

# HCA MEMORANDUM OF OPPOSITION



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*HCA, New York State's premier home care association, represents more than 400 providers, individuals and associate members who collectively serve thousands of New Yorkers.*

*Home care encompasses a broad spectrum of services delivered at home to patients who are disabled, chronically ill, recovering from an illness, or have other health-related needs that can be met in the home setting.*

*"Helping New Yorkers **Feel Right** at Home"*

**TO: Members of the New York State Legislature**

**RE: A.1724 (Gottfried) and S.3906 (Duane) of 2010**  
Imposition of Hospital Incident Reporting Requirements on Home Care Providers, Nursing Homes and Clinics

The Home Care Association of New York State (HCA) **opposes** legislation, A.1724/S.3906, which would impose **hospital** incident reporting requirements on home health agencies, nursing homes and clinics. **HCA respectfully requests the sponsors to amend this legislation to exclude home health providers, for which this bill is incompatible, duplicative and otherwise problematic.**

"Reportable Incidents," are defined for hospitals in Article 28 of the Public Health Law (PHL), and are specifically oriented to hospitals. Although the bill's intent is to ensure that potential patient care related incidents in other sectors are also reported to the Department of Health (DOH) and other appropriate state agencies, the bill replicates many internal and state mandated oversight provisions that already exist for home health agencies and mistakenly equates hospital and home care environments for purposes of such reporting.

Hospitals are, by nature, controlled settings with confined patients whose experiences are largely influenced by the facility's physical and clinical environment. In home care, the patient is in his or her natural setting; the environment is largely controlled by the patient, family or circumstance outside the purview of the home care agency. The home care patient's experiences are thus directed or influenced by a host of factors other than the home care agency.

Home health agencies already submit to DOH the Outcome and Assessment Information Set (OASIS) for all of their Medicaid and Medicare patients, which DOH uses to produce Outcome Based Quality Monitoring (OBQM) and Adverse Events reports. DOH uses the Adverse Events reports (which include incident rates as well as a list of patients for whom the event occurred) in the survey process to investigate the care actually provided and to measure outcomes.

Most of the "reportable incidents" as defined in Article 28 of the PHL would be considered duplicative since home health agencies already report to DOH patients' deaths in circumstances other than those related to the natural course of illness,

strikes by home health personnel, and disasters or other emergency situations which affect normal operations.

The remaining “reportable incidents” as defined in Article 28 of the PHL are simply not applicable to agencies that provide home health services. Examples of such non-applicable hospital-based incidents include fires in the hospital which disrupt services, equipment malfunctions during treatment, poisoning occurring within the hospital, and termination of any services vital to the continued safe operation of the hospital (electric, gas, water, telephone, heat, etc.).

**HCA urges the sponsors to amend this bill to remove the home care provisions and urges the members of the Legislature to support this amendment as well.**

HCA **opposes** this bill as written because it is either duplicative or not applicable in nature to home care and will misrepresent home care agency performance in patient care. Home health agencies in New York already spend an inordinate amount of time with various administrative burdens. Adding unnecessary administrative burdens to a health care system already struggling with significant budgetary cuts will only exacerbate an already difficult work environment, adding cost to the system and resulting in a reduced industry capacity to provide access to needed care.