President’s Report ~ Jerry Jurena

**BCRA:** Senate Republican leaders on Thursday unveiled a revised bill to repeal and replace the ACA. The Congressional Budget Office (CBO) will score the bill, which should be available by Monday. Early indications are it will be difficult to pass the bill because the Medicaid sections remain essentially unchanged. Deep cuts to the Medicaid program will start in 2025 and funding for Medicaid expansion will end in 2024. The only significant change is that the federal per-capita spending cap would be lifted if there is a public health emergency.

AHA continues to evaluate the bill as information comes forward. AHA has produced several Action Alerts that have been sent to AHA members. The Coalition to Protect America’s Health Care has been producing ads for key states and North Dakota has been one of those states. I worked with staff from AHA over the weekend to have ads running by last Monday in North Dakota. The TV ads are 30 second spots, radio ads are 60 second spots, and a number of digital ads have been produced. The Coalition to Protect America’s Health Care is part of the AHA, and NDHA has been a sponsor of the Coalition.

Once the CBO has scored the bill, the Senate is expected to take a procedural vote, known as a motion to proceed, on whether to move forward with the bill. It needs at least 50 votes to proceed, so three “no” votes would block it from going any further. Recall that Senate Majority Leader, Mitch McConnell, cancelled a vote on a motion to proceed on the last version of the BCRA just before the July Fourth recess. If the motion to proceed passes on the new bill, the Senate will proceed to debate it and amendments can be offered. If that happens, the bill could look very different than it does now. Next week should be interesting. Below is information that I have found. John Flink and AHA should have more information soon.

What the latest Senate health care bill does to Obamacare:

- Slimmed-down benefit requirements   New
- Opioid funding                                              New
- Taxes                                                              New
- Catastrophic health plans                           New
- Health saving accounts                               New
- Market stabilization                                     New
- Traditional Medicaid                                    Changed
- Pre-existing conditions                                Changed
- Medicaid expansion                                     Changed
- Insurance subsidies                                      Changed
- Individual mandate                                      Eliminated
- Cost-sharing subsidies                                 Eliminated
- Planned parenthood funding                              Eliminated

**Advocacy Day in Washington, D.C.:** Next week Tim, Keith Heuser, Darrold Bertsch, and John Flink will be attending AHA Advocacy Day on behalf of NDHA hospitals. I sent out information that AHA has produced for the day and Tim in developing a one page summary regarding the effects of Medicaid Expansion in North Dakota. The timing of our team in D.C. could not have been planned better.

**Governor’s Nursing Shortage Task Force:** On Thursday, I met with the Task Force sub-committee regarding drivers three and four on the nurse shortage. A copy of the draft was sent to the CEOs for their review and comments. A copy of the draft is attached for your information.
Washington Update ~ John Flink

Senate Republican leaders this week unveiled their much-anticipated revisions to the Better Care Reconciliation Act (BCRA), which would repeal and replace parts of the Affordable Care Act. Early next week, the Congressional Budget Office is expected to release its report on the measure’s impact on coverage and the federal deficit.

If all goes according to Majority Leader Mitch McConnell’s plan, a vote on whether to proceed to debate would be held Tuesday or Wednesday, and final votes could come by the end of next week.

At first glance, the revisions tilt the bill to the right, and fail to address our fundamental concerns with the bill. Specifically, the revisions make no significant changes in the Medicaid proposals that would have such a devastating impact on our state. Enhanced payments for the services provided to the Medicaid expansion population would still be phased out by 2024, and overall federal spending would be capped per enrollee. The formula for adjusting the caps over time is woefully inadequate, and, according to CBO, would shrink the Medicaid program by 35 percent in 20 years.

The revised bill would make a number of changes to the BCRA’s insurance market provisions. Perhaps most significant is one proposed by Sen. Ted Cruz (R-TX) that would allow insurers to sell plans that don’t meet the ACA’s essential benefit requirements so long as they also sell plans that do comply with the ACA. Insurers have said this would, in effect, create two insurance pools: one for healthy individuals and a second for those who need a more comprehensive benefit package. Premiums for this latter group could be expected to increase dramatically.

