Bill as Introduced

HB 326-FN - AS INTRODUCED

1999 SESSION

99-0354
01/09

HOUSE BILL ***326-FN***

AN ACT requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

SPONSORS: Rep. Buckley, Hills 44

COMMITTEE: Health, Human Services and Elderly Affairs

ANALYSIS

This bill requires the department of health and human services to conduct an annual survey of home health care agencies for compliance with federal regulations.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

99-0354
01/09

STATE OF NEW HAMPSHIRE

In the Year of Our Lord One Thousand Nine Hundred and Ninety-Nine

AN ACT requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 New Section; Survey Required. Amend RSA 126-A by inserting after section 18-a the following new section:

126-A:18-b Survey Required. The department of health and human services shall conduct an annual survey of the licensed home health care agencies currently providing services under the medicaid benefit to ensure that such agencies meet the federal medicare conditions of participation. Such agencies shall not be required to be Medicare providers.

2 Effective Date. This act shall take effect 60 days after its passage.

LBAO
99-0354
1/19/99

HB 326-FN - FISCAL NOTE

AN ACT requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

FISCAL IMPACT:

The Department of Health and Human Services indicates this bill will increase state expenditures by $25,610 in FY 2000, $38,555 in FY 2001, $40,035 in FY 2002, and $41,670 in FY 2003. There will be no impact on state, county and local revenue or county and local expenditures.

METHODOLOGY:

The Department indicates there are currently 17 Home Health Agencies who meet the criteria established. Although the effects of the long-term care legislation on home placements, passed in 1998 are unknown at this time, it is assumed there will be a greater need for home health care services. Therefor, the Department estimated that 17 agencies in FY 2000 and 20 agencies each year thereafter would require survey. Given the training requirements for qualifications for federal surveyors status and the expected workload of surveying 17 to 20 agencies, the Department determined that one full-time Health Care Facility Program Reviewer position, labor grade 18, step 2, with associated benefits, travel and equipment would be required. For FY 2000, the cost is for ½ year. Subsequent yearly expenses do not include equipment.

Committee Minutes

ESTABLISHMENT OF SUBCOMMITTEE

HB

BILL NO. 326 FN DATE 2/2/99

Survey home healthcare agencies
Title
for compliance w/ fed regulations
for medicare

Composition of Subcommittee: Barnhart

Chairman [redacted]

Members Wendelboe Chr

[redacted] Walrymple

Distribution: House Clerk

Speakers

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # HB 326-FN Date 2-2-99

Committee HEALTH & HUMAN SERVICES

**** Please Print All Information ****

Name	Address	Phone	Representing	(check one) Pro	Con

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 326-FN

BILL TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: February 2, 1999

LOB ROOM: 205 **Time Public Hearing Called to Order:** 02:05 p.m.

Time Adjourned: 03:05 p.m.

(please circle if present)

Committee Members: Reps. Emerton, Batula, Chabot, Manning, Case, Perkins, Dawe, P. Katsakiores, Feuerstein, Pilliod, Dalrymple, Wendelboe, Martel, Ruffner, Copenhaver, Kane, Haettenschwiller, Burnham, French, Donovan, Seldin and Potter.

Bill Sponsors: Rep. Buckley

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

REP. RAYMOND BUCKLEY (Sponsor): I support this bill. He said that this bill would provide facilities, not Medicare certified, with a survey by DHHS.

*REP. CAROLYN VIRTUE: I support this bill. I am a non-Medicare home health care provider and my facility is called Heritage Healthcare Management. She then submitted written testimony.

REP. MARION COPENHAVER: What about being dually eligible?

REP. VIRTUE: I do the medicaid price and the Medicare pieces.

REP. COPENHAVER: Do they provide Medicare services to patients?

REP. VIRTUE: Yes, a certain percentage.

CHAIRMAN LARRY EMERTON: Should a private pay patient run out of funds, what occurs?

REP. VIRTUE: In my experience, those who have paid privately do not run out of funds.

