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TO: Representative Trevor Squirrell, Chair  
Legislative Committee on Administrative Rules

FROM: Eric Covey, Interim Executive Director

DATE: March 26, 2026

RE: Testimony on 25-P021  
Rules for the Designation and Operation of Home Health Agencies

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Dear Chair Squirrell and members of the Legislative Committee on Administrative Rules,

Thank you for the opportunity to provide testimony and further information specific to this Committee's discussion last week on 25-P021 - Rules for the Designation and Operation of Home Health Agencies ("the Rule").

VNAs of Vermont strongly supports the final proposed Rule.

The VNAs of Vermont member home health and hospice agencies care deeply about the communities they serve. They are mission-based non-profits who strive to deliver exceptional care supporting Vermonters in their homes as they heal or age. Their boards are comprised of passionate community members in your districts who hold agency leaders accountable to delivering on their core mission of caring for Vermonters at home.

Simply put, these are local organizations made up of leaders from our communities who care deeply about serving those who need care. I do not have a single member agency who is not motivated by the needs of their community.

If LCAR approves the rule, agencies will still be able to provide Choices for Care services with the staffing capacity they have. But, if these services are not removed from designation, agencies that are unable to meet 100% of the service mandate may need to face a difficult decision about whether or not to remain in a program that they cannot maintain compliance with.

If faced with an all-or-nothing choice they may have to pull out of Choices for Care entirely; this would not be good for anybody.

Maintaining designation while implementing variances for home health and hospice agencies, and enrolling new non-medical providers, is not just bad policy; it would create an inequitable burden, where one class of providers is held to a different standard than other providers who are providing the same services.

Imposing different regulatory mandates on organizations providing the same services, without a factual basis rationally distinguishing the types of organizations, would be arbitrary under the Vermont Administrative Procedures Act. In addition, such disparate treatment of similarly situated providers would also fail to satisfy the “just and reasonable relation” standard required under the Common Benefits Clause of the Vermont Constitution.

Holding the non-profit home health and hospice agencies to a more rigorous set of standards than other providers entering the market could cause significant financial strain on these agencies: we have already lost one Vermont agency in the last few years. If other home health and hospice organizations close there could be a significant impact on our state’s ability to discharge patients from the hospital to their homes creating a strain on hospital bed availability and driving costs up.

The current challenges facing access to unskilled services are evidence that the designated model does not work for these services; opening the program to new providers will have a positive impact on access.

Right now, there are people who are not receiving care because home health and hospice agencies are not able to meet 100% of the need. By eliminating designation, we open opportunities for other organizations to provide this care and focus solely on these individuals; they would not be constrained by the requirement to meet the service mandate of medically-necessary skilled home health and hospice services in the designation rule.

They would not need to dedicate the level of time and staff resources that home health and hospice agencies do to meet federal regulations and state requirements for the provision of medical care. They would not have to focus staffing efforts on other disciplines like nursing or physical therapy, for example, or how to coordinate with acute care settings. New organizations would be able to prioritize unskilled services under a diversity of business models in a way the home health and hospice organizations are unable to. Currently, some agencies contract with other organizations to provide these services, demonstrating that there are others out there with staff to provide this care.

I hope that this information has helped clarify the importance of the final proposed rule amendment before you, and we respectfully ask that you approve it.

Thank you for your time and consideration.

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