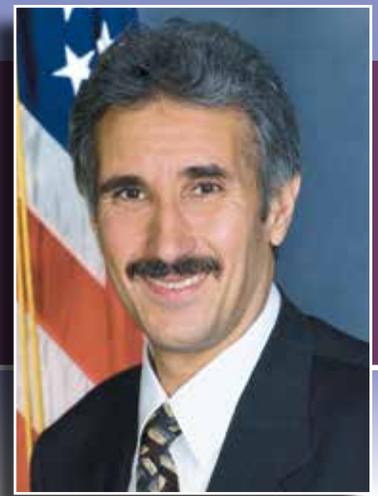


Rep. Chris

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Health Care Report



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Budget delivers critical infusion for nursing homes, long-term care

As health care workers know all too well, staff-to-patient ratios have a huge impact on quality of care. Yet for years, workers in skilled nursing and other long-term care facilities have faced staffing shortages that can leave them caring for more than 20 patients at a time.

The new state budget will help address the problem by delivering a much-needed infusion of more than \$515 million to nursing homes and other long-term care facilities. Highlights include more than \$130 million in federal COVID-19 relief dollars and a 17.5% increase in the Medicaid reimbursement rate – about \$35 per resident – to better reflect actual treatment costs.

The budget boost should help facilities hire and train more staff and fund wage increases to retain existing staff. Those efforts will be key to helping facilities comply with staffing ratio regulations that will be implemented over the next several years. Once in effect, they will reduce the number of patients that certified nursing assistants and licensed practical nurses care for at one time.

New law establishes newborn screening for serious virus

A new law establishes newborn screenings for cytomegalovirus – the most common infection affecting newborns in the United States. The virus is the leading non-genetic cause of childhood hearing loss and can also cause developmental delays.

Under the new law, care providers will be required to provide parents or guardians of newborns with information about CMV and to offer a screening or referral within 21 days if the baby fails the initial newborn hearing screening. The testing can be critical because most babies born with the virus are asymptomatic at birth. Without testing, the critical treatment window for preserving hearing and preventing other developmental delays can be lost.



Dear health care workers,

‘Thank you’ is barely adequate to express the gratitude so many of us feel for the work you do on behalf of Pennsylvania’s patients. Even before the pandemic, those of you on the front lines endured understaffed and overworked conditions – problems that increased a thousandfold with the risks and challenges created by COVID-19.

While we are indeed grateful for your courage and commitment, I am happy to report about some developments at the state level that will work to address longstanding problems such as nursing staff shortages. Although they won’t change the dynamic overnight, they should help bolster the resources you need as you work so hard to care for the rest of us.



Bill would legalize fentanyl test strips

In June, the House unanimously passed legislation to legalize test strips that can detect fentanyl and other potentially lethal chemicals in drugs. I voted for the bill, which would remove these test strips from being classified as illegal paraphernalia, because access to this critical tool can help prevent overdose deaths.

As of this writing, the bill is in the state Senate Judiciary Committee.

Medicaid postpartum coverage extended

A new policy implemented this spring will improve maternal and infant health by extending the Medicaid postpartum coverage period to one year following the baby's birth. Under the previous policy, coverage ended 60 days after birth.

Recent data from the Centers for Disease Control and Prevention show that maternal mortality rates rose between 2019 and 2020. Other data show that nearly 60% of all pregnancy-related deaths occurred between six weeks and one year after the baby's birth, largely outside the prior 60-day coverage period.

The new policy will help reverse this trend and ensure better outcomes for mothers and children by ensuring that health care connections continue during a critical period.

Boosting emergency medical services

Emergency Medical Services providers are facing critical funding shortages, in part because Medicaid reimbursement rates – which have increased just twice in two decades – fail to adequately cover the actual cost of transporting patients.

As Democratic chairman of the Veterans Affairs and Emergency Preparedness Committee, I am working with colleagues on both sides of the aisle to pass legislation that would increase the reimbursement rate.

A bill we voted out of committee is currently being considered in the House would increase the Medicaid reimbursement rates for basic and advanced life support from \$180 and \$300 per trip, respectively, to \$325 and \$400 per trip and provide a premium for rural areas, where agencies face added costs.

The bill would also require that EMS agencies to be paid \$4/mile for all loaded miles. (Currently, they receive no reimbursement for the first 20 miles and then just \$2/mile after that.)



New law continues ambulance staff waiver

In other emergency medical news, we recently passed legislation to help ensure quicker response times by continuing a waiver implemented during the pandemic that eased staffing requirements for basic life support ambulances.

The waiver allowed certified emergency personnel – including firefighters with specific first-aid, CPR and emergency vehicle training – to operate an ambulance with just one EMT on board. (The prior law required two EMTs or an EMT and another emergency medical responder.)

Continuing the waiver will help ensure that red tape does not delay a dispatch of lifesaving help, particularly in rural areas that may pose greater challenges.

Bolstering health care while benefiting veterans

I was pleased to see my bill to make the professional licensing process more veteran-friendly signed into law. I introduced this bill with several colleagues on both sides of the aisle to ensure veterans and service members have a smoother path to professional licensing, including health care licensing.

The new law, which expedites the licensing process for veterans and military spouses, will help strengthen the health care workforce by ensuring that dedicated members of the military community face fewer obstacles as they seek licenses to put their military medical skills to work in the civilian workforce.