REP. MARTIN FEUERSTEIN: What is the current DHHS system for criteria?

REP. VIRTUE: Medicaid certification

MR. THOMAS MCNAMARA (Heritage Healthcare Management): I support this bill. He then clarified the terms for the committee: Medicaid – State of NH pays and monitors with federal funds, Medicare – Federal government monitors and pays with HICVA.

MS. SUSAN YOUNG (Granite State Home Health Association): I oppose this bill. Last summer, there was a ruling from DHHS that in order to be medicaid certified you must be Medicare certified. This applies to those providing shelled and intermediate services, not those that require more intense services or chronic care. The Granite State Home Health Association is in agreement with the DHHS ruling. If the more extensive care is given through medicaid, the costs to the state would escalate.

REP. ALPHONSE HAETTENSCHWILLER: If an agency was providing those services, then they would need to be certified by Medicare for the care?

MS. YOUNG: Yes

REP. DANIEL BURNHAM: What is the reason for your opposition?

MS. YOUNG: It fixes one problem and creates another. The costs to the state would, in fact, affect the funding of medicaid.

MS. DEBORAH MERRITT (DHHS, Div. Of Elderly and Adult Services): I oppose this bill. In discussion with the Home Healthcare Association, I found them to be in agreement with the DHHS ruling. If DHHS were to perform a survey for medicaid certification, the surveyor's salaries and costs would need to be assumed by the state. The rulemaking component is missing in the legislation. The only association that seems to be in objection to the DHHS ruling seems to be Heritage Home HealthCare Management. This is an off budget item for DHHS and that is another reason for their objection. When the Medicare certification model was chosen by the department, it was done so because the requirements for certification are much more stringent. The department has evaluated this and found that there is no risk to the population served.

*Written testimony submitted by Elizabeth A. Conlon, Laconia, NH

Respectfully Submitted,

Margaret Case

Rep. Margaret Case, Clerk

Subcommittee: Reps. Wendelboe, Burnham and Dalrymple

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON HB 326-FN

BILL TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: 2-2-99

LOB ROOM: 205 **Time Public Hearing Called to Order:** 2:05p.m.

Time Adjourned: 3:05p.m.

(please circle if present)

Committee Members: Reps. Emerton, Batula, Chabot, Manning, Case, Perkins, Dawe, P. Katsakiores, Feuerstein, Pilliod, Dalrymple, Wendelboe, Martel, Ruffner, Copenhaver, Kane, Haettenschwiller, Burnham, French, Donovan, Seldin and Potter.

Bill Sponsors: Rep. Buckley

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Testimony

February 1, 1999

Health, Human Services
and Elderly Affairs
Committee Members

Dear Committee Members,

This letter is in reference to **House bill # 326.**

I have to use home health care for my fifteen year old daughter, who has Cerebral Palsy, and spends most of her day in her wheel chair. She cannot dress herself, or shower without the help of an aide.

Heritage Home Care has provided that care for us. As she is on Medicaid, I am concerned that they might not be able to continue this care because they are not Medicare qualified as well as Medicaid qualified.

It is very difficult to find a company that will come as early in the morning as we need someone, (5:30 AM) and as I am unable to lift her or bathe her, due to an accident I was in four years ago, this care is a necessity and not a luxury.

I hope you will pass this bill so that we will continue to get the care Susie needs each day.

