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## Hospice changes would diminish quality of care for patients

By DAVID J. McQUADE

I take exception to the theme and facts in the commentary titled "[The dying deserve the chance to spend last days near home](#)," published April 3, written by Joseph Alessandro and Carol Mahier, which supports regulatory changes to inpatient hospice care proposed by the state Department of Public Health.

First of all, despite their claim, Connecticut has never been an outlier in providing hospice services nor have any of its residents been denied access to the highest quality hospice care available in this country. In fact, our medically rich state has more than 30 organizations providing hospice services to about 10,000 patients annually.

Each of these organizations is required by Medicare to provide inpatient hospice services for their hospice patients. Fourteen of the state's 31 acute-care hospitals have designated hospice beds and teams in their facilities for these patients and 100 of the 240 skilled-nursing homes provide the same services. More than 90 percent of state residents live within 30 minutes of a hospice facility.

Second, Mr. Alessandro and Ms. Mahier fail to point out that these proposed regulations would lower Connecticut's hospice standards to the minimum required by Medicare. The federal government developed hospice standards in 2008 to assure "minimum health and safety requirements which facilities could reasonably expect to comply." They were designed more for consumer protection purposes rather than the advancement of hospice care.

The cruel fact is, if Connecticut adopts the Medicare standards as our single standard, hospice staffing and medical services to the terminally ill will be dramatically reduced. Since Medicare pays one uniform fee for all inpatient hospice services, lower standards and staffing requirements mean more money in the pocket of the health care providers.

With more than 30 years of experience, one would think our Department of Public Health would recognize the intensity of care needed to treat patients and families at the end of life. Instead of championing hospice care in Connecticut, our state's health care agency wants to tear down our existing standards for inpatient care and substitute the minimum standards required by Medicare. The proposed regulations should be summarily rejected to protect the thousands of hospice patients who pass each year in Connecticut.

As an aide to U.S. Rep. William R. Cotter in the 1970s and early 1980s, David J. McQuade worked on legislation supporting hospice care and remains an advocate for hospice. He lives in Vernon.

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