I’ve been coming to these meetings since the mid-’90s, and I’ve been a medical director for 23 years. This past year is unlike any we’ve ever experienced,” said Karl Steinberg, MD, CMD, HMDC, 2021–2022 president of AMDA – The Society for Post-Acute and Long-Term Care Medicine, at the start of the second general session of the Society’s virtual Annual Conference. The public policy update is always a popular program, but there is no doubt that if this had been live, the room would have been overflowing. So much has happened and so much is ahead that PALTC clinicians are eager for some perspective and guidance.

On the Federal Level
Alex Bardakh, MPP, director of public policy and advocacy for the Society, opened the session by recognizing many of the Society’s leaders and members whose efforts to advocate, inform, and educate during the pandemic were “nothing short of heroic.” He then talked about what to expect with a new federal administration in place as well as a thin Democratic majority in the Senate. Particularly in the Senate, “it means new chairs for key committees and control of hearings and other actions that are significant. Given one-party control in [the legislative and executive] branches, the opportunity and pressure to push through legislation, even if it is not bipartisan, will be something to watch,” said Mr. Bardakh.

Elsewhere, Mr. Bardakh noted, “The administration has released nursing home priorities. Not every administration has done this, which is a sign that they are clearly planning to pay attention to this area.” Among other things, the plan calls for:

• Requiring an infectious disease specialist in every regulated setting.
• Ensuring access to personal protective equipment.
• Ensuring adequate staffing and staff training.
• Allowing LTC workers the choice to organize unions and collectively bargain, and giving them paid leave, career ladders, and other benefits.
• Increasing the frequency and scope of surveys and data collection so families have sufficient information to make choices.
• Conducting adequate numbers of surveys, and restoring levels of penalties needed to obtain compliance with quality standards.
• Reauthorizing the Elder Justice Act of 2010.

However, Mr. Bardakh added, “as of right now, no PALTC expert has been appointed to the Biden health care task force, so it is not clear how the administration will implement this agenda.” He stressed that one of the key issues for the Society will be ensuring PALTC experts are part of the decision-making process on health care concerns, just as having PALTC experts as part of the pandemic response is key to the response process.

COVID-19 Relief and Other Bills
The COVID-19 Relief Bill (American Rescue Plan), signed into law just before the Annual Conference, provides $450 million to support skilled nursing facilities, $250 million for strike teams to assist with clinical care, infection control, and staffing, and $200 million for infection control protocols. The legislation did not include a provision to suspend sequestration — which would result in an across-the-board cut of 2% to all Medicare services — but Congress is working on a separate bill for this, Mr. Bardakh said.

The Society has stayed on top of everything happening on the regulatory front via weekly calls with the Centers for Medicare & Medicaid Services and the Centers for Disease Control and Prevention. Additionally, Mr. Bardakh said, the Society’s leaders continue to have regular conversations with administration leadership and congressional staff. The Society held a virtual Hill Day last September, during which the Society’s Board members and others used virtual meeting platforms to connect with legislators and staff. They focused their conversations on the federal response to COVID-19 in PALTC, reductions in payments for skilled nursing facility visits in the physician fee schedule, and the use of and reimbursement for telehealth services in PALTC.

State-level advocacy also was out in full force during the past year. “Decisions are being made locally, and AMDA state chapters have done a great job of making our voice heard,” Mr. Bardakh said.

Ahead of the Curve
Michele Bellantonii, MD, CMD, associate professor of medicine and clinical director of the Division of Geriatric Medicine and Gerontology at the Johns Hopkins University School of Medicine, talked about clinical issue updates, starting with COVID-19 vaccination. She said, “AMDA was ahead of CMS in putting together statements on vaccination policies in PALTC, and these were adopted federally and are now being used to address vaccine hesitancy among staff.” The Society recommended that vaccine distribution and administration continue to prioritize PALTC facility residents and health care workers. The Society also has urged directives from state and federal governments that reduce barriers to COVID-19 vaccinations, and the Society has urged flexibility in the Federal Partnership Program for vaccine distribution/administration to involve local pharmacies.

