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CALTCM Pulse: Policy & Professional Services Committee

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As Co-Chair of CALTCM's: Policy & Professional Services Committee (PPSC) [and as a member of AMDA's Public Policy Committee (PPC)], I trust you find these episodic, 'Pulse-Like' updates of the current agenda and status of CALTCM's PPSC published by "The Wave" to be informative and helpful.

Our committee is currently actively refining CALTCM's PPSC's mission statement to not only remain internally regulatory compliant, but to more accurately reflect the true trans-disciplinary team composition of our state-wide constituency (emphasizing our corresponding "brain trust" and competitive advantage.)1 We plan to also be more forward-viewing to emphasize the importance of developing long-term strategic initiatives and strategic relationships. We likewise plan to achieve functional integration with the relevant and valued positions of AMDA's Public Policy Committee (PPC).

PPSC esteemed member Robert Wang, MD, PhD spearheaded our committee's role in crafting a draft "Position Paper" to present to CALTCM's Board of Director's (BOD's) for the Annual LA Conference Meeting in May 2012.2 In the final analysis, it was recognized that this special sub-population of LTC patients who are often "frail and vulnerable" elders who require special "protection …[from] unnecessary risk, suffering, and expense"; for example, "a 'capped Voucher Program' may become necessary for mass Managed Care enrollees". Furthermore, CALTCM's PPSC: "Recognizes that a true implementation of 'patient-centered care' would be a major step to improving the care of dual eligibles in general and facility residents in particular."3 There was a general consensus that the PPSC would oppose anything that selectively further "limited access to care" or that would "reduce or eliminate the ability of the primary care physician to continue to provide care" at the LTC facility-level of our vertically integrated healthcare delivery system.4

Of note, the PPSC is monitoring the status and at times weighing in on a spate of select California-based Legislative Initiatives currently in the state's 'pipeline' that include the following Assembly Bills identified:5

1.) +CA A 40: Yamada-"Elder and Dependent Adult Abuse: Reporting"-which amends the verbal and written reporting requirements of suspected or alleged elder abuse that goes on in LTC facilities;

2.) +CA A 784: Yamada-"Long-Term Care Facilities: Bed Holds: Appeal"-that amends existing law, for example, that provides rights of residents of long-term care health facilities, including the right to be readmitted to such facility upon a hospital stay;

3.) +CA A 1468: Budget Committee-“Public Social Services: Medi-Cal”-revises terminology, requiring the Dept. of Health Care Services to establish demonstration sites (including a duty to enroll dual eligible beneficiaries) in a specified number of counties;

4.) +CA A 1710: Yamada-“Nursing Home Administrators: Fees and Fines”-amends the NH Administrator’s Act that provides for the issuance of citations;

5.) +CA A 1752: Yamada:”Long-Term Health Care Facilities: Bed Hold: Appeals”-requires the State Dept. of HC Services, if readmission by a resident to a LTC facility is ordered on appeal and the facility refuses to readmit the resident, to assess a civil penalty;

6.) +CA A 2206: Atkins-“Medi-Cal Dual Eligibles: Pilot Projects”-requires a PACE Plan to be presented as an enrollment option;

7.) +CA A 2266: Mitchell-“Health Homes for Hospital Users with Chronic Conditions”-to establish a program to provide health home services to frequent hospital users –and if Federal Matching Funds are available-requires the Department to submit a contract and/or an evaluation of the program in a specified time period;

8.) +CA A 2276: Campos: “State LTC Ombudsman Funding”-appropriates a specified sum of funding for the 2012-2013 fiscal year from the State Health facilities Citation Penalties Account to the State Dept. of Aging fir use in funding local LTC Ombudsman programs.
Additional Senate Legislation identified to actively be monitored and discussed by our PPSC 6, includes:

9.) +CA S 135: “Hospice Facilities”-which creates a necessary Health Facility Licensing category and would require the Dept. of Public Health to develop regulations governing the Licensure of Hospice Facilities (until the Dept. adopts regulations);

10.) +CA S 393: Hernandez E: “Medical Homes”-establishes the Patient-Centered Medical Home Act of 2011”-that defines the nomenclature of medical homes (and other related terms) and specifies that its provisions do not alter the scope of practice of any provider;

11.) +CA S 529: Correa: “Aging: Strategic Planning”-amends existing law that requests the University of California to compile specified information Re: existing resources throughout the State’s governmental and administrative infrastructure that are available to address the needs of an aging society and that require the development of a corresponding strategic plan on aging for LTC development purposes going forward;

