The regulatory burden faced by hospitals and health systems is substantial and diverts significant resources away from quality patient care.

**Reduce administrative activities related to regulatory compliance:**
Allow providers to spend more time on patient care rather than paperwork and ensure a level regulatory playing field.

**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.

**Behavioral Health:**
Fund authorized programs to treat substance abuse disorders, implement policies to better integrate and coordinate behavioral health services with physical health services and increase access to care in underserved communities.

**Preserve not-for-profit hospital tax-exempt status.**
Hospitals work to make their communities healthier through numerous community outreach programs, education efforts and various wellness activities.

---

**Medicare & Medicaid**

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

**Sequestration:**
Urge Congress to end Medicare sequestration which bluntly cuts all payments to hospitals (275,000,000) and Critical Access Hospitals (CAH) (60,000,000).

**Protect Critical Access Hospitals (CAH):**
Preserve and protect Critical Access Hospital (CAH) designation and restore reimbursement rates.

**Review Federal Medical Assistance Percentages (FMAP):**
Improve access to care for Native Americans by streamlining the 100 percent FMAP process.

**Ensure patients can access all essential health benefits:**
Enforce federal parity for physical and behavioral health benefits.

**Medicaid Fiscal Accountability Proposal:**
CMS proposes to sunset supplemental payment methodologies after three years. This requires states to obtain approval and adhere to standardized templates and calculations for non-DHS supplemental payments.

---

**Access to Care**

Preserve coverage and access to health care. Currently, 30,000 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.

**Site-neutral payment policies:**
Ensure patient access to the highest quality care by rejecting additional payment cuts which do not recognize legitimate differences among provider settings.

**Expand Telehealth:**
Policies should be updated to cover telehealth delivery, eliminate geographic and setting requirements, ensure adequate reimbursement for originating sites and expand the types of technology that may be used.

**Affordable Care Act:**
The court has declined to rule on which parts of the ACA can remain. The decision went back to the federal district court that invalidated the entire law putting health coverage for thousands of South Dakotans at risk.
## Acute Care Priorities 2020

### Workforce

- Assist in addressing workforce shortages to ensure coverage for vulnerable rural and frontier communities.

- **Fund direct and indirect graduate medical education (GME):** Invest in our workforce by rejecting reductions for the GME along with increasing the number of Medicare-funded residency positions.

- **Support expansion of scope of practice laws:** Support state efforts to expand scope of practice laws; allowing non-physicians to practice at the top of their license.

- **Explore policy implications associated with changing roles of providers:** Due to the advancements in technology including automation, artificial intelligence, robotics and telemedicine.

- **Advance education and training:** Further advance education and training efforts to minimize workforce shortages and ensure the right mix of providers.

### Innovation

- Promote telehealth and other technology utilization.
- Ensure payment policies achieve parity as well as incentivize innovation.

- **Invest in broadband and related infrastructure:** Invest in health care infrastructure by expanding the digital infrastructure and rural broadband while strengthening the capacity and capability for emergency preparedness and response.

- **Develop alternative payment methodologies:**
  - Test new approaches to delivering higher quality care at lower cost through alternative payment models.
  - Include the use of resources for health-related non-medical services and experiment with using technology in new and innovative ways.

- **Integration and coordination:** Implement policies to better integrate and coordinate behavioral health services with physical health services.

### Quality & Safety

- Coordinate quality measures to focus on measures that matter and continue improving health outcomes while reducing burden to providers.

- **Remove barriers to care transformation:** Modernize the Anti-Kickback statute and Stark Law regulations to foster and protect arrangements to promote value-based care.

- **Support care integration:** Support policies and research for new models as delivery of care is reinvented.

- **Payment methodology:** Monitor the impact of the implementation of the physician payment programs on quality and care coordination.

- **Incorporate competition and innovation into the awarding of the Hospital Preparedness Program (HPP):**
  - Ensure hospitals, health care providers and communities are continuously prepared to deal with disasters.

---

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.*