



AARC PACT 2011

Washington DC Update

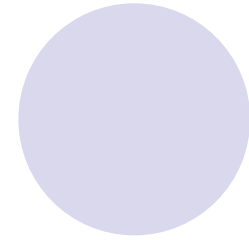
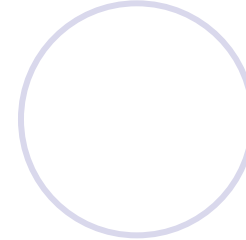
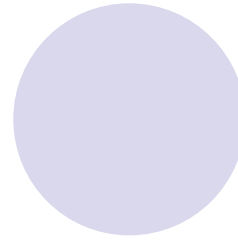
AARC PACT Trip



- March 7-9, 2011
- Visited almost all of the offices of IL congressional representatives that are associated with healthcare legislation
 - House
 - Ways and Means
 - Energy and Commerce
 - Senate
 - Finance

AARC PACT Trip

- Ways and Means
 - General Committee
 - Bobby Rush
 - Aaron Schock
 - Healthcare Subcommittee
 - Peter Roskam
- Energy and Commerce
 - General Committee
 - Danny Davis
 - Healthcare Subcommittee
 - Jan Schakowski
 - John Shimkus



Issues Addressed



- Medicare Respiratory Therapy Initiative
 - HR 941 (Bill was introduced on 3-8-11)
 - Waiting for Senate companion Bill
 - Please write on AARC Capitol Connection
 - Received good feedback from office visits
 - Pushed re-hospitalization issue
 - Pushed patient quality care issue
 - They all want to see the CBO score

Regulatory Issues-Out Pt PR

- Pulm Rehab

- Direct Physician Supervision no longer tied to Physical Boundary

- Does state that Physician must be immediately available while services are being rendered

- MD/DO still must be the Physician(s) to supervise the PR Program

- Can't have PA's, APN's or "non qualified" physicians supervising (ie: pediatrician, etc)

Regulatory Issues-Competitive Bidding (DME)

- First round was implemented Jan 1, 2011 in 9 MSA's
- Round 2 to begin later this year in 91 MSA's
- Per CMS they have not received a lot of complaints regarding issues/problems since beginning of CB
- DME's are lobbying to repeal CB
 - They had a lot of support last Congress but it did not get put in Hlthcare Bill
- DME task force is looking at new alternatives
- AARC and other stakeholders spent time to author another alternative to CB, but went nowhere

Regulatory Issues-Hospital Acquired Infections

- New AHRQ Prgm Safety Model helps reduce HAI's (hospital acquired infections)
 - Pneumonia model is targeting VAP
 - Michigan ICU study reduced VAP by 70%
- New Hlthcare Bill requires new Medicaid Pymt Restrictions
 - Basically states that if a Medicaid pt is admitted for a DRG but a Provider Preventable Condition (PPC) or Hospital Acquired Condition (HAC) occurs that puts the pt into a longer length of stay in hospital, the pymt to the hospital will be cut
 - Currently does not include any respiratory DRG's but AARC is watching this closely due to re-hospitalization data

Regulatory Issues- National Prevention Strategy

- New Healthcare Bill requires initiation of a National Prevention Committee
 - They have to develop strategies to address risk factors for certain disease entities for prevention
 - Included is COPD and Asthma
 - Includes tobacco cessation (tobacco free living)
 - Reduction of indoor/outdoor contaminations
 - Strategies for creating “healthy” homes that are free of mold and allergens

Regulatory Issues-Tobacco Warning Labels

- FDA to publish final rules on new labeling by Summer 2011
 - Will begin 15 months afterwards
 - Color graphics and warnings will occupy at least 20% of packaging
 - Color graphics will be “in your face”
 - Warnings
 - “Cigarettes are addictive”
 - “Tobacco smoke can harm your children”
 - “Cigarettes cause fatal lung disease”

Regulatory Issues-Timely Medication Delivery

- Current guidelines are that medication must be administered 30 before/after scheduled time
- ISMP urges CMS to revise 30 minute rule
 - Institute for Safe Medication Practices (ISMP)
 - Many nurses now feel the rule is unsafe, impossible to follow, and often unnecessary from a clinical perspective.
 - ISMP gave draft guidelines to CMS for their recommended revisions (see attached)
 - No guarantee that CMS will change guidelines but ISMP is an admired independent organization
- These may be hospital policies now but if not changed it may begin to trickle down to the SNF

Will follow up with District Offices