12.) +CA S 895: “Health Facilities: Inspections”-amends existing law that requires the inspection of general acute care hospitals, acute psychiatric hospitals, and specialty hospitals according to a specified schedule outlined; also deletes the inspection requirements under the LTC, Health, Security Act of 1973 that have ‘not’ had serious violations identified under the 1973 law (and that requires every facility to continue to be inspected according to a specified ‘fixed’ schedule);

13.) +CA S 1228: Alquist: “Small House Skilled Nursing Facilities”-creates a new health facility licensing catagory for a small house skilled nursing facility (SNF) and requires these newly defined entities to have corresponding regulations adopted for them by the traditional agencies involved with SNF regulation and oversight;

14.) +CA S 1524: Harman: “Care Facilities for the Elderly: Video Surveillance”-authorizes a Residential Care Facility for the Elderly (RCFE) to use video surveillance in a resident’s bedroom if the facility and a resident (or the resident’s authorized representative) consent to use of the surveillance equipment/plans; importantly, it requires that any recordings made become part of the residents ‘protected’ medical record;

15.) +CA S 1524: Hernandez E: ”Nursing”-amends the Nursing Practice Act to provide for the licensing and regulations of Nurse Practitioners (NP’s) and the certification of nurse-midwives and authorizes the to dispense certain drugs and durable medical equipment (DME) under specified circumstances subject to supervision; of note, it deletes the supervised experience requirement, authorizing the physician or surgeon to determine the experience required (per the judgment/sole discretion of the supervising MD/DO).

On another note, the PPSC is proud to have garnered the support of a sponsorship from CALTCM following a successful presentation of the “good work” being performed by Kiah Williams-Co-Founder of SIRUM [Supporting Initiatives to Redistribute Unused Medicine (in CA NH’s)]. ‘Piggybacking’ onto California’s Good Samaritan drug donation legislation allows 7: “Manufacturers, wholesalers, and skilled nursing facilities to donate unused, unexpired medicine to county-owned and county-contracted pharmacies in counties that have a drug redistribution ordinance in place.” The California Healthcare Foundation supports SIRUM8, CAHF supports SIRUM9, and the CA Dept. of Public Health’s-Kathleen Billingsly, RN also supports SIRUM10.

It is important to point out that CALTCM’s key partnerships with strategic organizations like the California Association of Health Facilities (CAHF) and the Compassionate Care Coalition of California has continued to yield dividends for our PPSC to implement its Mission Statement. Key members on our PPSC who act as the CALTCM’s formal Liaison to CAHF (like Karl Steinberg, MD, CMD-CALTCM Past President, Vice Chair of AMDA’s Public Policy Committee) continue to make major contributions to our PPSC as the Co-Chair.

In closing, we are continuing to promote successful implementation—emphasizing proper LTC facility penetration and use of POLST in CA11; we are tracking the focus of the Legislators and Regulatory Bodies’ stance on the use of antipsychotic agents (including the need for ensuring proper prescriber-generated informed consent), and we are staying aware of liability tort reform positions whereby the MICRA provision (limiting non-economic damages in CA to a cap of $250K for medical malpractice actions) has come under attack again.

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1 CALTCM WAVE: Originally posted February 2012. CALTCM Pulse: Policy and Professional Services Committee (PPSC).
2 CALTCM’s White Paper. Originally posted May 2012. RE: Position on Dual Eligible (Medi-Medi) Patients in Long-Term Care (LTC) Facilities.
3 CALTCM WAVE: Originally posted February 2012. CALTCM Pulse: Policy and Professional Services Committee (PPSC).
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4 CALTCM WAVE: Originally posted February 2012. CALTCM Pulse: Policy and Professional Services Committee (PPSC).
5 2012 State Net, see reference numbers listed in body of article.
6 2012 State Net, see reference numbers listed in body of article.
7 HSC Section 150200-150207/SB No. 798. Simitian. Chapter 444 ", Sept. 30, 2005. "Prescription Drugs: Collection and Distribution Program".
8 From the Foundation: "SIRUM Works with Counties to Pass Local Drug Redistribution Ordinances", Sept. 22, 2011.
9 CAHF E-News Update: "Top Stories: Donating Surplus Medicines: CAHF Members Work With SIRUM", May 20, 2011.
10 "Donating Unused Medications to Skilled Nursing Facilities", June 14, 2010.
11 Quick Reference Guide on POLST in Nursing Homes, developed by Coalition for Compassionate Care of California in collaboration with the State Long-Term Care
12 http://www.micra.org/