

MINUTES OF THE HOUSE AGING AND LONG TERM CARE COMMITTEE

The meeting was called to order by Chairman Bob Bethell at 3:30 p.m. on March 17, 2009, in Room 711 of the Docking State Office Building.

All members were present.

Committee staff present:

Norm Furse, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Judith Holliday, Committee Assistant

Conferees appearing before the Committee:

Michael Strouse, Ph.D., CEO, Community Living Opportunities, Lawrence
Monte Coffman, Executive Director, Windsor Place, Coffeyville
Tom Akins, Vice President, Development and Planning, Brewster Place, Topeka
Bill McDaniel, Commissioner, Program and Policy, Kansas Department On Aging

Others attending:

See attached list.

Chairman Bethell brought the minutes of the March 10 and March 12 meeting before the Committee. Representative O'Brien made a motion to approve the minutes, seconded by Representative Furtado. The motion carried.

Chairman Bethell brought the following bills, which had been previously heard, before the Committee for action:

HB 2310 - Long-term care partnership program; exchange of policies.

Representative Myers made a motion to pass HB 2310 favorably and asked to be put on the Consent Calendar. Representative Hill seconded the motion. The motion carried.

HB 2366 - All-inclusive care for the elderly (PACE) program.

Representative Donohoe made a motion to pass HB 2366 favorably and asked to be put on the Consent Calendar. Representative Horst seconded the motion. The motion carried.

HB 2323 - Adult care homes, home health agencies; employees; criminal history information.

Chairman Bethell asked Revisor Staff to explain the balloon amendment, which essentially changed the title of the bill from "adult care home and home health agencies" to "providers of care services; relating to employment of persons by such providers."

Representative Hill made a motion to adopt the amendment and pass it favorably. Representative Williams seconded the motion. The motion carried.

Representative Hill made a motion to pass HB 2323 as amended. Representative Williams seconded the motion. The motion carried.

Chairman Bethell reminded the Committee that the Fitness Challenge has ended, but members can still access the website and amend their log. The Aging and Long Term Care Committee has logged 600 miles.

Michael Strouse, Ph.D., CEO, Community Living Opportunities (CLO), appeared before the Committee on the issue of telehealth and telemedicine. (Attachment 1) Mr. Strouse reported advances in CLO's "HomeLink" remote support program, which brings remote monitoring from a central location center 'on demand' into homes of persons with disabilities.

CLO is seeking grants to prepare the HomeLink program for use on a fee-for-service basis to provide support for people in home settings and, over a period of time, possibly in nursing facilities. The type of monitoring is based on predetermined agreements, including responding to help requests and alarms in the home, constant

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live viewing and supervision, evacuations in disasters, and contacting 911 to dispatch emergency help. Motion detectors, sound detectors, pressure sensors, door sensors and glass breaking sensors can also be activated to monitor individuals. HomeLink can also monitor without intrusion to observe behaviors, download to a DVD, and share in a clinical setting to determine the best at-home plan for the individual.

Monte Coffman, Executive Director, Windsor Place, Coffeyville, appeared before the Committee on the issue of telehealth. ([Attachment 2](#)) Mr. Coffman's handout compared Kansas Medicaid Long-Term Care services in nursing facilities with Home and Community Based Services (HCBS). Medical clinical care is the one component missing from HCBS. Telehealth would fill this need and allow seniors to stay in their homes longer.

Mr. Coffman told the Committee the measurement technologies for telehealth application are centered around a small 'TeleStation' which asks the patient simple health questions, with the responses communicated to the clinical software. These questions are on blood pressure and pulse; glucose (blood sugar); pulse oximeter, which spot checks oxygen saturation and pulse within seconds; ECG/Rhythm wristband with snap-on connectors; and a low-step scale with a wide platform, large digital display and voice announcement for weight reading. Other readings can be added manually or through wireless transmission if programmed.

The TeleStation will transmit the readings it receives from each device via a toll-free number and send to a secure, password-protected website so the Telehealth nurse can see them, usually within 15-20 minutes after the first measurement is taken. Family members can also access this website in order to keep informed of their family member's health.

Mr. Coffman stated that the four reasons seniors have to leave their homes are diabetes, Congestive Obstructive Pulmonary Disease (COPD), congestive heart disease, and hypertension.

The cost savings opportunities to the State's Medicaid programs would amount to approximately \$12 million annually if 500 Kansas elders could be deferred from nursing facility placement and receive telehealth through HCBS. If 500 Physically Disabled consumers could be averted from nursing facilities, the savings would be \$8.7 million or more.

