

SHCC Comments

July 7, 2025

Request for a State Task Force to Study Hospice Methodologies

Good afternoon, my name is Shannon Pointer, and I am the Senior Vice President of Hospice & Home Health Services, and Professional Development Director for The Association for Home & Hospice Care of North Carolina. Thank you for the opportunity to speak with you today during this public hearing.

I would like to first express my thanks and gratitude to the State Health Coordinating

Council and the North Carolina Department of Health and Human Services, North Carolina

Division of Health Service Regulation Healthcare Planning staff for your dedication and your

tireless efforts as you work to prepare and submit each year the recommendations from The State

Health Coordinating Council to the Governor of North Carolina regarding the North Carolina

State Medical Facilities Plan.

The Association for Home & Hospice Care of North Carolina is a nonprofit trade association representing 98% of providers of home health, 98% of providers in hospice, as well as providers of palliative care, personal care, private duty nursing, companion/sitter services, providers of behavioral health care services that care for and support individuals with intellectual and developmental disabilities, and Program for All-Inclusive Care for the Elderly (PACE) provider members, in addition to other healthcare affiliates. The Association was established in



1972 and currently has a membership of over 750 provider agencies and business partners, who provide products and services to providers.

The Association for Home & Hospice Care of North Carolina has, and continues to, consistently support the North Carolina State Medical Facilities Plan and the methodologies and processes set forth through the work of the State Health Coordination Council, the approval of the North Carolina Governor, and the State of North Carolina, as critically important to ensuring adequate need determinations and access to services covered within the Certificate of Need process in North Carolina. The Association stands in support of the Certificate of Need law and subsequent required processes in North Carolina.

That being said, The Association also supports periodic review of the methodologies to ensure that they are in alignment with best practices, and are updated when needed to ensure the methodologies are reflecting the appropriate items that help to statistically capture all import data elements, while also creating an opportunity to reflect and study any additional data sources, or trends over time that could be relevant since the previous methodology was developed and implemented.

In 2014, the State Health Coordinating Council officially sanctioned a hospice methodology task force to review and make recommendations to the State Health Coordinating Council for consideration. The methodologies listed in the current State Medical Facilities Plan, Chapter 13 multiple step methodology, is a direct result of the efforts of that task force's work and subsequent approval by the State Health Coordinating Council. We feel that after 11 years, it



is time to have the establishment of a new task force to review the hospice home care and hospice inpatient bed methodologies.

I come to you today, addressing you on behalf of our Association members, and our Association Board of Directors, to request that the State Health Coordinating Council approve a task force to review Chapter 13, Hospice Services methodologies for hospice home care and hospice inpatient bed methodologies, and make subsequent recommendations for consideration to the State Health Coordinating Council.

The Association, in 2014, represented a similar number of hospice organizations, 98% across the state of North Carolina, and had dedicated staff involved in the task force's work. This unique opportunity positions the Association, if desired by the State Health Coordinating Council, to help facilitate a new task force of this nature, alongside many of those who are currently providing hospice services and have many years of experience in hospice service delivery. Many of our members have expressed interest and willingness to serve on a task force such as the one we are proposing for consideration today, and our Association stands ready to facilitate, as we have the expertise and commitment of staff to facilitate the logistics of interested parties meetings for this task force alongside the state if desired by the State Health Coordinating Council.

Thank you for allowing me to speak today and to share with you my appreciation for the important work that you are doing on behalf of the state of North Carolina, but also to share with you our request to establish this task force. The Association truly feels it could help support the



State Health Coordinating Council's efforts to ensure adequate needs determinations, and access to hospice services and hospice inpatient beds for those who may need these important services.

Thank you,

Shannon Painter, DNP, AN, CHPN

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