



## Advocacy Policy Priorities for 2018 Legislative and Regulatory Action Agenda

LeadingAge will **LEAD** in five policy areas. Leading means we will exert maximum organizational effort and make a nationwide commitment to the policy.

### AFFORDABLE SENIOR HOUSING

**POLICY AIM:** Sufficient resources and policy tools to expand the supply of service-enriched housing affordable to older adults with low incomes, reduce administrative burden, and preserve federally-subsidized homes for older adults so they can live as independently as possible in the community.

**CHALLENGE:** There is widespread recognition that a full continuum of long-term services and supports (LTSS) must acknowledge that older individuals prefer to remain at home, in the community, as long as possible, even when they need supports to do so. In addition, in many cases, these options can be more cost-effective. The number of older adults with low incomes is rapidly rising, while homes in the United States affordable to this income group are declining. Only 1 in 3 older adults receives the housing assistance for which they are eligible. We must preserve and expand federally-subsidized affordable housing, including homes provided by the Section 202 Project-Based Rental Assistance, Low Income Housing Tax Credit, and other programs. In addition, providers of HUD Section 202 and Section 8 programs face significant operational and resource challenges in complying with HUD regulations. Some rules do not permit providers enough flexibility to run programs as efficiently as possible and operational information is poorly communicated.

**LEGISLATIVE SOLUTION:** Provide funding for construction of new service-enriched Section 202 housing to meet the needs of an aging population and fully fund all HUD programs, including Section 202, Service Coordinators, Project-Based Rental Assistance, public housing, vouchers, and homeless assistance. Provide Section 202 communities with tools to remain viable. Support expansion and improvement of the Low Income Housing Tax Credit program. Ensure that a service-enriched housing platform is the model for all current and future housing for older adults.

**REGULATORY SOLUTION:** Work with HUD to streamline housing policies and reduce regulatory burden across rental assistance programs. Help HUD improve communications regarding changes in administrative processes and issues related to service coordination.



## QUALITY MEASUREMENT AND QUALITY ASSURANCE, INCLUDING SUBSTANTIVE IMPROVEMENTS TO NURSING HOME SURVEY & CERTIFICATION

**POLICY AIM:** Quality systems that support providers to deliver the highest quality care and quality of life to every resident/consumer, every time. The Survey & Certification system for Medicare and Medicaid nursing homes is evidence-based, not unnecessarily burdensome, and ensures that residents receive high quality care and services.

**CHALLENGE:** CMS requires different measurements and assurances for survey and certification, star designations and quality reporting for nursing facility, home health, HCBS, integrated care, and other programs and demonstrations. Providers, especially those who offer more than one service line, spend precious resources “checking boxes,” thereby reducing resources available to deliver the best care. As a particular focus, the current Survey & Certification system is plagued by inconsistency, a punitive approach to resolving deficiencies, and a lack of evidence-based, quality-focused measures. As a result, good communities are not recognized and poor-performers do not have the resources to improve.

**LEGISLATIVE SOLUTION:** LeadingAge will develop legislation that addresses specific key problems with the survey system, including the automatic loss of nurse aid training rights, lack of consistency in training of surveyors to ensure consistent and evidence-based surveys, and the need for CMMI to support new survey and certification models.

**REGULATORY SOLUTION:** Work with CMS toward consistent quality assurance systems (e.g., survey and certification, 5 star, value based purchasing) that minimize provider burden, are fair, based on solid evidence, and risk adjusted (i.e., don’t punish providers who serve people with the most complex challenges).

## PROMOTE LTSS FINANCING REFORM

**POLICY AIM:** All Americans have access to a financing system that ensures access to quality long-term services and supports (LTSS).

**CHALLENGE:** Our LTSS system is plagued by inadequate funding, coordination, and choice. Its current design places enormous pressure on families, leaves older adults disconnected and depressed, and is ill prepared to meet the needs of our aging population. Most people are unaware of the costs, payers, and duration of need for LTSS.

**LEGISLATIVE SOLUTION:** Educate stakeholders and policymakers to raise public perception of LTSS issues so that when the political environment at the federal level is ripe for reform, our advocacy efforts



can lead to the development of a fairer and more rational financing and service delivery system. Provide technical support to state level initiatives.