Tom Akins, Vice President of Development and Planning, Brewster Place, appeared before the Committee supporting telehealth. ([Attachment 3](#)) Brewster Place developed a new concept in November 2009 called Brewster at Home. This membership-based program provides a 'passport' to Brewster Place activities, trips, programs, and discounts for handyman services, home health, nutrition, housekeeping, meals, move management, computer training, and much more. The most important service is the telemonitoring service, which includes:

- Sensors that detect and notify the care giver if a person is potentially unsafe, i.e., has fallen, did not get out of his chair, or turn off the stove;
- Health technologies that monitor blood pressure, weight, glucose and other conditions in real time which enables notification of care givers immediately of significant changes and reduces the need for doctor visits;
- Medication dispensers that provide medicines when appropriate and remind a person to take them, with immediate notification to the care giver if a dosage is missed.

The telemonitoring services are in keeping with the Kansas Department on Aging's efforts to:

- Support health;
- Support independence;
- Manage chronic disease;
- Minimize visits; and
- Be accessible across care settings.

Valid data is missing to help establish outcomes and demonstrate to taxpayers and insurance companies that a front-end investment in technologies that keep elders safe, independent, and in their own homes will actually save money. At present, marketing for this technology is focused on the private pay market; if you can afford it, you can get it. At present, there is no reimbursement from insurance carriers or the State for these sensors.

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Mr. Akins stated that there are partners who are willing to collaborate on projects with the State that will provide this important data so that determinations about the long-term public policy implications of telemonitoring can be made.

Mr. Akins stated that the State should insist on the following data for any demonstration project it supports:

- Which telemonitoring systems will aid in managing chronic disease?
- Which telemonitoring systems will help our elders remain in their homes?
- What staffing patterns will be necessary to support telemonitoring systems?
- Can the use of telemonitoring systems save money?

A pilot program by the State of Pennsylvania has successfully utilized Medicaid waivers to provide reimbursement for home telemonitoring for adults ages 60 and older under approval from the Centers for Medicare and Medicaid Services (CMS). This initiative includes a telemonitoring reimbursement policy to cover home health, pharmacies, durable medical equipment providers, and hospitals through contracts with local county Area Agencies on Aging. Pennsylvania officials expect this program to alleviate the workforce shortage by increasing the number of persons that can be served through HCBS.

Mr. Akins urged the Committee to seek ways to support demonstration projects such as telemedicine through policy changes and financial support.

Bill McDaniel, Commissioner, Program and Policy, Kansas Department on Aging, appeared before the Committee regarding telemedicine programs. (Attachment 4) Mr. McDaniel stated that for seniors, health care is delivered through the acute care system (hospitals, doctor's offices, emergency rooms), and long-term care (nursing homes, HCBS).

Recent trends in health care have shown an increasing number of providers marketing telehealth and telemedicine products as ways of maintaining independence. These products range from motion sensors to incontinence devices and medication dispensers, and virtually all levels of activity can be monitored. While the marketing strategy is aimed at seniors who desire to remain in their homes, this approach is market driven, rather than data driven.

Mr. McDaniel summarized the telemedicine long-term payer options. Medicare pays for some of these monitoring services in hospitals, with some doctors, and in skilled rehabilitation facilities; Medicaid pays a lesser amount for remote monitoring for chronic care management; and long-term care insurance pays a lesser amount for some HCBS services.

Mr. McDaniel told the Committee that more data is needed in the following areas:

- the types of devices that help seniors remain at home;
- which devices help manage chronic disease;
- which devices perform better than others;
- what level of staff is needed to support the technology;
- what savings can be realized; and
- who are the most suitable product users.

The bottom line regarding telemedicine, according to Mr. McDaniel, is considering how to get this service paid for and having sufficient data regarding outcomes.

Chairman Bethell asked if there were additional comments from the audience. Debra Zehr, President, Kansas Association of Home and Services for the Aging (KAHSA), came forward to address the Committee. (No written testimony) Ms. Zehr told the Committee that there are studies on the national level dealing with telemedicine and directed the Committee to visit the website www.agingtech.org. This site has a wealth of information on the innovative technologies available to help seniors. She commented that there is a bill in Congress providing that costs for telemedicine would be picked up by Medicare, and expressed hope that our Kansas Congressmen would sign onto the bill as cosponsors.

Monte Coffman addressed the Committee. He commented that the CMS would not fund telemedicine programs until there were results of a study of 1,000 or more.

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Chairman Bethell told the Committee that they would continue discussions on telemedicine at the next meeting, as well as action on bills previously heard.

The meeting was adjourned at 4:45 p.m. The next meeting is scheduled for March 19, 2009.