Sincerely,

Elizabeth A. Conlon

Elizabeth A. Conlon
307 North Street
Breakwater # 28
Laconia, NH, 03246

HERITAGE
HEALTH CARE
MANAGEMENT

105 LOUDON ROAD • BUILDING 2 • CONCORD, NH 03301
telephone 603·228·2400 – fax 603·228·9210

Date: February 2, 1999

To: Health, Human Services and Elderly Affairs Committee Members

From: Carolyn A. Virtue, Administrator

Re: HB326*FN*

There are currently 17 home health care agencies in the State of New Hampshire, providing home health care services to Medicaid beneficiaries that are State Licensed, however, not Medicare certified. The Department of Health and Human Services was not aware that they had an obligation to survey these providers for compliance with the Medicare conditions of participation until October 16, 1998. According to the regulations of the Medicaid program, these agencies should have been surveyed annually for compliance with the Medicare guidelines. At that time the Department of Health and Human services decided to require Medicare participation of these providers. However this decision forces the providers to participate in the Medicare program and has the potential of driving out of business agencies who are providing the State with needed services. HB326*FN* would require the Department of Health and Human Services to survey these agencies for compliance, as they should have been doing already, in lieu of requiring the certification (see attachments).

Heritage Health Care Management, Inc. is one of the seventeen providers affected by this mandate. We have been providing home health care services in New Hampshire for ten years. I also have extensive experience with the operations of Medicare certified agencies. After a thorough analysis, I purposefully choose not to provide Medicare services so that we could concentrate on providing services to non-Medicare beneficiaries and were licensed and approved by the State to do that.. Traditionally, non-Medicare

agencies are more cost effective than their cost reimbursed Medicare counterparts and can subsequently afford to provide services to Medicaid beneficiaries. Medicare agencies traditionally service primarily Medicare patients, in most agencies 80-90%. Furthermore, Heritage Health Care Management, Inc. currently operates in compliance with the Medicare conditions of participation and because we believe they are a very valuable tool for quality measurement. Therefore, all that should be required to ensure the continuum of quality home health care delivery to Medicaid beneficiaries is a survey by the Department of Health and Human services.

The Balanced Budget Act of 1997 and the Health Care Finance Administration's ensuing rules have made it extremely difficult for new applicants to obtain Medicare provider certifications. Although the home health care industry is actively working to undo the damage caused to the home health benefit, there will not be a quick resolution. It is not unreasonable to assume that many or all of these providers could not successfully obtain a Medicare provider number in the current environment.

With the passage of HB409 the legislature voiced their support for home and community based care. Medicaid beneficiaries need the seventeen agencies that could be lost without passage of this bill, I urge your support.

Thank you for your consideration. Please do not hesitate to contact me if I can provide you with further information.

Respectfully Submitted,

Carolyn A. Vitter

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HEALTH MANAGEMENT

6 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4796 1-800-852-3345, Ext.4796 TDD Access: 1-800-735-2964

Terry L. Morton
Commissioner

Dianne Luby
Director

October 16, 1998

Carolyn Virtue, Executive Director
Heritage Health Care Management
105 Loudon Road
Concord, NH 03301

Dear Ms. Virtue:

It has come to the attention of the Medicaid Administration Bureau that some home health agencies who are enrolled as NH Medicaid providers of home health services are not Medicare certified as home health providers. Federal regulations at 42 CFR 440.70 require that providers of home health services under the Medicaid program meet the requirements for participation in Medicare. In addition, providers of nursing and/or home health aide services for Home and Community-Based Care for the Elderly and Chronically Ill (HCBC-ECI) recipients are also required to be certified by Medicare.

The Medicaid Administration Bureau has been researching this issue with the goal of determining a course of action which addresses the concerns of home health providers, the requirements of federal regulations, the goals and objectives of the department, and the needs of our recipients. Our research involved extensive review of regulations, discussions with federal representatives and meetings with the administrator of the Bureau of Health Facilities Administration. Based on this research, the Medicaid Adminstration Bureau has determined that certification by Medicare is the only effective means to assure that home health services providers, including HCBC-ECI providers as described above, meet the requirements for participation in Medicare, and thus are eligible to be Medicaid providers.

