

| Date:03/10/17 | | Time: 9:30 to 11:30 | Location: Call Conference call: 712.770.4010 Access: 177659 Online Meeting Link: https://join.freeconferencecall.com/melissa579 Online Meeting ID: melissa579 | |
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| TIME | TOPIC | DISCUSSION | PLAN OF ACTION | RESPONSIBLE |
| 9:30 a.m. | Call to order Minutes of last mtg Financials | Roll call and review agenda for the day. | Review | Rob Mike/Larissa |
| 9:45 | Renewals | Who is Outstanding as of March 10 | Determine any appropriate follow up by Board member | John and Rob |
| 10:00 a.m. | State and Federal Legislative Update | Recap of Hill Day, Status of budget proviso & hi priority bills March on Washington (MOW) and Forum of states | Debrief and update Priorities for MOW | Leslie Doris and Rob |
| 10:30 | Follow up on PAC funds | Discuss findings in regards to ability to make contributions by HCAW to PAC. *OK for HCAW to donate to PAC *PAC funds are for state elections. *PAC and HCAW funds must be separate. *PAC and HCAW meetings are to be separate. *PAC plan for expenditure should be made by PAC in a separate meeting. | Next steps: provide more clarity on previous Board motion for establishing plan for expenditure of \$20,000, now that details about the funds are clearer. | Rob, Leslie and Doris |
| 10:45 | | HCAW conference: Registrations Sponsorships: Thank you GHC and Kindred! Exhibitors Emcee Award nominations Silent auction/wine auction Board presenters (Greg and Leslie; Brent Korte) | What can Board members do to reach out to sponsors and exhibitors! | Brian and Doris John and Melissa to give update on current status of sponsors and donors and award nominations received. Bd members to contribute? |

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| | | Other: Leading Age Conference Aging Services Conference Rural Healthcare Conference (Done) | Coordinate efforts of the Leading Age and Aging Services presentations Conference report | Doris/Sam |
| 11:15 | HCAW memberships to previous Board members who are fully retired. | Pros and Cons; who would be included? | | Doris |
| 11:30 | Adjourn | | | Rob |
| | | | | |

March 8, 2017

HCAW March 2017 Legislative Update

Prepared by Leslie Emerick

Legislative Overview

We are now about halfway through the 2017 Legislative Session. March 8 is the cut-off to vote on bills from their house of origin. During the next phase of the session, starting on March 9th, they will resume committee hearings so that bills passed to the Senate from the House of Representatives and vis versa will get another public hearing. After that, they will vote on those bills, including any amendments we might suggest before they go back to the house of origin. The bills that pass both houses will be submitted to the governor to be signed into law.

The budget discussions have been going on behind the scenes and both houses have submitted a plan for funding education, but as expected are far apart on funding it! The state's tax revenue forecast will be coming out soon and negotiations will begin in earnest....



In-Home Services Day on February 21, 2017

We had another successful In-Home Services Day with 36 attendees, of which 13 were from EvergreenHealth! We had a good mixture of hospice, home health and home care agencies. About half of the attendees were new to legislative day. I asked the more experienced attendees to help the newbies in meetings and tried to make sure there was a good mix of new and experienced from all three associations. We met with around 60 legislators from across the state. I have attached our “song sheet” for the day. We do an hour-long training and orientation in the morning so attendees feel comfortable discussions the subject matter. We did a role playing this year to demonstrate what a typical meeting looks like with Greg Pang of Community Home Health and Hospice being “Senator Pang” for the meeting!

March 8, 2017

We took a strong stand against [SB 5433 Death with dignity decisions](#), sponsored by Senator Miloscia this year. The bill revises the state death with dignity act to require an attending physician to inform the patient of feasible alternatives, including the treatment for the purpose of cure and the treatment for the purpose of extending the patient's life, to ensure that the patient is making an informed decision. We are officially neutral on the death with dignity act, but 81% of Death w/Dignity patients are on hospice. State and federal hospice regulations require that a patient must agree not to pursue curative or life prolonging treatments. This bill would mandate a physician to counsel a patient "that treatment for the purpose of cure and extending a patient's life" is still possible, even if they are in hospice. On Tuesday SB 5433 passed out of the Senate with a 26 yea and 23 nay vote. There was passionate discussion about the issue in the Senate. I will work to stop the bill in the House where it died two years ago.

