



Regulatory Relief

The regulatory burden faced by post-acute care providers is substantial and unsustainable. Excessive and antiquated regulations need to be streamlined or eliminated.

- ✓ **Requirements of Participation (ROPs):**
Delay implementation of Phase 2 of nursing home ROPs.
- ✓ **Value-Based Payment Program:**
Support performance improvements in post-acute care through a more equitable and less complex post-acute care value-based payment program.
- ✓ **Alternative Nursing Home Oversight Processes:**
Encourage the Center for Medicare & Medicaid Services to conduct demonstration programs for states to test alternative nursing home oversight processes.

Reduce the Burden



Medicaid & Medicare

Medicaid & Medicare provide access to health services for our nation's seniors and those who cannot afford private insurance. Strengthen, do not dismantle, these programs.

- ✓ **Certified Nursing Assistant Training Lock-Out:**
Make the remedy optional rather than mandatory. Encourage joint training of state surveyors and nursing home staff to ensure consistency. Support draft legislation.
- ✓ **Civil Monetary Penalties (CMPs):**
Restrict the application of CMPs to more specifically match any penalties with direct care harm deficiencies. Discontinue escalating caps.
- ✓ **Rural Access to Hospice:**
Support legislation to allow patients of Rural Health Centers & Federally Qualified Health Centers to keep their physician and bill Medicare Part B when receiving hospice care.

Strengthen Programs



Legislative Actions

Ensure effective access and delivery of quality aging services. Consider and assess new legislation and/or payment changes for unintended consequences.

- ✓ **Affordable Housing:**
Access to affordable housing is crucial to seniors with limited incomes. Prioritize full funding for Section 202 Supportive Housing for the Elderly. Oppose rental increases for tenants and continue public housing vouchers and community support services.
- ✓ **Reimbursement:**
Support legislation to resolve Medicare observation days issues by providing beneficiaries eligibility for Part A post-acute care coverage.
- ✓ **Technology:**
Support legislation which creates a "bridge" program waiving the Medicare requirement that telehealth services occur at a qualified site.

Focus on Improvement

Below are legislative proposals identified to have significant importance in achieving our post-acute care priorities in 2018.



Quality

- **Omnibus Budget Reconciliation Act of 1987 (OBRA)** - Congress must pass legislation to end the mandatory certified nursing assistant training lockout. Amendments to OBRA are needed to establish national training standards for surveyors and uniform quality standard enforcement.



Access

- **S. 309/H.R. 4006** - the Community-Based Independence for Seniors Act would establish a community-based special needs plan that would give low-income Medicare beneficiaries coverage for home- and community-based services.
- **S. 445** - the Home Health Planning Improvement Act would facilitate Medicare beneficiaries' access to home health care by allowing physician assistants, nurse practitioners, clinical nurse specialists and certified nurse midwives to order home health services.
- **S. 980/H.R. 1820** - would allow Rural Health Centers and Federally Qualified Health Centers to bill Medicare for hospice care.



Payment

- **S. 2227** - the Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources, and Care (EMPOWER Care Act) would extend funding for the Money Follows the Person demonstration to 2022.
- **H.R. 1421/S. 568** - the Improving Access to Medicare Coverage Act would resolve the observation days issue by requiring that all time Medicare beneficiaries spend in a hospital counts toward the three-day stay requirement for coverage of any subsequent post-acute care.



Workforce

- **H.R. 3461** - the Improving Care for Vulnerable Older Citizens through Workforce Advancement Act would provide grants for enhanced clinical training for direct care workers to enable them to take on deeper responsibilities.

The South Dakota Association of Healthcare Organizations represents hospitals, health systems and post-acute care providers across the state. With more than **\$1 billion in economic impact** to the state's economy, South Dakota's long term care facilities and home health/hospice agencies are vital components in the continuum of care.