Rather than disenrolling providers who are not presently certified by Medicare, the Department has established a plan to allow those agencies that wish to continue as Medicaid home health services providers to obtain Medicare certification. Our records indicate that your agency does not have Medicare certification. To continue as a Medicaid home health services provider, the following actions must be taken:

- An application for Medicare certification must be filed with the New Hampshire Department of Health and Human Services, Bureau of Health Facilities Administration within 60 days of the date of this letter; and

- No later than February 15, 1999, a copy of the acceptance letter received from the fiscal intermediary must be submitted to the attention of Cheryl Kordas, at the Policy Development and Research Unit in the Medicaid Administration Bureau, DHHS. The address is: 6 Hazen Drive, Concord, N.H. 03301-6527.

Beginning February 16, 1999, we will begin the process of disenrolling non-certified home health providers who have not taken the above steps.

We have made every effort to correctly identify home health services providers who are not Medicare certified. However, if your agency has been identified in error and is currently certified by Medicare, or you do not provide home health services, please notify Lila Cate, at 271-4357, or 1-800-852-3345, extension 4357, as soon as possible.

Thank you for your cooperation with this process.

Sincerely,

Susan J.L. Lombard

Susan J.L. Lombard
Medicaid Administrator
271-4353

3452

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF HEALTH MANAGEMENT

6 HAZEN DRIVE, CONCORD, NH 03301-6527
603-271-4796 1-800-852-3345, Ext. 4796 TDD Access: 1-800-735-2964

Terry L. Morton
Commissioner

Dianne Luby
Director

December 24, 1998

Carolyn Virtue, Executive Director
Heritage Health Care Management
105 Loudon Road, Bldg 2
Concord, NH 03301

Dear Ms. Virtue:

On November 6, 1998, representatives of the Home Care Association of New Hampshire and the Department of Health and Human Services met to discuss the implications of the requirement of Medicare certification of all home health agencies, particularly as it concerns Home and Community-Based Care for the Elderly and Chronically Ill (HCBC-ECI) providers.

Federal regulations at 42 CFR 440.70 require that providers of home health services under the Medicaid program meet the requirements for participation in Medicare. Based on the information presented at the November 6 meeting, the Department recognizes that more consideration needs to be given to how this requirement pertains to those entities providing services solely to HCBC-ECI recipients. Thus, the Medicare certification action steps and deadlines specified in our October 16 letter are being suspended until further notice for agencies enrolled solely to provide HCBC-ECI home health services. Agencies which have both a HCBC-ECI provider number and a non-HCBC-ECI number must still comply with the Medicare certification requirements for the non-HCBC branch of the agency. (See new deadlines below.)

The Division of Elderly and Adult Services and the Medicaid Administration Bureau will work together in an effort to develop a solution for HCBC-ECI providers which meets both federal requirements and the Department's goal to encourage and support community-based care. The Department is committed to working with the Home Care Association of New Hampshire and home care providers to reach a solution that will support the provider participation and commitment that is so essential to a successful network of community supports for our recipients. We will keep the Home Care Association, its members, and other HCBC-ECI home health service providers informed about our efforts and outcomes. If you have questions or comments about home health service provision through the HCBC-ECI waiver, please contact Deborah Merritt, Director of Programs and Operations at the Division of Elderly and Adult Services, 271-4394.

Please note that Medicaid providers of non-HCBC home health services must still follow the steps detailed in the October 16, 1998, letter. However, the Department agrees to extend the deadlines for completion of those steps. The steps and new deadlines are as follows:

- An application for Medicare certification must be filed with the New Hampshire Department of Health and Human Services, Bureau of Health Facilities Administration within 60 days of the date of this letter; and

- No later than April 16, 1999, a copy of the acceptance letter received from the fiscal intermediary must be submitted to the attention of Cheryl Kordas at the Policy Development and Research Unit in the Medicaid Administration Bureau, DHHS. The address is: 6 Hazen Drive, Concord, NH 03301-6527.

Questions regarding the requirements for non-HCBC home health services may be directed to Cheryl Kordas, Medicaid Policy Development and Research, at 271-4354.

Thank you for your cooperation with this process. Again, please do not hesitate to call if you have questions or concerns.