New law expands Alzheimer's resources for providers, patients

According to the Department of Health, at least 280,000 Pennsylvanians 65 and older are living with Alzheimer's disease. The degenerative brain disease is the seventh-leading cause of death among adults, and the issue is considered a growing health crisis.

Earlier this year, we passed legislation calling on the Department of Health, in collaboration with the Department of Aging, to establish an education program for primary care providers offering resources on Alzheimer's. The new online resource – which provides important tools to assist with detection, diagnosis, and care planning referral – can be found here: <https://www.health.pa.gov/topics/disease/Pages/Alzheimers-Provider.aspx>.

The online site also offers resources for patients and their families.

Telemedicine, other changes bring greater flexibility

Many providers and consumers of health care have long hoped for more access to telehealth and the convenience of video and audio appointments that allow people to see their provider without needing to travel long distances or sit in waiting rooms. During the pandemic, what had been desirable became a necessity. For the first time, patients had readily available access to telemedicine. It's a trend that will continue.

Because there is no specific law on the books explicitly authorizing or prohibiting telemedicine, providers have always been able to offer the care, but many didn't. For one, many insurance companies wouldn't pay for it, and many providers lacked the necessary software to keep patient data private.

During the pandemic, that all changed.

The Pennsylvania Department of State issued a telemedicine waiver to confirm that licensed health care providers are permitted to practice telemedicine in accordance with accepted standards of care. Many insurance companies began paying for telemedicine visits, including public programs like Medicare and Medicaid. And many providers invested in the technology to provide safe, privacy-protected patient care.

While the health emergency will eventually end, Pennsylvanians will likely still have access to telemedicine.

Pennsylvania Medicaid has already confirmed they will continue to pay for many telehealth visits, and many

insurance companies are doing the same. This important change ensures that Pennsylvanians in rural areas can see the doctor more easily and make sure their visits are covered.

In a related development, a newly signed law will make it easier for patients to continue receiving mental health services remotely. The law permits expanded use of telehealth treatment for mental health patients and removes the statutory requirement that 50% of psychiatric services be conducted onsite, so DHS will have more flexibility in issuing waivers to accommodate clinics providing virtual mental health services.

Extending pandemic-based changes in other areas

Greater flexibility is also coming to home health care thanks to a new law that extends pandemic-based waivers permitting non-physician practitioners – including physicians' assistants and nurse practitioners – to order home health care services. (The collaborating or supervising physician must be identified in the patient's written treatment plan.) The new law also allows registered nurses to remotely supervise visits under some circumstances.

Finally, recent amendments to the Pharmacy Act will preserve several regulatory waivers authorized under the COVID-19 disaster emergency declaration, including the ability of pharmacists to administer COVID-19 and influenza vaccines to children 5 and older.

Changes coming to some Medicaid plans

New physical health managed care agreements taking effect Sept. 1 will result in some Medicaid consumers having to choose a new physical health plan. The Department of Human Services is mailing information to Medicaid enrollees explaining whether or not their current plan will be available after Sept. 1, what plans are available in their region and how they can choose a new plan.

A DHS toolkit to help stakeholders understand what to expect and how to help patients is available here:

www.dhs.pa.gov/HealthChoices/Pages/Plan-Selection-Toolkit.aspx.



Rescue dollars to support frontline medical workers

Earlier this year, we passed legislation to deliver \$225 million in federal pandemic aid to support hiring and retention efforts for hospitals, where nurses and other direct support caregivers have worked tirelessly on the front lines despite dire staffing issues. The funding includes:

- \$100 million to acute care, critical access and children's hospitals licensed by the Department of Health on a per-bed basis;
- \$110 million to high-Medical Assistance hospitals, designated Critical Access Hospitals, and inpatient residential behavioral health facilities; and
- \$15 million to quadruple funds available for the nurse loan forgiveness program (The 2022-23 budget passed in July includes \$35 million to recapitalize the Student Loan Relief for Nurses Program.)

In addition to that funding, we passed legislation to allocate \$25 million in rescue act dollars to help EMS companies with COVID-19 challenges.



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New number offers quicker connection to crisis services

Pennsylvanians in crisis now have easier access to help thanks to a new three-digit dialing code. Dialing 988 will link callers directly to trained counselors who are part of the National Suicide Prevention Lifeline.

Veterans can reach the Veterans Crisis Line by dialing 988 and then pressing “1.”

Counselors can activate a mobile mental health crisis team that will arrive on site to provide a therapeutic intervention or they can make referrals for outpatient services or transportation for further evaluation. According to data from the Department of Human Services, 90% of calls are resolved by phone, without the need for further intervention. All counseling is free, confidential and available on a 24/7 basis.

The current Lifeline phone number (1-800-273-8255) remains active.

Lifeline reports that in 2020, it received more than 76,000 calls from Pennsylvanians.

How my office can help

My office can help with a wide range of state-related questions or problems, including:

- Obtaining and completing all state forms, including PACE (senior prescription help), home heating/water assistance, Property Tax/Rent Rebate, PHEAA (higher education assistance), and others.
- Car registrations; special tags, titles and license applications; disability placards; other problems or questions involving PennDOT.
- Birth and death certificate applications.
- Problems or questions regarding Department of Human Services programs, including SNAP/EBT and other assistance.
- Unemployment compensation.
- Questions or problems regarding utilities and other consumer services.
- Any problem or question involving state government!



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