

HCA Memorandum



Urging Governor's Approval of S.5016-A/A.6549-A

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HCA, New York State's home care association, represents nearly 400 providers, organizations and individuals who collectively provide health care to hundreds of thousands of New Yorkers.

HCA members include Certified Home Health Agencies, Licensed Home Care Services Agencies, Long Term Home Health Care Programs, Hospices, Managed Long Term Care Plans, waiver programs, allied health and health management organizations, and others.

Home care provides and integrates care management and an array of clinical and supportive services for the care of individuals at home and in community. Home care provides primary, preventive, post-acute, long-term, and palliative care for individuals from newborns and children, to adults and seniors. Home care providers work with physicians, hospitals, clinics, health plans, and other health care partners to provide and manage care.

"Helping New Yorkers Feel Right at Home"

To: Alphonso B. David, Counsel to the Governor

**Re: S.5016-A by Senator Lanza, A.6549-A by Assemblyman Cusick
An Act to Amend the Executive Law in relation to provisions for home care and hospice in comprehensive emergency management plans**

Date: October 2017

The Home Care Association of New York State (HCA) **strongly supports** S.5016-A/A.6549-A which will assist in providing vital support for elderly, disabled and medically fragile home and hospice care patients in the local emergency management planning process.

This bill has unanimously passed both houses of the Legislature and has been delivered to Governor Cuomo for his approval. **HCA urges the Governor's signature of this bill into law.**

This is a critical health, safety and life-protective bill for patients at home, who are exponentially more vulnerable in times of emergency and public disaster.

Currently, the Executive Law provides for "advice and assistance" from key community sources – e.g., firefighters, law enforcement, emergency medical responders, et al – in the preparation and execution of local emergency management plans. Vitaly important, this bill would include among such advice and assistance the input of home care and hospice organizations. Critically, it would also offer input and direction on essential care personnel access for such patients and their professional caregivers during emergencies.

Emergency preparedness and response issues, including medical personal access to patients, access to fuel to reach patients, coordination of communication, mutual aid/sharing of assets, and similar, were among the significant issues in state and city hearings following Hurricane Sandy and other major public emergencies from Buffalo to Long Island. With the dramatically increasing numbers of New Yorkers now receiving hospital-level, nursing home-level, post-surgical, post-partum, and other major medical care at home, it is all the more urgent that these patients and agencies be thoroughly considered in the emergency planning process. Likewise, the inclusion of the agencies in this input process presents opportunity for increased contribution and coordination of their resources at the direction of local officials, offering key supplemental assets in support of incident command. As such, this legislation facilitates essential patient and community-wide response goals.

HCA appreciates the discussions held with the Governor's office on behalf of this legislation and is pleased to provide data helping underscore the significance of this legislation and the severity/acuity of need in the home care population, particularly those critical patients whom every day require intensive and uninterrupted care (and who without home care would predominately be in hospitals and nursing homes). This intensive care at home cannot be severed even in emergencies, and becomes all the more urgent when disaster strikes.

Supportive Data:

In a recently conducted survey by HCA, a sample of just 105 providers reporting, out of 1000 possible agencies in the state, **reported over 10,000 state-defined “priority 1” (acute/immediate/uninterrupted) care level patients in their care census.** Extrapolating statewide, **the total number of these extremely acute patients is many times above 10,000.**

Level 1 patients are those **defined by New York State Department of Health regulation as needing uninterrupted services**; patients whose condition is highly unstable and **deterioration or inpatient admission is highly probable if the patient does not receive their home care.** **These patients must have care.** Examples include patient requiring life sustaining equipment or medication, those needing highly skilled wound care, and unstable patients with no caregiver or informal support to provide care. In case of a disaster or emergency, regulations and medical standards require that every possible effort must be made to see this patient.

These (growing) numbers of highly acute home care patients underscore the importance of home care personnel essential access in emergencies that would be supported by this legislation; otherwise, not only are these patients at extreme risk without home care, but the alternative, which would be emergency transport to other care delivery locations (i.e., by local EMS and hospital assets) and management by local EM assets, carries profound impact to patients and the system, and diverts scarce emergency management resources at times of emergency prioritization.

In another data example: a state and regional Health Department emergency preparedness exercise (known as “WRECKIT”) was conducted last October-November in 17 counties in Western New York, including Erie and mostly rural counties surrounding Erie. **The exercise identified over 2,300 priority level 1 patients being cared for by home care and hospice in the staged “storm-impacted” emergency areas alone** – exponentially more than could be accommodated by local EMS, hospital and other emergency management assets (especially as these assets would be otherwise necessarily be heavily spread and taxed responding to the broad community emergency needs in the affected areas).

HCA is a collaborative partner in the state and regional emergency preparedness and response structure and can directly attest to the urgency and benefit of this legislation. HCA works in close partnership in emergency preparedness and response with the New York State Department of Health Office of Health Emergency Preparedness, Office of Primary Care and Health Systems Management, Regional Health Emergency Preparedness Coalitions, state associations representing all sectors of care, and others.

HCA urges in the strongest possible terms the Governor’s approval of this critical legislation and stands ready to work with the Executive, the Legislature and state and local entities to support its implementation.