



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 632</b>		DATE: <b>3/8/2021</b>	
COMMITTEE: <b>Health and Mental Health Policy</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C. AC "HONEST-ABE" DIENOFF-STATE PUBLIC ADVO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>		ATTENDANCE: <b>Written</b>	SUBMIT DATE: <b>3/8/2021 12:07 PM</b>

**THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.**

**I am in Support of this bill. This is a new offering to Missourians. Patients need Regulations and Procedures to protect them.**



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>CHRISTI M LERO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>christiq723@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/8/2021 8:52 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

March 8, 2021 Missouri Representatives of the Health and Mental Health Policy Committee: I watched the hearing earlier today, specifically the introduction of HB632 regarding End of Life Care Homes. I appreciate that this issue is being attended to, and would like to circle back to some of the questions that were not able to be answered during the hearing. As a hospice social worker and mental health therapist specializing in death and dying, grief, loss, and bereavement, I can assure you that a bill of this nature is of great benefit to the health and well-being of Missourians at one of the most notably vulnerable times in their lives. End of Life Care Homes are indeed rare, as Representative Roberts stated, and he is correct in stating that there are none in mid-Missouri. However, there are two community-based non-profit homes in Missouri: Solace House of the Ozarks in Joplin, MO, and Jacob's Ladder Care Services in development in Springfield, MO. These homes provide a place for the terminally ill and dying to experience a home setting with support and care needed as they transition through end of life and into death. This is not a place to hasten death, or as Representative Seitz fears, become a Dr. Kevorkian project, particularly as physician assisted death is not legal in the State of Missouri. The natural and expected process of death comes to guests of end of life homes in its own time, the home is simply the environment in which it will occur. All residents of the home are required to be under the care of a hospice agency, which also necessitates medical guidelines of admission to hospice care outlined by CMS, not by the end of life care home. Each hospice agency, again, regulated by CMS, is required to have patient care overseen by a medical director. These end of life care homes are not medical facilities, rather they assist the dying and their families in receiving the physical care needed at the end of life through volunteer and some staff coordination. This bill does nothing in the way of challenging CMS or its regulations for hospice eligibility or care. The distinction between what constitutes a medical facility and what does not is an important one. CMS clearly identifies levels of care in their hospice regulations. One distinction unable to be addressed during the hearing today was the differences in these levels of care and the end of life care home. At one point a facility in the Kansas City area was noted to provide care for the dying, and where that may be the case, it is likely using the term hospice house rather than care home. In Missouri, the hospice house is typically used for what is known as General Inpatient, or GIP, level of care. At these medical facilities, the dying experience symptoms of illness that are beyond the control of the home or nursing home environment. The expectation of the GIP facilities is that the dying will have symptoms brought under control and then return to their previous residence – their home or nursing home. Regardless of the complexities that are the definitions of hospice levels of care, the end of life care home would be considered the dying's home, making it a routine level of care. Any concerns or symptoms that arise in the illness trajectory that are unable to be managed at a home would be deferred to the appropriate and care plan indicated medical facility. Finally, the discussion of COVID-19 and its impact in healthcare is unavoidable. As any other business or organization in the State of Missouri, an end of life care home is

required to follow state guidelines and regulations for COVID-19. This is achieved by working closely with the State and County Health Departments and ensuring that the public health safety measures are met. Your time and attention to HB632 is greatly appreciated by so many in our State. As someone working closely in the field, I understand the challenges that come with discussing and regulating healthcare, particularly around death and dying. This legislation is essential to meeting the needs of Missourians and their families by providing an environment in which the focus can be on what matters most rather than burdensome logistics of death and fear. I urge you to strongly consider support for HB632. Thank you for your time and consideration, Christi M. Lero, MSW, LCSW, CSW-GLicensed Clinical Social WorkerCertified Social Worker of Gerontology



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MEGAN SPIERING</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>megspiering@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/7/2021 8:51 PM</b>
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I am a nurse and work as a palliative care coordinator at my hospital. Part of my duties includes working with patients and families to help formulate a discharge plan. When appropriate, I set up hospice services. Hospice services are fantastic and comprehensive, but they do not provide 24/7 hour care. The 24/7 hour care is usually provided by family members or friends at home. However, there are many times when the patient does not have the needed family members or the family members are not able to provide 24/7 hour coverage. The patient then has three options - hire someone to come into the home to care for them, pay room and board at a nursing home, or apply for Medicaid (for those who financially qualify) for nursing home room and board coverage. In-home care can cost roughly \$17-25/hour. A nursing home can cost \$160-200/day. Many people are unable to afford these costs and do not qualify for Medicaid. For those who do qualify for Medicaid, many do not want to spend their final days in a nursing home with limited family contact. The end-of-life-care home is a specialized niche that provides a place of residence and a host of volunteers to stop in to supplement the care family members provide for those already on hospice care. The end-of-life-care home that I am involved with is Solace House of the Ozarks. We do not charge people for the use of our home. We encourage family members to be present and to help provide care for their loved ones as they are able. When a family member has to leave for whatever reason, then our volunteers step in. The home is staffed 24/7 when a guest is present. We work closely with whichever hospice team is directing the patient's plan of care. Solace House of the Ozarks has already blessed several families in our area. Our goal is to be a home away from home for those in their last days to weeks of life. We strive to provide loving-kindness to those at life's end. We strive to reduce the financial burdens for our families by providing free services. We strive to create positive, lasting memories for our families during the most difficult time of their life. Thank you for your consideration of this bill and the impact it can have on our communities.