Sincerely,

Susan J. L. Lombard

Susan J.L. Lombard
Medicaid Administrator
271-4353

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 326-FN

BILL TITLE: **requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.**

DATE: March 24, 1999

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, (Re-Refer), Interim Study (Please circle one.)

Moved by Rep. Francine Wendelboe

Seconded by Rep. Janeen Dalrymple

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: Yes

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Margaret A. Case

Rep. Margaret A. Case, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on HB 326-FN

BILL TITLE: **requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.**

DATE: 3-24-99

LOB ROOM: 205

Amendments:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Sponsor: Rep. OLS Document #:

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. VanDeWoe

Seconded by Rep Dalrymple

Vote: 16-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep.

Seconded by Rep.

Vote: (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 16-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case, Clerk

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS 1999 SESSION

HB 326 Bill #

Public Hearings _____ Executive Session 3-24-99

COMMITTEE REPORT: _____

	YEAS	NAYS
Emerton, Lawrence A, Chairman		
Batula, Peter L, V Chairman	✓	
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Case, Margaret A, Clerk	✓	
Perkins, Paul R	✓	
Dawe, Eileen P		
Katsakiores, Phyllis M	✓	
Feuerstein, Martin	✓	
Pilliod, James P	✓	
Dalrymple, Janeen A	✓	
Wendelboe, Francine	✓	
Martel, Andre A		
Ruffner, Walter D	✓	
Copenhaver, Marion L	✓	
Kane, Cecelia D	✓	
Haettenschwiller, Alphonse A	✓	
Burnham, Daniel M		
French, Barbara C		
Donovan, Thomas E, Jr		
Seldin, Gloria	✓	
Potter, Frances D	✓	
TOTAL VOTE	16-0	

Appeared in Favor	Appeared in Opposition

EXECUTIVE SESSION

COMMITTEE Health Human Services and Elderly Affairs

BILL NUMBER HB 326 FN

BILL TITLE: _____

_____

DATE: 10-26-99 LOB ROOM: _____

Amendments:

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Sponsor: Rep. _____ OLS Document #: _____ Adopted/Failed

Motions: OTP, OTP/A, (ITL) Re-Refer, Interim Study (Please circle one.)

Moved by Rep. Wendelboe

Seconded by Rep. Batula

Vote: 14-0 (Please attach record of roll call vote.)

Motions: OTP, OTP/A, ITL, Re-Refer, Interim Study (Please circle one.)

Moved by Rep. _____

Seconded by Rep. _____

Vote: _____ (Please attach record of roll call vote.)

CONSENT CALENDAR VOTE: 14-0

(Vote to place on Consent Calendar must be unanimous.)

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Rep. Margaret A. Case Clerk

HEALTH, HUMAN SERVICES & ELDERLY AFFAIRS 1999 SESSION

HB 326 FN Bill #

Public Hearings _____ Executive Session 10-26-99

COMMITTEE REPORT: ITL

ITL

	YEAS	NAYS
Emerton, Lawrence A, Chairman		
Batula, Peter L, V Chairman	✓	
Chabot, Robert F	✓	
Manning, Joseph P	✓	
Case, Margaret A, Clerk	✓	
Perkins, Paul R		
Dawe, Eileen P		
Katsakiores, Phyllis M	✓	
Feuerstein, Martin		
Pilliod, James P		
Dalrymple, Janeen A	✓	
Wendelboe, Francine	✓	
Martel, Andre A	✓	
Ruffner, Walter D	✓	
Copenhaver, Marion L		
Kane, Cecelia D	✓	
Haettenschwiller, Alphonse A	✓	
Burnham, Daniel M		
French, Barbara C	✓	
Donovan, Thomas E, Jr		
Seldin, Gloria	✓	
Potter, Frances D	✓	
TOTAL VOTE	14-0	Consent.

Appeared in Favor	Appeared in Opposition

14-0
Consent 14-0

Committee Report

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 326-FN**

TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: March 24, 1999 CONSENT CALENDAR YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☒ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies who do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion ~~will enable~~ enabled that process to be followed through.

