



Regulatory Relief

Eliminate excessive and antiquated regulations. The regulatory burden faced by hospitals and health systems is substantial and diverts resources away from patient care.

- ✓ **Critical Access Hospital (CAH) 96-Hour Rule:**
Permanently remove the CAH 96-hour rule for physician certification that threatens access in rural and frontier communities.
- ✓ **Centers for Medicare & Medicaid Services (CMS) Waiver Process:**
Encourage state's ability to innovate through waivers, streamlining the CMS approval process for 1115 and 1332 waivers.
- ✓ **Measures That Matter:**
Advance quality measures that focus on improving health and outcomes.

Reduce the Burden



Medicare & Medicaid

Strengthen Medicare & Medicaid services, which are vital to providing access to health care for our nation's seniors and those who cannot afford private insurance.

- ✓ **Protect Critical Access Hospitals (CAH):**
Preserve and protect Critical Access Hospital (CAH) designation and restore reimbursement rates.
- ✓ **Amend the Medicaid Institutions for Mental Diseases (IMD):**
Amend the IMD exclusion, eliminating the 16-bed limit and the 190-day lifetime limit on inpatient psychiatric treatment.
- ✓ **Review Federal Medical Assistance Percentages (FMAP):**
Improve access to care for Native Americans by streamlining the 100 percent FMAP process.
- ✓ **Care and Payment:**
Encourage development of new delivery models and support funding.

Strengthen Programs



Access to Care

Preserve coverage and access to health care. Currently 30K South Dakotans receive insurance coverage through the federal marketplace.

- ✓ **340B Drug Pricing Program:**
Restore the payment reductions and protect the essential benefits it provides for vulnerable patients in rural communities.
- ✓ **Stabilize the health insurance market:**
Support stabilizing the health insurance market by restoring and fully funding the cost sharing reductions (CSR) subsidies; ensure accurate risk adjustment for plans.
- ✓ **Address Workforce Shortages:**
Assist in addressing workforce shortages to ensure coverage for vulnerable rural and frontier communities.
- ✓ **Advance Telehealth:**
Promote telehealth and other technology utilization. Ensure payment policies achieve parity.

Ensure Access for All

The legislative proposals identified below have significant importance toward achieving the identified priorities.



Quality

- **Meaningful Measures that Matter** - Prioritize and simplify quality reporting measures that align and achieve meaningful outcomes.
- **Support Indian Health Service (IHS) accountability and transparency (HR 2662)** - ensure access to care for South Dakota's tribal communities.



Access

- **Save Rural Hospitals Act (HR 2957)** - provides for enhanced payments to rural health care providers under Medicare and Medicaid programs, including elimination of sequestration.
- **Native American Suicide Prevention Act (HR 3473)** - requires states and their designees receiving grants for development and implementation of suicide early intervention/prevention strategies to collaborate with each federally recognized Indian tribe, tribal organization, and urban Indian organization in the state.
- **Medicaid Coverage for Addiction Recovery Expansion Act (S 1169, HR 2687)** - provides grant funding for medical assistance services to adults in residential addiction treatment facilities under the Medicaid program. Such services must be offered as part of a full continuum of evidence-based treatment services.
- **VETS Act of 2017 (S 925, HR 2123)** - improves the ability of health care professionals to provide care for veterans through the use of telemedicine.
- **Rural Hospital Regulatory Relief Act (S 243, HR 741)** - makes permanent the enforcement moratorium of the CMS policy related to "direct supervision" outpatient therapy.
- **Nullifies the CMS final rule (HR 4392)** - modifies payment provisions under Medicare 340B drug discount program.



Payment

- **Medicare Telemedicine Parity Act (S 2250)** - provides incremental expansion for the use of telemedicine for Medicare services, including authorization for Rural Health Clinics (RHC) as distant sites.
- **Evidence Based Telehealth Expansion Act (HR 3482)** - allows for the expanded use of telehealth through the waiver of certain qualifying requirements.
- **Telehealth Innovation and Improvement Act of 2017 (S 787)** - allows eligible hospitals to offer "tests" of telehealth services for Medicare patients and evaluate cost, effectiveness and quality.
- **Create Access to Rehabilitation for Every Senior Act - CARES Act (HR 4701)** - eliminates the three-day prior hospitalization requirement for Medicare coverage in qualified skilled nursing facilities.
- **EMPOWER Care Act (S 2227)** - reauthorizes the "Money Follows the Person Demonstration Program".



Workforce

- **Conrad State 30 and Physician Access (S 898, HR 2141)** - expands the Conrad State 30 J-1 visa waiver program, allowing physicians holding J-1 visas to stay in the United States, provided they agree to practice in a federally designated underserved area for three years.
- **Restoring Accountability in the Indian Health Services Act (S 1250)** - improves the recruitment and retention of employees, restores accountability and advances health services at IHS.

The South Dakota Association of Healthcare Organizations represents hospitals, health systems and post-acute care providers across the state who generate more than **\$9 billion in economic impact** in South Dakota.

Data compiled from AHA, American Health Care Association and National Center for Assisted Living.