Home Health Report Budget Proviso

At our In-Home Services Day, Greg Pang of Community Home Health and Hospice and other hill day attendees met with Senator Ann Rivers and discussed getting a proviso in the Senate budget to implement the plan in the Health Care Authorities Home Health Report to the Legislature. Here is the draft proviso that we worked on with Senate Budget committee staff.

(xx) Within the amounts appropriated within this section, the authority shall implement the plan to show how improved access to home health nursing reduces potentially preventable readmissions, increases access to care, reduces hospital length of stay, and prevents overall hospital admissions for clients receiving private duty nursing, medically intensive care, or home health benefits as described in their report to the legislature dated December 15, 2016 entitled home health nursing. The authority shall report to the governor and appropriate committees of the legislature by December 31, 2017, information regarding the effect of the ten dollar rate increases for on access to skilled nursing care delivered via private duty nursing or home health nursing, and how that access the rate changes impacted reduced the utilization and cost of emergency room visits, reduced the length of stay for initial hospital admissions, and reduced utilization and costs of preventable hospital readmissions. The report will quantify potential cost saving opportunities that may exist through improved access to private duty and home health nursing statewide.

Department of Health

In-Home Services Rules

The next step in the rule updating process is to take the final version of the revised rules and file a CR-102. The CR-102 will announce a formal public hearing date whereby interested parties can attend and submit official comments and or testify regarding the proposed new rules. After the public hearing, the department will formally respond to any comments or testimony. A CR-103 will be filed shortly afterwards to announce that the rules are now effective. Looking forward, the effective date of the new rules should be around early summer 2017.

March 8, 2017

Department of Health Hospice CON

The last Hospice CON stakeholder workgroup meeting is on January 10th in Tumwater. The department is trying to move to the CR 102 phase of the process and I believe that we will see a draft document in the near future.

Health Care Authority

Pediatric Concurrent Care Rules Pending

I have been contacted Charissa Fontinos at the Health Care Authority on the Concurrent Care for Pediatrics Rulemaking about our concerns that were delineated at the public hearing on November 8th in Olympia, and the next draft rule language will come out next week.

DSHS

DSHS is proposing to amend chapter 388-106 WAC “Long-Term Care Services” and other related rules as may be required related to Private Duty Nursing. The goal is to clarify the definition for nurse services intervention, define the scope of services to be authorized, and explain the necessity for documentation to support the required services.

WA State Telemedicine Collaborative

I attended the February meeting of the telemedicine collaborative in Olympia. There is legislation this session that expands the definition. **SB 5436 Expanding patient access to health services through telemedicine by further defining where a patient may receive the service.** The list of sites where a patient may receive health care services through telemedicine is modified to allow a patient to access care from home or any location determined by the individual receiving the service. This will be helpful for palliative care provided through telemedicine.

Dementia Collaborative Workgroup

The Dementia Coalition is still developing a plan to implement the state Alzheimer’s Plan using existing financial resources. They are aware of palliative care and hospice issues and it’s a high priority to include in the implementation plan. The next meeting is coming up on March 9th at the Aging and Long-Term Support Administration headquarters, Lacey, WA.

DOH Rural Health Palliative Care Committee

Here is some interesting information from their latest call:

http://healthaffairs.org/blog/2017/01/30/how-states-can-expand-access-to-palliative-care/?utm_source=Palliative+Pulse%2C+February+2017&utm_campaign=PiP-February+2017&utm_medium=email

Stratis Health and Jefferson Healthcare in Port Townsend:

<http://www.stratishealth.org/expertise/longterm/palliative.html>

EXECUTIVE SUMMARY

Face-to-Face Physician Encounter/Physician Certification: The Centers for Medicare and Medicaid Services (CMS) requires a Medicare beneficiary to see a physician for a face-to-face encounter to qualify for the home health benefit. CMS then relies solely on the documentation from the encounter to determine a beneficiary's eligibility for the home health services benefit. However, this record does not necessarily tell the patient's entire story, leading to claims being wrongly denied.

