President’s Report ~ Tim Blasl

Legislative Session – End of First Period

The legislature’s crossover deadline is Friday, February 22nd. This means bills need to be out of committee and acted on by their house of origin. As my predecessor once told me, the legislative session is like a hockey game. The first period consists of bills being acted on in their respective chamber. After the first period ends, bills cross over to the other chamber during the second period, and the third period consists of conference committee discussions to resolve disagreements. So, by Friday we will have two periods to play.

On Monday of this week the Senate Appropriations committee will be voting on SB 2012, which is the appropriation bill for the North Department of Human Services. If you remember, the Governor’s executive budget proposed a substantial reduction of the rates paid to providers under Medicaid Expansion, which amounts to a $220 million cut to North Dakota hospitals. This week, the Senate Appropriations committee recommended a “do pass” on SB 2012 with the following amendments:

- Maintain Medicaid Expansion rates at current rates
- Medical Inflator for providers impacted by fee schedules
  - 2% increase July 2019
  - 3% increase July 2020

NDHA has provided testimony to the Senate Appropriations Committee in support of SB 2012 with amendments. NDHA will follow this bill as it works its way from the committee to the floor early this week.

SB 2154, also known as the CARE Act, which deals with hospital discharge policies, passed in the Senate last week (45 yeas 0 nays) and will now be sent to the House. As most of you know, this was the third session the CARE Act has been introduced at the request of the North Dakota state AARP office. Both NDHA and AARP were requested by the Chair of the Senate Human Services committee to try to reach a compromise. NDHA proposed amendments, which were accepted by AARP, that follow the Medicare Conditions of Participation and CMS State Operations Manual. We felt these amendments would be appropriate since hospitals are required to meet those requirements already.

AHA Membership Meeting

NDHA will be attending the American Hospital Association annual membership meeting April 7-10 in Washington, D.C. The membership meeting provides a great opportunity to network with colleagues and hear the latest issues impacting our industry.

If you plan to attend, let us know so we can plan accordingly. Also, we will be scheduling Capitol Hill visits with our congressional leaders that week.

If you have questions, please contact me anytime at tblasl@ndha.org or 701-224-9732.
Washington Update  ~ John Flink

Recent news that lawmakers have agreed to a border security funding package removes one of the major distractions in Washington. But, even while most of the public activity here focused on a potential partial government shutdown, there has been a lot going on in the health care space in the past week.

As is true at the start of each Congress, much of this week’s activity centered on introducing legislation and holding preliminary hearings on key issues. Here are some of the past week’s highlights:

• Legislation (H.R. 1041) to repeal Medicare’s 96-hour rule for CAHs has been introduced in the House. A Senate version of the bill may come later this week. Under current rules, a physician must certify that a Medicare beneficiary may reasonably be expected to be discharged or transferred to another hospital within 96 hours of admission. CMS, in its FY 2019 inpatient PPS rule, noted that audits for patient status will be a low priority, however, the underlying statutory conflict remains in law.

• Nearly 50 health care and consumer groups voiced their support for the Creating and Restoring Equal Access to Equivalent Samples (CREATES) Act as it was introduced this week. The bill aims to prevent brand-name drug companies from using the regulatory process to delay the entry of lower-priced generic drugs into the market. The bill is one of a number of proposals to address drug pricing increases.

• The House Ways and Means Committee joined the drug pricing debate, holding its first hearing to examine proposed policy options to lower prescription drug costs in Medicare Parts B and D. Last month, the Senate Finance Committee launched its series of hearings focused on drug pricing.

• The House Energy and Commerce Health Subcommittee heard testimony from policy experts on the impact of Trump administration proposals to weaken the Affordable Care Act’s health insurance reforms. Testimony focused on the impact of so-called “skinny” health plans – plans that don’t meet the ACA’s essential benefits, pre-existing conditions and other insurance requirements.

• The Senate Health, Education, Labor and Pensions Committee heard testimony on ways to reduce the use of opioids in pain management. Among the suggestions offered by committee members were more education for prescribers, insurance reimbursement for non-addictive pain treatments and more frequent consultations between primary care physicians and pain specialists.