The revised bill also expands the use of health savings accounts, reinstates a federal reinsurance program, and allows tax credits to be used to purchase catastrophic health plans. In addition, the bill would establish funding pools for insurers and states to ensure access and to improve the affordability of coverage.

The insurance proposals appear to be an attempt to address conservatives’ desire to reduce insurance premiums.

Finally, the revisions dramatically boost funds to combat the opioid epidemic and retain three provisions that impose taxes on wealthier individuals that were used in the ACA to offset the cost of the coverage expansion.

As of Friday morning, the outcome of the Senate’s health care debate is unclear. While the insurance and HSA changes have appealed to conservatives, several still don’t believe the bill goes far enough toward repealing the ACA. Meanwhile, moderates continue to raise concerns about coverage, especially the phase out of Medicaid expansion. Sen. Hoeven has been especially vocal this week, expressing concern about the impact of the Medicaid proposals on coverage.

Keith Heuser, Darrold Bertsch and Tim will join me in Washington next week for a special AHA Advocacy Day which could coincide with the Senate health care debate. We are scheduled to meet with Sens. Heitkamp and Hoeven during our visit to discuss health reform as well as several rural issues.

In other news this week, the Centers for Medicare and Medicaid Services (CMS) released its 2018 proposed outpatient PPS rule. Most disturbing is a proposal to drastically cut Medicare payment for drugs that are acquired under the 340B Drug Pricing Program. Specifically, CMS proposes to pay separately payable, non-pass-through drugs (other than vaccines) purchased through the 340B program at the average sales price minus 22.5 percent, rather than ASP plus 6 percent. AHA was quick to protest the proposal.

Among other changes, the OPPS proposed rule would reinstate for CY 2018 and 2019 the moratorium on enforcement of the direct supervision policy for outpatient therapeutic services for CAHs and small rural hospitals with 100 or fewer beds. September 11 is the deadline for comments. The rules take effect January 1, 2018.

Who’s Who and Who’s New

NDHA would like to congratulate Louise Dryburgh on her recent retirement, and welcome Brandon Mickelson as the new CEO replacing Louise at First Care Health Center in Park River, ND. Brandon began in his new role on July 1, 2017.
Physician Recruitment ~ Kevin Malee

The Cost To Recruit Physicians... Don’t Go It Alone....

“The cost of recruiting a family physician is roughly $100,000. But what is the value lost when you lose a family doctor? Research shows that having a family doctor cuts costs in unnecessary testing, reduced hospital readmissions and better continuity of care. We also know that family doctors generate revenue for affiliated hospitals, to the tune of $1.5 million in annual revenue per FTE”. (from AAFP)

The cost alone makes good sense to collaborate with our colleagues in our recruitment efforts. A few years ago, Jerry Jurena and Marty Richman (two seasoned CEOs) came up with the idea of the North Dakota Recruitment Program. Hospitals and clinics could come together to collaborate and share costs, expertise and resources to positively influence physician recruitment in North Dakota. Rural providers have always been at a disadvantage in recruitment, and this program was set up to assist you in your recruitment endeavors. By coming together to participate in the program, we are made stronger in our efforts and there are huge cost savings, by collaborating.

The alternative if your clinic/hospital undergo recruitment alone? Huge costs, long turnaround time, less continuity of care for our patients and critical colleague networking missed. Don’t wait until a provider announces that he or she is leaving or retiring. Get on board today and begin your search.

If I can assist you in your physician recruitment efforts, please contact me. I can be reached at northdakotarec@comcast.net or 701-320-2109

Powering Up for Quality Forum

In just under a month, Quality Health Associates of North Dakota will be hosting the 2017 Quality Forum--The Power of Engagement...Linking Patients, Providers, Communities, and Payers.

We are excited about our line up of national, regional and local presenters and believe we have designed an agenda that has something for everyone!

Join us Thursday, August 10, 2017, at the Delta by Marriott (formerly the Ramada Plaza Suites) in Fargo, ND.

Click here to go directly to the registration form. Registration is only $40! The brochure is included in this weeks Informer attachments.

