



May 14, 2021

Submitted Electronically (DHSR.RulesCoordinator@dhhs.nc.gov)

Nadine Pfeiffer
Division of Health Service Regulation
809 Ruggles Drive
2701 Mail Service Center
Raleigh, NC 27699-2701

Re: Written Comments Regarding Proposed Hospice Facilities Rules

Dear Ms. Pfeiffer:

The Association for Home and Hospice Care of North Carolina (“AHC”) appreciates this opportunity to submit written comments regarding the proposed readoption and amendment of rules for hospice facilities. AHC is a comprehensive association, representing the full continuum of home care, private duty, companion-sitter, skilled home health care, hospice and palliative care (both outpatient and inpatient), and Program for All-inclusive Care for the Elderly (“PACE”) providers. AHC is one of the nation’s oldest and is the largest full-continuum state home care and hospice association in the United States. AHC represents more than 825 licensed agencies serving patients in all 100 North Carolina counties. AHC represents 98% of hospices in North Carolina. AHC’s membership includes hospices large and small, urban and rural, for-profit and nonprofit, hospital-based and independent. AHC’s hospice members include those that provide residential and inpatient facilities.

AHC appreciates the review and many of the proposed revisions to 10A NCAC 13K offered by North Carolina Department of Health and Human Services’ Division of Health Service Regulation (“DHSR”). On behalf our hospice provider members, AHC submits these written comments regarding the proposed revisions to 10A NCAC 13K .1109 published in the North Carolina Register on March 15, 2021. As outlined by AHC’s Vice President of Hospice & Palliative Care, Shannon Pointer, MSN, RN, CHPN, at the April 28, 2021 public hearing, AHC’s hospice provider members have concerns and request changes to the proposed revisions. The revisions proposed by DHSR create considerable uncertainty for hospice facilities and threaten to require hospices to add unnecessary and potentially unsafe curtains to their facilities.

The proposed revisions to 10A NCAC 13K .1109 are unclear, inflexible, out of alignment with the mission of hospice, and will have unintended consequences for hospice residential care and inpatient care patients. Although 10A NCAC 13K .1109 applies specifically to residential care areas, 10A NCAC 13K .1201(a) makes clear that hospice inpatient units also have to meet these requirements. We strongly urge DHSR to take these comments into account and alter the proposed revisions before approved.

The proposed rule is unclear and unnecessary. AHHC's concern is specifically related to 10A NCAC 13K .1109(a)(5)(B). As written, it is unclear whether the proposed requirement of a cubicle curtain is applicable to every bedroom, meaning that each bedroom—regardless of whether it is a single bedroom or a double bedroom—would require a cubicle curtain to be installed. Such a requirement would be unnecessary and wasteful.

The proposed rule is inflexible and not in alignment with the mission of hospice. Hospices can make provisions to address privacy and appreciate the language in the current rule that affords a hospice facility the ability to choose the best manner to ensure privacy while also maintaining a comfortable and safe hospice facility environment for patients and their families.

The proposed rule, if promulgated, would have unintended consequences. AHHC is concerned that the proposed requirement of installing a curtain enclosing each bed could have a deleterious effect on infection control. As DHSR is also aware, the implementation of this rule would have unintended financial consequences to hospices, for which it appears they would have to implement the installation of curtains within all residential and inpatient bedrooms.

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We appreciate DHSR's desire to ensure the rules for state licensure are effective and in alignment with current best standards. We ask DHSR to revise proposed rule 10A NCAC 13K .1109 to address these written comments.

Sincerely,



Timothy R. Rogers
President and CEO