This legislation would:

- Direct CMS to review the complete patient record including the Home Health Agency's documentation when Medicare coverage eligibility
- Allow CMS to resolve a backlog of claims appeals through a negotiated settlement rather than costly hearings before Administrative Law Judges

Non-physician Practitioner Certification Authority: Nurse Practitioners (NPs) and Physician Assistants (PAs) are often the primary care practitioners for Medicare patients. NPs and PAs are authorized to certify Medicare beneficiary eligibility for Medicare coverage of a number of health services, including the skilled nursing facility services and durable Medical equipment benefits. However, these highly skilled clinicians are not authorized to certify a patient's eligibility for Medicare home health services even in states where they can fully order home health care. With the Medicare restriction, NPs and PAs must "hand-off" their patients to physicians in order to get the necessary Medicare certification.

This legislation would:

- Allow Non-Physician Practitioners to certify a patient's eligibility for the Medicare home health benefit and authorize them to establish, sign and date the plan of care where permitted under state law. PCR:

Pre-claim Review (PCR) demonstration program: CMS instituted a highly costly and burdensome process in August, 2016 that requires home health agencies in certain states to submit all claims for preclaim review prior to submitting a payment claim. If an HHA fails to submit the matter for pre-claim review, the payment claim is automatically rejected and the payment rate is reduced by 25% on any claim later approved through an appeal. The Illinois phase of the project began in August 2016 and has demonstrated that any compliance concerns are limited to paperwork and documentation matters that are correctable. Alternative, much less costly and burdensome measures are readily available to address these paperwork issues.

2017 legislation is needed to:

- Pause PCR for one year to allow for program evaluation.
- Direct the Secretary of Health and Human Services to conduct a study on the impact of PCR and develop alternative corrective solutions.

Medicare Home Health Rural Add-On: Home health agencies receive a 3% payment rate add-on for services provided to patients residing in rural areas. The add-on is intended to address higher care costs that occur in rural areas due to increased staff travel time and staff shortages. This add-on has been applied nearly continuously since 2000 through a series of congressionally authorized extensions. However, it is scheduled to expire on December 31, 2017.

This legislation would:

- Extend the 3% add-on for services provided in rural areas for 5 years

Postpone the Implementation of the Home Health Conditions of Participation: The Centers for Medicare and Medicaid Services (CMS) issued a new regulation on January 13, 2017 that establish comprehensive changes to the Conditions for Participation (COPs) for home health agencies that serve Medicare patients. The new COPs are effective on July 13, 2017. These changes have been in the works since 1997. CMS estimates that the first year cost for home health agencies to implement the new rule is nearly \$300 million with annual compliance costs at \$260 million. CMS and HHS must delay the effective date of the new rule until July 13, 2018 to provide sufficient time for HHAs to assure compliance. Members of Congress should:

- Contact CMS and HHS and recommend that the effective date be postponed or
- Enact a Resolution of Disapproval under the Congressional Review Act to rescind the new rules.

Maintain Stability in the Medicare Hospice Benefit: Nearly one-half of all Medicare beneficiaries who die in a given year have utilized hospice services. The hospice benefit is a model for care delivery innovations with a patient-centered, interdisciplinary team approach to care within a bundled payment model that incentivizes efficiency and performance. However, the hospice benefit has undergone numerous changes in recent times with significant payment rate cuts of over 12%, the institution of an updated payment model, increased data reporting, and changes in the population of patients served.

Congress should:

- Monitor the impact of recent Medicare hospice policy changes on the delivery of care
- Reject any proposals that have the potential to diminish hospices' ability to provide appropriate services to patients in their final days of life and support to those patients' loved ones

Restoration of the Fair Labor Standards Act Home Care Overtime Exemptions: The Fair Labor Standards Act (FLSA) includes overtime exemptions for “companionship services” and “live-in domestic services.” Under rules promulgated in 1975, these exemptions applied to employees providing personal care to the elderly and disabled in their own homes. The U.S. Department of Labor implemented revised rules, effective October 15, 2015, that eliminated the application of the exemptions to these home care services. As a result, individuals have had less access to home care, care costs have risen presenting new financial burdens to vulnerable citizens and government-funded health care programs such as Medicaid and the VA, and triggered limits on working hours to avoid overtime costs leading to reduced income for home care aides and personal care attendants.

Congressional support is needed:

- To encourage the Department of Labor to restore the FLSA rules in effect for nearly 40 years
- To enact legislation, if necessary, to restore the exemption and preempt any later rulemaking that would again restrict the exemptions