• The Department of Health and Human Services this week proposed new rules to promote electronic health information exchange. Among other provisions, the rule would implement the information blocking provisions of the 21st Century Cures Act. It also would require Medicare-participating hospitals and critical access hospitals to send electronic notifications to receiving providers when an inpatient is admitted, discharged or transferred. AHA has published a special bulletin that analyzes the rule in more detail.

Congress will be on recess this week. If you are meeting any of the North Dakota congressional delegation, don’t hesitate to contact me or the NDHA office for background information and talking points.

NDHA Education Update

Registration Fees for webinars are $175 for NDHA members, and $300 for non-members. This fee is per connection, not per person. You can have as many people gather in one location to watch on one connection as you’d like.

Seminars have their own fee schedule so you will have to review the information to determine the fee for each seminar.

February 2019

Morrison County, MN Rural Opioid Program
Date: 02/26/2019 From: 11:30 a.m. to 12:30 p.m.
• View event description & link to register

Strategies for Successful Leadership in a Health Crisis
Date: 02/28/2019 From: 12:30 p.m. to 2:00 p.m.
• View event description & link to register

Mark your calendars for NDHA’s 85th Annual Convention and Trade Show!
October 1-3, 2019 | Holiday Inn, Fargo, ND

FOLLOW NDHA ON FACEBOOK AND TWITTER!
Imagine if your job could be easier.

How much time do you or someone at your agency or healthcare facility spend at the fax machine? Making follow-up phone calls regarding phone orders that need a signature? Tracking down lab results that were supposed to be in this morning?

What would a more efficient workflow look like for you? Increased staff productivity? More efficient coordination of care? Improved staff satisfaction and retention?

The North Dakota Health Information Network (NDHIN) can help you achieve improved efficiency by connecting you to other healthcare providers through a secure online network for sharing patients’ electronic health records. An increasing number of community partners are connecting to NDHIN, e.g., primary care providers and specialists, community pharmacies, referring hospitals and nursing homes, local public health units, and Human Service Centers.

Want more information? Consider participating (in person or virtually) in a regional Health Information Exchange (HIE) optimization event. Choose a date that works for you. Encourage your community partners to participate with you. If these times and locations do not accommodate your schedule or geographic location, there are upcoming events to be held in Fargo (March 19) and Dickinson (March 26) - watch for further information.

**Regional Health Information Exchange Optimization Events**

**Tuesday, March 5, 2019**  
2:00-5:00 p.m. CT  
McCauley Center  
CHI St. Alexius Health Center  
1301 15th Ave West  
Williston, ND  
[https://www.surveymonkey.com/r/HIE030519](https://www.surveymonkey.com/r/HIE030519)

All attendees must register by March 1, 2019.

If you are unable to attend in person, there is an option to join virtually, but you must register to receive the access instructions.

**Tuesday, March 12, 2019**  
2:00-5:00 p.m. CT  
ND Information Technology Department (ITD) § Room 124  
4201 Normandy Ave  
Bismarck, ND  
[https://www.surveymonkey.com/r/HIE031219](https://www.surveymonkey.com/r/HIE031219)

All attendees must register by March 8, 2019.

If you are unable to attend in person, there is an option to join virtually, but you must register to receive the access instructions.

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**NDHA’s 85th Annual Convention & Trade Show - Thank You 2019 Sponsors!**

**Gold Sponsors**

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**Bronze Sponsors**

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Spring Healthcare Institute

Concordia College and Healthcare Financial Management Associations of North Dakota and Minnesota invite you to the 2019 Spring Healthcare Institute in Moorhead, Minn.

March 28-29
7:30 a.m.-4:30 p.m. Thursday
7:30 a.m.-Noon Friday
Courtyard by Marriott, Moorhead, Minn.

The schedule is full of experienced speakers and relevant topics in the healthcare space. Attendees will experience:

- Discussion on current and future issues affecting the healthcare industry
- Connections with other healthcare professionals from around the area
- Distraction-free learning with real-life application

Attend the two-day event or join us for just one day. Early bird registration is available through Friday, March 15. Special rates are available for groups of three or more.

Handouts will be distributed digitally by Thursday, March 21. Printed handouts will be limited; attendees are encouraged to bring electronic devices.

REGISTER

For more information, contact Carol Hedberg at 218-299-3305

ND Medical Imaging and Radiation Therapy Board Updates

The Board has been working on providing more education and awareness of current licensure laws in the state. Please see the Informer attachment which contains some reminders to assist with compliance.