre-existing relationships with such professionals and who are unable to travel on-site for care, thus requiring the visit.

HCA drafted and gained inclusion of amendments to target the bill to hospital/clinic offsite primary care, and expressly not home care services (professional or aide-level services) that are otherwise the jurisdiction of Article 36 home care agencies. HCA’s amendments also ensure that home care input is included in any implementing regulations or guidance that may be issued for this bill.

In an environment where partnership models and emphasis on home and community services are incentivizing fluidity in the service-delivery system, this now-amended bill would help enable flexibility for hospitals, clinics and their patients, while protecting the long-established, jurisdictional scope and role of home care agencies.

**Criminal History Record Checks** – S.7298 (Hannon)/A.10382 (Hyndman)

This bill amends the criminal history record check (CHRC) program for home care and other health care providers to limit the dissemination of records and information regarding a prospective employee to those records and information received from the state Division of Criminal Justice Services. This change was required so that New York is in compliance with federal law; as a result, CHRC information provided by the FBI will no longer be available to health care providers.

**Home Care Worker Wage Parity Technical Amendment** – S.8159 (Flanagan)/A.10741 (Farrell)

This bill makes technical amendments to the state’s Home Care Worker Wage Parity law to align it with the state minimum wage increases in this year’s budget. (It changes the incorrectly referenced minimum wage increase schedule.)

**Oversight of Social Adult Day Programs** – S.7161 (Savino)/A.9130 (Cymbrowitz)

This bill requires that all social adult day programs, regardless of funding source, be subject to oversight by the state Office for the Aging.

**Enriched Social Adult Day Services** – S.5732 (Serino)/A.7588 (Cymbrowitz)

This bill requires the state Office for the Aging (SOFA) to develop a process for social adult day programs that currently have a contract with SOFA to provide enriched services and/or optional services without the program receiving a grant.
Bills Introduced in One or Both Houses

- **Hours Worked by Home Care Nurses** – S.3100 (Ritchie)/A.1127 (Glick) – adds home care visits to the existing law that no health care employer shall require a nurse to work more than that nurse’s regularly scheduled work hours or home care visits. (HCA has requested reconsideration of this bill.)

- **Definition of Palliative Care** – S.311-A (Espaillat)/A.2211-A (Gottfried) – adds a definition for and updates other references to palliative care in the hospice law. (HCA supports this progressive change.)

- **Home Care Reimbursement Rates** – S.5459 (Hannon)/A.7687 (Gottfried) – would require the state Department of Health to contract with an independent actuary to study reimbursement methodologies for home and community-based long term care providers that will assure adequate worker compensation. (This issue is being addressed through our other legislative efforts on rate adequacy as discussed in this report.)

- **Community Paramedicine** – S.5481 (Hannon)/A.7503 (Gottfried) – would authorize the practice of community paramedicine in circumstances other than the initial emergency medical care and transport. Community paramedicine is defined in this bill as the practice by emergency medical technicians (including advanced EMTs) of evaluating, preventing, or improving health conditions of patients, within the EMT or advanced EMT’s scope of practice, education, and training. HCA worked extensively with hospitals, EMS providers and others impacted by the bill’s supporters to create an alternative approach to S.5481 that avoids crossover of this concept into home care while also facilitating partnership opportunities between home care and EMS. Discussions continue.

- **Justice Center Registry Checks** – S.7414 (Carlucci)/A.10383 (Harris) – would require additional service providers, including home care, to check the Staff Exclusion List (“SEL”) register of substantiated category-one cases of abuse or neglect maintained by the Justice Center for the Protection of People with Special Needs (“Justice Center”) before hiring employees or allowing persons to have regular and substantial contact with service recipients, and it would allow all providers to re-check the list once every six months. HCA urged reconsideration of this legislation which would add still further, unfunded layers onto home care agency and personnel record checks.

- **Domestic Workers Bill of Rights Exemption** – S.7929-A (Martins)/A.10595-A (McDonald) – preserves the exemption of home care workers from the state Domestic Workers Bill of Rights (DWBR) law by changing the current exemption which references the Fair Labor Standards Act with new language that clarifies that home care workers employed by agencies are excluded from the DWBR law. HCA supported this proposed correction of the law to reflect its original intent, exempting home care.

- **Creates an Interagency Council for Coordinating Planning for Older Adults** – S.5999 (Parker)/A.7628A (Barron) – requires the creation of an interagency council comprised of the Office for the Aging, Department of Health, Office of Mental Health, Office of Alcoholism and Substance Abuse Services, Office of Temporary and Disability Assistance, Office for Persons with Developmental Disabilities, Division of Housing and Community Renewal, Department of Labor,
Department of Financial Services, Department of Transportation, and the Office of Children and Family Services. The interagency council would develop a state plan on aging to plan for the current and future needs of older adults. The plan would focus on several areas including, but not limited to, health services, community-based services, housing, workforce issues, “kin care,” and mental health and substance abuse services.

Next Steps

Responsive implementation of the new minimum wage law and accompanying state budget funding are a primary focus of HCA’s advocacy agenda. HCA is working closely and intensively with fellow provider associations and health plan representatives to compile the requisite data, analyses and assertions to ensure adequate, timely and uncomplicated funding for minimum wage and other critical labor costs (i.e., wage parity, Fair Labor Standards Act, Workers’ Compensation, etc.). HCA is also working in regular stakeholder meetings and discussions with DOH and others in the Administration toward this goal.

HCA is also striving to ensure that the $200 million health care transformation pool we sought in the state budget is properly implemented and equitably accessible to home care. As the application has been recently released by the state, HCA will be seeking member feedback on their experiences and will be in regular contact with DOH officials on implementation guidance and developments.

HCA will be working with both houses of the Legislature, the Executive and relevant sectors to strategically pursue and gain momentum for legislative and budget support of our strategic home care measures detailed in this memorandum. As previously emphasized, these initiatives provide established groundwork going into the summer/fall legislative and budget preparations for the coming period. Having these bills developed, written, introduced and sponsored by the key committee chairs and leaders is a major step already in place – and an advance on which to effectively build.

We will be engaging members for advocacy on these measures as well as on other consequential bills that passed at the close of the Legislative Session (e.g., Advanced Home Health Aides, Essential Personnel, Offsite Services, etc.). These measures will, in the coming weeks and months, be delivered to the Governor for his action. Moreover, HCA will be assertively participating in the implementation process of any signed bills, directly and/or through formal or informal workgroups that the bills or the respective state agencies convene.

Please contact the HCA Policy Team with any questions, comments or recommendations.