



State Legislative Summary 2016

The 91st Session of the South Dakota State Legislature recently concluded the

main run of what can only be described as a "historic" session. During the session, 419 bills were introduced. The South Dakota Association of Healthcare Organizations (SDAHO) Council on Public Policy is responsible to review these bills for possible impact to health care providers.

Expansion

It Makes Sense For

South Dakota

SDAHO took a position on 42 bills, of which 18 were supported, 18 monitored and six opposed. Working collaboratively with the health systems advocacy group an overall success rate of 96 percent was achieved. We are pleased with the positive outcomes and believe these results were accomplished through the incredible "TEAM" efforts of our membership!

∠ Medicaid Expansion

This issue remains the highest State legislative priority. During the session, SDAHO worked proactively supporting Governor Daugaard's plan to expand Medicaid. Although time ran short to fully address the issue, the Governor remains firmly committed to exploring the opportunity to expand Medicaid.

The SD Healthcare Solutions Coalition has created smaller "implementation planning groups". These groups are currently working through the technical details, including contracting and reimbursement, to implement the policy changes necessary to coordinate and fund care without impacting State budget dollars. SDAHO members are serving on these important planning groups. It is hoped that through their work, the Governor will call a Special Session of the legislature in the near future.

∠General Budget

The legislative branch asserted more oversight in the budget process this year culminating in the adoption of the General Budget bill of \$4.6 billion. The legislative branch included Governor Daugaard's proposed Medicaid inflationary 2.7 percent adjustments to provider rates and a "three-tiered" targeted rate adjustment based on costs implemented over the next three years. In addition, the legislature provided *additional reimbursement levels of .72 percent* for some SDAHO members. These increases were made possible through your communications with legislators to preserve the discretionary Medicaid Inflationary Update and Targeted Rate Adjustments.

∠ Workforce

We advocated for health care workforce development by supporting the funding of \$482,500 for the recruitment of health care professionals to rural facilities, funding of \$3 million (3 percent) for increasing instructor salaries for postsecondary technical institutes as part of the half-penny sales tax increase, easing of personnel requirements for ambulance services in South Dakota, Interstate Nurse Licensure Compact, abrogation of the South Dakota Supreme Court decision in *Wheeler v. Cinna Baker's* and defining when concurrent employment may be used to calculate earnings for workers' compensation.

∠ Genetic Counseling

We advocated for legislation supporting the authorization of genetic counselors to order genetic testing without a doctor referral and supporting the provision of pre-natal care for unborn babies of non-citizens through a Medicaid Title 21 waiver.

∠ Property Tax Relief

We advocated to support the funding plan proposed in the Governor's bill to increase teacher salaries though a half-cent increase in the state sales tax. The Governor's bill also included property owner's tax relief in 2017, *a reduction of 6.3 percent*.

∠ Post-Acute Care

We advocated on behalf of Post-Acute Care facilities through supporting the revision of an annual inspection requirement to align with CMS inspection requirements, removal of the mandatory reporting requirement for lay-ombudsman for elder and disabled adult abuse and neglect, adoption of the Elder Abuse Task Force's statutory recommendations to protect South Dakota seniors, construction of a nursing home facility in Rosebud, and the authorization of additional skilled care beds for the Michael J. Fitzmaurice Veterans Home in Hot Springs.

∠ Behavioral Health

We advocated for behavioral health facilities by supporting the repeal of outdated behavioral health statutes and the authorization of certain disclosures of mental health information to law enforcement.

A Few Sine Die Statistics:

- ∡ 42 bills monitored by SDAHO and 3 Advocacy Alerts issues generating 456 messages.
- ✓ Of the 42 bills, the Council on Public Policy supported 18 bills, opposed 6 bills and monitored 18 bills.
- 96% success rate with joint advocacy with health systems.
- 419 bills were introduced this session, under by 81 for an average session.

∠ Bills Opposed

SDAHO opposed six bills which ultimately died when they were "sent to the 41st legislative day." These bills included the regulation of lay-midwives by the Board of Nursing, a bill to require the legislature to vote on the expansion of Medicaid without providing budget authority, requirement of notice for flu immunizations when they contain more than a trace of mercury, a bill to allow decriminalization of lay-midwives when practicing in South Dakota from other states, and bills to permit compassionate cannabis or cannabidiol oil for medical reasons.

About the Council on Public Policy: The Council starts their work in late fall to begin reviewing proposed legislation. They meet face to face in Pierre during the first week of the legislature to review and make recommendations on legislation. Throughout the legislative session this Council meets via conference call to review newly proposed legislation, amended legislation and provide direction in the policy decision process for SDAHO.

Council on Public Policy Members:

- Tim Tracy (Chair)
- Nick Fosness
- Jay Jahnig
- Erica Peterson
- Marcia Taylor
- Bryan Breitling
- Eric Hilmoe
- Nick Kotzea
- Fred Slunecka
- Gale Walker
- Michael Diedrich
- Justin Hinker
- Scott Larson
- Sherry Bea Smith
- Stephen Schroeder, MD
- Deb Fischer-Clemens
- Curt Hohman
- Jason Merkley
- Jon Soderholm

Thank you for your continued interest in the legislative process. Your engagement makes a difference in shaping the way health care is delivered in South Dakota. Your attention and involvement in the legislative process is essential and helps ensure our community-based model of health care delivery survives and thrives to serve the people of South Dakota.