## **INTEGRATED HEALTH AND LONG-TERM SERVICES AND SUPPORTS**

**POLICY AIM: Fully integrated and coordinated payment and delivery systems that meet consumers' diverse health, LTSS, housing and social support needs and offer providers flexibility to organize and deliver efficient, high quality care.**

**CHALLENGE:** Older individuals, especially those with multiple chronic conditions and functional impairments, need an array of services to live the healthiest, most independent lives possible. Typically, health, LTSS, housing, social supports and income supports are managed and delivered in a separate, uncoordinated manner. Recent policy changes and demonstration models point to solid evidence of how systems could be integrated and coordinated, to improve the lives of individuals and their families and allow providers to be as efficient as possible.

**LEGISLATIVE SOLUTION:** Promote legislation to test expanding the Medicare Advantage Special Needs Plan (SNP) benefit to include long-term services and supports, such as adult day services, non-emergency medical transportation, meal programs as a supplemental benefit for a targeted population of older adults who are at high risk for hospitalizations and long-term nursing home placement. Advocate for Community-Based Independence for Seniors Act S309/HR 4006.

**REGULATORY SOLUTION:** Work with CMS and HUD to use existing integrated models (e.g., PACE, SNPs) and research and demonstration initiatives and programs (such as those operated under the Center for Medicare and Medicaid Innovation (CMMI), innovative housing models like SASH, and HUD's enhanced service coordination demonstration) to develop and test a comprehensive, person-centered integrated services model.

## **IMPROVE THE ABILITY OF MEDICARE POST-ACUTE CARE PROGRAMS TO BETTER SERVE BENEFICIARIES**

**POLICY AIM: Medicare post-acute care delivery and payment systems that enable providers to deliver the right amount of care to the people they serve, based on the individual's characteristics and needs, especially persons with complex care needs.**

**CHALLENGE:** Authorizing statutes for Medicare post-acute care services need to be updated to reflect better the needs of the people served in these settings. These provisions wrongly restrict Medicare eligibility, making it difficult and expensive for beneficiaries to receive the services they need in the most appropriate setting.



**LEGISLATIVE SOLUTION:** LeadingAge will support current legislation to repeal Part B therapy caps which place arbitrary limits on Medicare beneficiaries’ ability to obtain necessary out-patient therapy and to fix the observation stay/3-day stay problem for beneficiaries who are not considered “admitted” to the hospital and therefore not eligible for Medicare SNF benefits. In addition, we will track legislative efforts to implement value based purchasing across settings to ensure that legislation supports consistent quality assurance measures that minimize provider burden, are fair and based on solid evidence, are risk adjusted and support high-quality care and services.

**REGULATORY SOLUTION:** Continue urging CMS to address the observation stay issue by revising its rules on 3-day requirements.

LeadingAge will **ENGAGE** in five policy areas. Engaging means we will exert moderate organizational effort on targeted activities.

#### **SAFETY NET PROGRAMS FOR OLDER ADULTS**

**POLICY AIM: A robust safety net that ensures older adults will have the income, housing, health care and services, including LTSS, they need.**

**CHALLENGE:** Many in Congress want to cut spending on safety net programs that are crucial to older adults including Medicare, Medicaid, affordable senior housing and SNAP. This would threaten elders’ security.

**LEGISLATIVE SOLUTION:** Protect these important programs. Prevent converting Medicaid to per capita caps and block grants or reducing its funding. Oppose structural changes to the Medicare program that adversely affect beneficiaries. Fully fund non-mandatory programs like senior housing and Older Americans Act programs. Use direct advocacy, grassroots and other educational efforts. Tell personal stories of older adults whose lives would be negatively affected if spending on these programs were cut. Regarding Medicaid specifically, advocate for legislation such as the “Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources, and Care Act” or the “EMPOWER Care Act” S.2227 that extends funding for the Money Follows the Person demonstration to 2022.

#### **PROTECT NON-DEFENSE DISCRETIONARY FUNDING**

**POLICY AIM: Robust LTSS and community support programs funded through the Older Americans Act, Veterans Administration, and affordable housing programs.**

**CHALLENGE:** Increased pressure in Congress to reduce funding for programs that pay for long-term services and supports and including affordable housing for older adults.



**LEGISLATIVE SOLUTION:** Oppose all cuts included in legislation that would have a negative effect on access to affordable housing and long-term services and supports for older adults. Support legislation that funds home and community based service providers for veterans under provider agreements.

**REGULATORY SOLUTION:** Work with ACL and HUD to ensure community support and housing programs address the unique needs of LTSS users, including older adults.