(Application has been made to the North Dakota Board of Nursing for 6.25 contact hours for nurses for this event.)

If you have questions, please feel free to contact Geneal Roth, Communications Coordinator, QHA, groth@qualityhealthnd.org, 701-989-6225

Leadership & Physician Inclusion

Executive leadership and physician inclusion are essential elements of high-performing healthcare systems. Fostering an organizational environment where each person is valued for his or her unique skills, perspectives, and experiences and is provided the opportunity to contribute to the person’s full potential toward organizational success does not happen on its own. Organizations must use diverse strategies and initiatives to strengthen executive leadership and physician inclusion and engagement.

Join hospital CEOs from across North Dakota to discuss this topic and more! A unique opportunity for one-on-one time with Dr. Jay Bhatt, Chief Medical Officer, American Hospital Association, is being offered exclusively to hospital CEOs at Quality Health Associates of North Dakota’s 2017 Quality Forum on Thursday, August 10, 2017, from 12:00-1:00 p.m. at the Delta by Marriott in Fargo, ND. A significant amount of time during this luncheon will be devoted to an open forum to discuss the distinctive attributes of North Dakota’s healthcare environment.

If you are unable to attend the entire day, I encourage you to make time to join Dr. Bhatt for lunch and conversation. Please email Jean Roland at QHA, jroland@qualityhealthnd.org, to RSVP for this luncheon. You may also contact Jean if you have any questions.
Loan Repayments Recruit and Retain Medical Providers

Recruitment and retention of healthcare professionals in North Dakota are top priorities for the wellbeing of our state’s economy. North Dakota communities, especially rural towns, depend on local healthcare facilities for local access to care and employment. Recruiting and retaining a vibrant healthcare workforce is key to keeping rural facilities strong.

The North Dakota Department of Health (NDDoH) and the Center for Rural Health, UND, School of Medicine and Health Sciences have partnered to provide services for workforce development and availability to improve primary care service delivery in the state. This partnership also facilitates and supports the recruitment and retention of critical healthcare providers through loan repayment programs.

There are four basic loan repayment options for healthcare professionals that the NDDoH and the Center for Rural Health support and manage.

They include:

1. The North Dakota Health Care Professional Student Loan Repayment Program - supported by state funds
2. The federally-funded State Loan Repayment Program which requires a cost share with the community
3. The National Health Service Corp - funded through the Federal Health Resources and Services Administration (HRSA)
4. NURSE Corps - funded through HRSA

Each of these loan repayment programs focus on recruiting and retaining a strong healthcare workforce for rural and underserved areas of the state. Healthcare professionals or healthcare facilities interested in learning more about each of these options may reach out to either Stacy Kusler, Workforce Specialist with the Center for Rural Health at stacy.kusler@med.und.edu or Bobbie Will, Primary Care Office, Director with the North Dakota Department of Health at blwill@nd.gov.

NDHA Education Update

Below is a listing of webinars that may be of interest to you. Registration fees for webinars are $175/NDHA member, and $300/non-member. This fee is “per facility” and you can have as many staff sit in on one connection as you’d like. If a webinar is co-sponsored by either ND HFMA or ND HRMS, individuals who are members of those groups can register at the member rate. Their logo will appear on the flyer if it is co-sponsored by either group. All times listed below are central time.

Follow this link to register!  https://www.ndha.org/education/education-events/

July 2017

Responding to Union Organizing Activities
Date: 07/19/2017 From: 10:30 AM to 12:00 PM

HIPAA Privacy & Security Policies & Procedures
Date: 07/20/2017 From: 12:30 PM to 2:00 PM

Emergency & Outpatient Services: Complying with the CMS Hospital CoPs  *Rescheduled from 6/20
Date: 07/25/2017 From: 9:00 AM to 11:00 AM

August 2017

OSHA Bloodborne Pathogens Standard Overview for the Healthcare Industry
Date: 07/27/2017 From: 11:00 AM to 12:00 PM

The Changing Landscape of Pharmacy Technician Training & Certification Requirements – Are You Ready?
Date: 08/17/2017 From: 11:00 AM to 12:00 PM