

Hernandez, Eric L (DOH)

From: Dennis Barnes <dennis@dsbarnes.com>
Sent: Thursday, August 25, 2022 11:02 AM
To: DOH HSQA CN Rulemaking
Subject: Public comment - Hospice Certificate of Need Rulemaking

Categories: Hospice

External Email

Thank you for providing a means for public comment on the hospice rulemaking. My name is Dennis Barnes. I am a resident of Lake Forest Park, Washington, and active with Save Secular Healthcare Washington.

I spent most of my career working within the health insurance industry, much of it in a compliance role, and was involved in the DOH Certificate of Need process for Medicare-certified hospice services in several counties for the past two years. From this background I offer these suggestions for changes to the rules:

Refine required policies: Define the required elements of a hospice Death with Dignity (DwD) policy that must be submitted by an applicant along with charity care, admissions and other required policies. The current application process provides a vague opportunity to supply a DwD policy but makes no requirement to do so. This reduces transparency by allowing non-participating services to avoid providing this important information.

Require an End of Life Checklist: Require each applicant to fill in a checklist of End of Life options that includes whether they participate in DwD and the specifics of that participation. Applicants frequently provide unspecific assurances in their applications and in public hearings that they support Washington's Death with Dignity provisions, but in practice they refer their patients to other organizations rather than supporting their own staff's participation. A checklist similar to one used for reproductive services would provide definitive information on the degree of their participation and the services they will or will not provide.

Require a Washington Presence: Since only physicians - and not the physician extenders most hospices use - can participate in DwD, establish a minimum medical director physical presence in Washington hospice operations. Recent hospice applicants have been increasingly managed from out-of-state entities, and their medical directors have neither the time nor knowledge of Washington state law and practice to make qualified decisions.

Despite the broad public support of Washington's Death with Dignity measure, a review of current Washington Medicare-certified hospice providers shows far fewer than half provide real support for its use. Worse, none are required to make these policies known to those selecting a hospice service. I look to the DOH to do a better job or righting this injustice in the future.

Thank you for your consideration.

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