

DATE	ACTION	REQUEST
January – March 30 2017	Congressional Review Act	Revised nursing home regulations identified for possible repeal.
March 7, 2017	American Health Care Association letter to Secretary Price http://www.ihca.com/Files/Comm-Pub/AHCA-Final-Price-Ltr-3.9.17.pdf	“We ask that CMS delay the implementation of the new survey process while CMS issues a new proposed rule for the Requirements of Participation, including a new phase-in timeline and specific changes to sections of the rule that are overly burdensome and do not help with resident care. Sections that should be modified or eliminated include the ban on binding arbitration, an annual in-depth facility assessment to establish staffing requirements, behavioral health resources to take care of the chronically mentally ill (e.g. schizophrenia), release of peer-review and root cause analyses to surveyors, conversions of room sizes and bathrooms whenever construction/renovations are made, and extensive documentation by physicians on their prescribing decisions. We are happy to work with your team and CMS staff to provide more specific suggestions.”
May 4, 2017	Federal Register / Vol. 82, No. 85 / Proposed Rules https://www.gpo.gov/fdsys/pkg/FR-2017-05-04/pdf/2017-08521.pdf	“We are reviewing the requirements for obsolete or redundant provisions, areas where processes can be streamlined to reduce burden and cost, or other areas of possible elimination. As a result of our review, we have identified the following areas of the LTC requirements that we are considering for modification or removal in an effort to reduce the burden and financial impact imposed on LTC facilities.”

		<p>“We are interested in receiving feedback regarding the realistic reduction in burden that these revisions may have on facilities and the possibility of unintended negative consequences that these potential revisions may impose on resident care and outcomes. We are also interested in receiving feedback regarding any additional areas of burden reduction and cost savings in LTC facilities. To the extent we proceed with rulemaking in this area, we will use this feedback and information to inform our policy decisions with regard to these issues. We invite general comment, but are particularly interested in data and analysis regarding associated costs and benefits.”</p> <p>Areas:</p> <ul style="list-style-type: none"> -Grievance process, including reporting of abuse and neglect -Quality Assurance and Performance Improvement -Discharge notices to LTCO -Any additional areas of burden reduction and cost savings in LTC facilities
June 8, 2017	<p>Federal Register / Vol. 82, No. 109 / Proposed Rules https://www.gpo.gov/fdsys/pkg/FR-2017-06-08/pdf/2017-11883.pdf</p>	<ul style="list-style-type: none"> -Would remove provisions prohibiting binding pre-dispute arbitration -Give facilities the authority to require arbitration agreements as a condition of admission
June 30, 2017	<p>CMS Survey and Certification memo: 17-36-NH https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Survey-and-Cert-Memo-Revision-SOM-Appendix-PP-Phase-2.pdf</p>	<p>“CMS has heard concerns regarding the scope and timing of the new requirements for Phase 2. We believe that these standards (for example, development of an antibiotic stewardship program to combat multi-drug resistant organisms) represent important national health and safety standards. However, to address these</p>

		<p>concerns, CMS will provide a one- year restriction of enforcement remedies for specific Phase 2 requirements. Specifically, we will not utilize civil money penalties, denial of payment, and/or termination. Should a facility be found to be out of compliance with these new requirements beginning in November of 2017, CMS would use this year-long period to educate facilities about certain new Phase 2 quality standards by requiring a directed plan of correction or additional directed in-service training. Enforcement for other existing standards (including Phase 1 requirements) would follow the standard process. Please note, this one-year period is not a change in the required implementation date for Phase 2 provisions.”</p>
<p>August 28, 2017</p>	<p>Leading Age comments http://www.leadingage.org/regulation/leadingage-calls-delay-revision-nursing-home-requirements-participation</p>	<p>“New nursing home requirements of participation in Medicare and Medicaid should be delayed and revised to be more flexible and cost-effective.”</p> <p>“The final rule on nursing home requirements of participation was issued in haste toward the end of the Obama Administration. It would be most productive to delay the effective dates of Phases II and III until a determination can be made on achieving the goals of the regulatory overhaul in a less burdensome and more cost-effective manner.</p> <p>Furthermore, nursing homes should be given a sufficient period of time after CMS issues guidance on the Phase II and Phase III requirements to work toward implementation. This will allow providers</p>

to incorporate CMS' expectations into their plans for compliance rather than to guess about CMS' expectations and have to go back and revise their policies, procedures, and operations after having been found out of compliance, with attendant penalties."

Specific requests:

-Eliminate the requirement for a facility assessment

-Nursing homes should have greater flexibility to design infection control programs that meet their individual needs based on existing policies and procedures, compliance history and other factors. Also, the final rule should be revised to allow for existing staff to fulfill the duties of an infection control officer, authorize the infection control officer to serve multiple nursing homes and permit tele-visits for facilities in rural areas as well as those areas experiencing workforce shortages.

-Nursing homes should be allowed up to 24 hours to report instances of alleged abuse, neglect, mistreatment, or exploitation

-The requirement for transfer/discharge notices should be rewritten to focus on providing notice to the State Long-Term Care Ombudsman only in situations involving truly involuntary transfers or discharges.

-The final rule's QAPI requirements should be revised to enable nursing homes to focus on their most pressing compliance and quality challenges and prioritize continuous quality improvement

		<p>activities centered on resident outcomes and both quality of care and life.</p> <p>-Flexibility should be returned to the grievance process to ensure residents' rights to be heard without unneeded bureaucracy, additional staff and expense.</p> <p>-Nursing homes should be able to base any enhanced staff training on their compliance history in the areas specified by the final rule.</p>
October 11, 2017	<p>Letter to CMS from 120 Members of the US House of Representatives</p> <p>http://renacci.house.gov/cache/files/8ad42967-7fd9-4d12-abaa-f65dda6e0426/renacci-rop-final-letter-10.11.17.pdf</p>	<p>-Re-evaluate the nursing home requirements of participation rules to allow for thoughtful revisions and to give providers more time to comply</p> <p>-The requirements: are an unfunded mandate; may direct resources away from the quality care our patients deserve; are a financial burden on the profession Some regulations appear duplicative</p>
October 26, 2017	<p>Letter to CMS from Members of the US Senate</p> <p>https://www.hoeven.senate.gov/imo/media/doc/10.26.17%20SNF%20Rop%20Letter%20FINAL.pdf</p>	<p>Requests CMS take into consideration concerns of SNFs and long-term care providers and delay the "overly burdensome parts of the Requirements of Participation rule" in order to consider revisions to the regulation</p>