Vote 16-0.

Rep. Francine Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 326-FN**

TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: March 24, 1999 CONSENT CALENDAR YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☒ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies who do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion will enable that process to be followed through.

Vote 16-0.

Rep. Francine Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 326-FN, requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare. RE-REFER

Rep. Francine Wendelboe for **Health, Human Services and Elderly Affairs:** New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies who do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion will enable that process to be followed through. Vote 16-0.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 326-FN**

TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: 3-24-99 CONSENT CALENDAR YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☐ INEXPEDIENT TO LEGISLATE

☒ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

Vote 16-0

Rep. Fran Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

New federal regulations require inspections of home health agencies for compliance with federal regulations for medicare. It was discovered that 2 home health agencies who DO NOT provide medicare services were impacted by this. A representative of the Dept of Health and Human Services told the subcommittee that this could be worked out in rules and that no action would be taken for non-compliance until addressed in rules. The re-refer motion will enable that process to be followed through with.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 326-FN**

TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: October 26, 1999 CONSENT CALENDAR YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

STATEMENT OF INTENT
(Include Committee Vote)

New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies that do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion enabled that process to be followed through. The Department of Health and Human Services is now in the final stages of rulemaking on this matter and it appears this issue is being satisfactorily resolved.

Vote 14-0.

Rep. Francine Wendelboe
FOR THE COMMITTEE

Original: House Clerk
cc: Committee Bill file

USE ANOTHER REPORT FOR MINORITY REPORT

CONSENT CALENDAR

Health, Human Services and Elderly Affairs

HB 326-FN, requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare. INEXPEDIENT TO LEGISLATE

Rep. Francine Wendelboe for **Health, Human Services and Elderly Affairs:** New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies that do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion enabled that process to be followed through. The Department of Health and Human Services is now in the final stages of rulemaking on this matter and it appears this issue is being satisfactorily resolved. Vote 14-0.

COMMITTEE REPORT

COMMITTEE: **Health, Human Services and Elderly Affairs**

BILL NUMBER: **HB 326-FN**

TITLE: requiring the department of health and human services to survey home health care agencies for compliance with federal regulations for medicare.

DATE: ~~March 24, 1999~~ 10/26/99

CONSENT CALENDAR YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS WITH AMENDMENT

☒ INEXPEDIENT TO LEGISLATE

☒ RE-REFER

☐ REFER TO COMMITTEE FOR INTERIM STUDY
(Available only in second year of biennium.)

OK-JH

STATEMENT OF INTENT
(Include Committee Vote)

New federal regulations require inspections of home health agencies for compliance with federal regulations for Medicare. It was discovered that two home health agencies who do not provide Medicare services were impacted by this. A representative of the Department of Health and Human Services told the subcommittee that this could be worked out in rules, and that no action would be taken for non-compliance until addressed in rules. The re-refer motion ~~will enable~~ enabled that process to be followed through.

OK-JH

Vote ~~10-0~~ 14-0.

Peg, why not use the same blurb for 326 and add → The Department of Health and Human Services is now in the final stages of rulemaking on this matter and it appears this issue is being satisfactorily resolved.

OK-JH

COMMITTEE REPORT

COMMITTEE: Health Human Services

BILL NUMBER: HB 326 FN

TITLE:

DATE: 10-26-99 CONSENT CALENDAR: YES ☒ NO ☐

☐ OUGHT TO PASS

☐ OUGHT TO PASS W/ AMENDMENT

☑ INEXPEDIENT TO LEGISLATE

☐ RE-REFER

☐ INTERIM STUDY (Available only 2nd year of biennium)

Amendment No.

STATEMENT OF INTENT:

COMMITTEE VOTE: 14-0

- Copy to Committee Bill File
- Use Another Report for Minority Report

RESPECTFULLY SUBMITTED,

Rep. Fran Wendelboe
For the Committee

Rev. 07/30/99