

Hello members of the Senate Committee on Health and Welfare:

In reflecting on my testimony the other day, I'm afraid I omitted a few important points about infection control – PPE is part of infection control, but it is not the only tool.

I think it's important for legislators fielding constituent concerns to know that home health agencies are highly regulated by CMS and the Vermont Division of Licensing and Protection (DLP). DLP maintains a [complaint process](#) where anyone can lodge a complaint (via phone, fax, mail or email) about a home health agency (or any other federally regulated facility or agency). DLP investigates complaints in a variety of ways, including through in-person site visits. CMS has ordered them to focus their attention on complaints related to infection control and anything that places patients in immediate jeopardy. The oversight is robust and is responsive to changing guidance. DLP has also reached out to every home health agency to review their procedures on a proactive basis.

Second, agencies have implemented staffing procedures to minimize risk. Clinical staff have minimal contact with each other or the agency office to minimize exposure to each other. Most supervision is taking place telephonically instead of on-site in the homes. In addition, agencies are assigning staff to consistent panels of patients to the greatest extent possible so that if there is an exposure, fewer individuals are potentially impacted. Per health department guidance, maternal-child health nurses who are doing skilled, in-person visits to young families are not visiting adults at all.

Finally, for many weeks home health agencies have had staff screen their own health status/symptoms each day, and they call each patient before each visit to screen them and their family members.

Meanwhile, every day we are working to get enough equipment to help us protect patients and staff and we are working closely with the health department develop consistent guidance on balancing the PPE realities with the crisis we face.

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