



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

FROM: Eric Covey, Interim Executive Director

DATE: March 18, 2026

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

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

Thank you for the opportunity to provide testimony in strong support of 25-P021 - Rules for the Designation and Operation of Home Health Agencies (“the Rule”).

VNAs of Vermont represents Vermont’s eight local, designated home health and hospice agencies.

The VNAs of Vermont member home health and hospice agencies provide a broad range of services to Vermonters across the state.

The statutory purpose of the Rule is to “ensure access to high quality home health services based on a model that promotes cooperation and nonduplication of services, rather than unregulated competition.” ([33 V.S.A. § 6301](#)). The Rule was created to provide a regulatory structure to create an exclusive right to serve eligible patients in exchange for a universal service obligation. A pervasive and systemic workforce shortage prevents the service mandate from being an effective means to support access to unskilled services because the mandate cannot create workforce capacity. Removing the service mandate and opening the market creates the conditions under which more workers will be able to provide services, rather than requiring home health agencies to do more with a workforce they do not have. Maintaining the mandate for home health agencies to provide unskilled services, while other providers are not subject to the same requirement, would impose an inequitable burden that would undermine the reasonableness and integrity of the rule.

The Rule ensures this access by mandating that home health and hospice agencies arrange for the provision of all designated services to all eligible patients within their designated geographic area who request services. The rule does not allow home health and hospice agencies to deny or reduce services for eligible home health and hospice patients that the agency has the capacity to serve. The rule, in addition to numerous other laws, would prohibit an agency from denying or reducing services for discriminatory reasons. If there is a denial or reduction of services, agencies are required to provide patients with a notice of

their appeal rights with information about the Office of the Health Care Advocate and the Office of the State Long-Term Care Ombudsman.

Unskilled services (personal care, respite, companionship, and homemaker services) are not ‘home health or hospice services.’ They are non-medical services provided by unlicensed individuals through the Medicaid Choices for Care program.

A severe workforce shortage of personal care attendants has made it difficult for agencies to serve all individuals on Choices for Care who are referred for services. Most agencies are operating under a variance to the Rule that requires agencies to serve all eligible patients.

Removing unskilled services from the Rule’s definition of “designated services” would improve access to those services by enabling a variety of providers to compete to serve clients, allowing for a broader workforce with a greater potential for client choice, flexibility, and lower costs. The Department of Disabilities, Aging and Independent Living (DAIL) has indicated that they have identified multiple new providers of these services.

VNAs of Vermont member home health and hospice agencies strive to ensure their patients and communities receive the care they need. By removing unskilled services from designation, agencies will be able to provide Choices for Care services to the individuals who they are able to serve while allowing them to prioritize resources for the recruitment and retention of licensed staff to ensure access to their core home health and hospice services for all eligible patients as required by the Designation Rule.

Without this flexibility home health and hospice agencies could be forced to withdraw from providing Choices for Care services altogether, due to the lack of unskilled staffing, which makes them unable to comply with the service mandate in the Rule.

Removal of unskilled services from designation will promote access to these services for Vermonters by enabling new providers to arrange for the provision of care, while allowing home health and hospice agencies to continue to offer these services as they are able.

Respectfully, we request that the committee approve this final rule amendment. We want to thank DAIL for their time and diligence on the final proposed rule.

Thank you for your time and consideration.

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