



October 28, 2019

Hon. David Carlucci  
Chairman, Committee on Mental Health  
New York State Senate  
State Capitol, Room 514  
Albany, New York 12247

Dear Senator Carlucci:

I write on behalf of the Home Care Association of New York State (HCA) to provide input to today's important Senate Mental Health Committee public hearing on Eating Disorders.

HCA is a statewide health association comprised of health care providers, managed long term care plans, allied organizations and individuals providing home and community-based health care to over 800,000 New Yorkers. Our programs' services range from primary and preventive, to pre-acute, post-acute, rehabilitative, medically complex and long term care. Persons served by our agencies span all age groups, from prenatal, to teens, to adults, to elderly.

I commend the committee's focus on this critical, life-altering and life-threatening condition, which is associated with the highest mortality of any of the mental health conditions. The societal prevalence, human impact and cost consequences of eating disorders are catastrophic. Individuals afflicted with eating disorders suffer extreme, whole-life impacts: physical, mental/behavioral, social, educational/vocational, and beyond.

Comprehensive, interdisciplinary and integrated supports are vital for individuals with these conditions. Further essential is the ability to individualize and target the exact right supports, at the right time, and in the optimal clinical and personal settings for the individual.

New York's Public Health Article 29-J establishes Comprehensive Care Centers for Eating Disorders (CCCED), implemented by designated health systems that manage the program's operations and care. The CCCED model is designed to support individuals in the comprehensive, coordinated and individualized fashion emphasized above.

With the severe risks and consequences of eating disorders on the lives of individuals and the health care system, I strongly believe that increased, targeted investment in the CCCED programs will save further health and lives, and yield cost-savings for our state's budget and for private payers alike. As the state is now urgently seeking actions to meet current and future budget goals, what better proactive approach than to further empower models like CCCED that can improve health and quality of life and reduce health care costs overall. *Lurge you and your committee to consider further support and investment in the CCCED program as a health improvement and prospective state budget savings initiative.*

*In conjunction with this recommendation, HCA proposes the attached amendment to the CCCED statute to provide that the "noninstitutional" component of the program may include in-home care for the individual* where beneficial, ordered by the physician and coordinated with the CCCED. The in-home component would serve as a CCCED and patient option for primary, preventive, transitional or continuity of care. The amendment's in-home services would be those already sanctioned and regulated under Article 36 of the Public Health Law as authorized home care agency services, provided by duly certified and licensed home care agency professionals, and tailored individually to the person's needs and plan of care. These could include, as needed, skilled nursing, therapies such as physical therapy, occupational therapy, respiratory therapy and speech therapy, nutritional counseling, social work, care management, medication adherence, telehealth/telemedicine, among other specialized in-home services.

Restoration of health, self-care and quality life at home are not only the CCCEDs' and individuals' goals, but home and community are where the individual must ultimately prevail and win back their lives from this consuming condition. Home and community are also the most sustaining and cost-effective venues for care and lifelong sustainability.

Through this amendment, in-home intervention could be initiated at key points of need, and timed for an individual who without these services risks an emergency or acute episode, or relapse following previous successful hospital, residential or outpatient care of the CCCED. The in-home component would be critical to preventing acute and emergent episodes, as well as to ensuring successful transitioning, continuity of support and progression to full recovery at home.

We respectfully submit for your consideration the legislative enabling language for this in-home element for individuals with eating disorders and the CCCED programs. We are pleased to work with you and with our agencies in any manner that would facilitate this CCCED in-home measure with home care providers, and for overall support of the CCCED mission and service access for New Yorkers.

We applaud you and this opportunity by the Mental Health Committee to support the improved prevention, care and health restoration for individuals with eating disorders, and are pleased to recommend these potential policy improvements and budget cost-benefits for the state.

Sincerely,

A handwritten signature in blue ink that reads "Al Cardillo".

Al Cardillo  
President & Chief Executive Officer  
Home Care Association of New York State

Enclosure