On the COVID-19 treatment side, the Society collaborated with the American Society of Consultant Pharmacists (ASCP) to develop a readiness document that outlines steps for LTC pharmacies to acquire and provide monoclonal antibody treatments to capable LTC settings. The document also provides information on the eligibility, administration, and monitoring requirements for the medical and nursing staffs of skilled nursing facilities and other LTC settings.

It soon became clear that administering the treatment was a challenge for many PALTC facilities — due to limited qualified staff necessary for safe infusion of the treatment, as well as the overwhelming clinical demands. AMDA and five other national associations united to form the Coalition to Advance Community-Based Solutions for COVID-19. The coalition designed and supports the Long-Term Care Infusion Support Activity launched in early March to facilitate the use of interested and qualified Medical Reserve Corps volunteers to provide staff support for administering COVID-19 monoclonal antibody infusions in nursing homes.

The National Registry of Medical Directors
The Society has been advocating for a national registry of nursing facility medical directors for some time. “We think this should be easy to support,” said Suzanne Gillespie, MD, RD, CMD, associate professor in the Department of Medicine and Department of Emergency Medicine at the University of Rochester Medical Center. “It would enable the best possible communication regarding opportunities to improve care.” The Society has worked to arrange a bipartisan letter from Congress asking CMS to implement this. At the same time, she said, states have begun conversations to enable this on a state level. “We will continue discussions with CMS on this issue, and we are confident that we will make progress on this,” Dr. Gillespie said.

Elsewhere, public health emergency (PHE) waivers that went into effect with the pandemic have been effective in enabling practitioners to promote quality care and enable smooth and effective care transitions. Specifically for telehealth, Dr. Gillespie noted PHE waivers remain in place allowing use of telehealth in the PALTC settings.

After the PHE ends, however, things will change. In its final rule issued at the end of 2020 CMS made a few key determinations (the administration has indicated that the PHE will likely last at least through 2021).

• Nursing Facility Initial Visits (99304–99306) will remain billable via telehealth.
• Nursing Facility Subsequent Care codes (99307–99310) will remain billable via telehealth but will be limited to once every 14 days.
• Home/domiciliary established patient codes (99341–99350) will be billable via telehealth for the rest of the year in the year the PHE ends.

The Society’s Telehealth Workgroup continues to advocate for the removal of barriers to telehealth on a long-term basis. The group also is advocating for the reintroduction of the Reunifying Unnecessary Senior Hospitalizations Act of 2020 (RUSH Act, H.R. 6209), a bill that would establish a separate Medicare-reimbursed program through which qualified group practices may provide certain services through telehealth.

AMDA Advocacy Avoide Steep SNF Services Cut
Dr. Gillespie thanked everyone in the audience for being engaged with the Society’s advocacy effort to avoid a nearly 10% Medicare cut to nursing facility, home health, and assisted living services in 2021. In the calendar year 2021 proposed rule, CMS wanted to make these cuts due to a complicated Medicare budget neutrality formula where if certain codes get an increase, they must be offset by decreases in other codes. The Society’s aggressive advocacy has helped avoid that cut.

Society members sent more than 1,000 letters to Congress talking about the impact of these cuts. Dr. Gillespie stressed, “A lot of work went into addressing this issue. We couldn’t have done it without your support.” In the end, Congress added significant money into the physician fee schedule as well as delayed implementation of a proposed code. Instead of a 1% cut, some codes saw no cut at all or only a 1% to 2% cut.

Office/Outpatient Coding Updates
Last year, CMS finalized Evaluation/Management (E/M) coding and documentation policies with changes to the office/outpatient E/M visits (99211–99215), beginning January 1, 2021. This includes code redefinitions that rely on time or medical decision-making for selecting the visit level, with performance of history and examination as medically appropriate, deletion of the level 1 patient code, and a new prolonged services code specific to office/outpatient E/M visits. CMS also adopted, via revised medical decision-making guidelines adopted by the CPT Editorial Panel. Of note, these changes do not impact nursing facility services.

Looking forward, the presenters all expressed optimism. Mr. Bardakh said, “The pandemic has brought us to the table to address quality and other issues. As everyone gets back from the fog of the pandemic, it’s hard to say exactly where we’ll go, but I’m optimistic.”

Policy Throughout The Pandemic
By Joanne Kaldy