## TELEMEDICINE AND HEALTH INFORMATION EXCHANGE

**POLICY AIM: Long-term services and supports and post-acute care providers provide coordinated, high quality services using telemedicine and interoperable electronic health records.**

**CHALLENGE:** Information technology can be a powerful tool for aging services providers. First, providers could provide many health, LTSS and care coordination services using telemedicine. Second, they could use interoperable electronic health records to improve care coordination. However, there are significant barriers to realizing all the potential benefits – acquisition and training costs, inadequate standards, privacy concerns, lack of two way interoperability (i.e., LTSS and PAC providers need to both send EHRs to and receive them from primary and acute care providers) and administrative barriers (e.g., CMS demonstrations that do not include LTSS/PAC providers).

**LEGISLATIVE SOLUTION:** Advocate for telehealth legislation to include long-term care providers, including advocating for home health to be included in the Rural Health Care Connectivity Act of 2015.

**REGULATORY SOLUTION:** Work with CMS and other federal agencies to pursue demonstrations and policies that support the use of telemedicine and health information exchange in long-term services and supports and post-acute settings.

## HOSPICE SERVICES

**POLICY AIM: Hospice programs are able to offer comprehensive advanced illness services that address the unique needs of patients and their family members.**

**CHALLENGE:** Not for profit hospice programs have deep community relationships and provide robust, comprehensive service packages. Approximately one-third of hospice programs are not for profit. Quality metrics and payment systems incentivize short stays and less person-centered approaches.

**LEGISLATIVE SOLUTION:** Advocate for the Patient Choice and Quality Care Act of 2017 (S1334/HR2797) that would establish an Advanced Illness demonstration, as well as develop quality measures for advanced illness care.



**REGULATORY SOLUTION:** Work with CMS to identify and address barriers to appropriate hospice utilization and to encourage regulatory and payment changes that provide sufficient financial support, more comprehensive assessment, increased use of quality measures, and an evidence base to undergird Hospice Compare.

## **INCLUDE HOME HEALTH IN THE RURAL HEALTH CARE CONNECTIVITY ACT OF 2015**

**POLICY AIM: Rural home health care providers have affordable broadband internet access.**

**CHALLENGE:** Home health providers in rural areas are paying more for broadband internet access than other health care providers in rural areas who get subsidies from the FCC’s Universal Service Fund. This reduces access to affordable home health and home care services that keep older adults and individuals with chronic conditions and disabilities out of hospitals and costly institutional care settings. Such affordable internet access is especially important for technology-enabled home health services, such as telehealth, remote patient monitoring, and remote medication management programs, to name a few.

**LEGISLATIVE SOLUTION:** Amend the Rural Health Care Act of 2015 to include home health care providers in rural areas to be eligible for the subsidies, as their nursing home and hospital counterparts.

LeadingAge will **MONITOR** three legislative policy issues (at present, these do not involve regulatory solutions). Monitoring means we will actively track these issues.

## **NET NEUTRALITY**

**POLICY AIM: Older adults have non-discriminatory internet service.**

**CHALLENGE:** Many older adults are particularly reliant on fast, reliable internet service that treats all traffic equally for telehealth medical service and to alleviate social isolation. Telehealth is particularly (though not exclusively) important to older adults in rural areas who cannot easily travel to their healthcare provider. Elders also rely on social networking services that require a fast internet connection to stay in touch with friends and family members. Recent action by the FCC allows internet service providers to discriminate in the way they provide internet content.

**SOLUTION:** Advocate for Congress to overturn the FCC’s action. Work with consumer groups and coalitions to ensure non-discriminatory treatment of internet traffic.





## CONTINUE TO ENSURE FAIR TAX POLICY

**POLICY AIM:** Tax policy that does not harm older adults.

**CHALLENGE:** Initial versions of the recent tax bill contained tax provisions that would have caused significant harm to providers and older adults. Congress will likely need to re-visit the tax bill to make technical corrections.

**SOLUTION:** Ensure that any additional tax legislation does not contain provisions harmful to older adults.

## HOME AND COMMUNITY-BASED SERVICES FUNDING

**Policy Aim:** New funding streams for HCBS.

**Challenge:** Veterans Administration CHOICE program is underfunded and is being transitioned to different payment networks. Non-VA providers of LTSS have barriers to serve veterans in their communities paid through the VA benefit

**Solution:** Advocate for the passage of legislation proposed by the House and Senate Veterans Affairs Committees that would implement provider agreements with non-VA providers.

*Approved by the LeadingAge Board of Directors on January 31, 2018*