SUPPORTS

A7365/S6641-A (Paulin/Rivera)

AN ACT to amend the public health law, in relation to licensure requirements and reimbursements for certain home health services

The New York State Association of County Health Officials (NYSACHO) supports the above- referenced legislation which would streamline the delivery of core public health services in the home setting. Per the NYSDOH website, "Licensed Home Care Services Agencies (LHCSAs) offer home care services to clients who pay privately or have private insurance coverage. These agencies may also contract to provide services to Medicare/Medicaid beneficiaries whose cases are managed by another provider or entity, such as providing home health aide services to a certified home health agency patient or providing a licensed practical nurse for a Medicaid prior-approved private duty nursing shift." In contrast to this traditional LHCSA service model, services provided by public health nurses in the home are paid for through local tax dollars and state aid for general public health work, and serve the following public health purposes:

- **Family Health:** Maternal child health services, which assess women's preconception, prenatal, postpartum and inter-conception health and social support needs; assess child and family health and social support needs; provide information to promote positive birth outcomes and child health; and referring persons to needed services".
- **Environmental Health:** Care coordination and education for children with elevated blood lead levels. LHDs are statutorily required to provide care coordination for children identified with elevated blood lead levels until those levels are reduced below the current actionable level. Care coordination can be provided by public health nurses or may be provided by health educators, community health workers or other public health titles.
- **Communicable Disease Control:** LHDs provide directly observed therapy of persons infected with Tuberculosis to assure compliance with treatment protocols. Again, DOT is a service that does require a nurse for service provision. LHDs nurses periodically may provide immunizations in the home setting as part of a public health emergency response or outbreak control.

In many cases, the same services may be provided by a nurse in one county and a non-nurse professional in the neighboring county. Regardless of the staffing model used, these LHD public health activities are monitored and under the oversight of the Center for Community Health and/or Center for Environmental Health in the NYSDOH Office of Public Health.

Traditional LHCSAs do not provide these public health services, and the LHCSA model and regulations largely do not account for the unique role that local health departments occupy, nor are traditional LHCSAs responsible for the various public health statutory obligations of LHDs. Yet LHDs remain subject to both NYSDOH public health regulatory oversight and health care licensure regulatory oversight largely because LHDs traditionally employed nurses to provide these services and historically as Certified Home Health Agencies (CHHA). As LHDs exited the CHHA landscape and that higher level of skilled clinical home care, the oversight model was simply transferred to the LHCSA model and viewed through the traditional clinical health care lens.

Allowing local health departments to provide core public health services in the home setting through Article Six of the public health law addresses the current mismatched application of a clinical regulatory model to the public health population-based services that are distinct from traditional LHCSA service provision The legislation further provides language that will allow NYSDOH to determine if clinical oversight under Article 36 is needed, where an LHD currently offers or wishes to expand to a higher level of clinical nursing services that fall within the traditional LHCSA.

Providing oversight of LHD core public health nursing services under Article Six of the Public Health law will allow the state to direct their clinically focused regulatory staffing resources to those facilities and agencies that provide higher levels of clinical care through traditional in-home services, where such regulation is appropriate and necessary. It will also eliminate duplicative monitoring activities conducted by Center for Community Health and Office of Primary Care and Health Systems Management staff, as well as the need for local health departments' staff time in responding to these duplicative monitoring systems.

Administrative efficiencies to both the state and local governments can be realized through rightsizing of regulatory requirements that will allow for policies and procedures, paperwork, reporting, and other requirements commensurate with the level of services provided. NYSACHO therefore strongly supports this legislation and recommends it be enacted into law.

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