The Hospital + Healthsystem Association of Pennsylvania

*Leading for Better Health*

March 18, 2024

The Honorable Daniel Laughlin
Chairman
Senate Majority Policy Committee
Pennsylvania Senate
351 Main Capitol
Senate Box 203049
Harrisburg, PA 17120

Dear Senator Laughlin,

Thank you and the Senate Majority Policy Committee for facilitating last month's critical discussion about current challenges in rural health care. The issue is fundamental to a majority of the commonwealth's communities, and the hospital community stands ready to help craft and implement policies to ensure that high-quality care is available to every Pennsylvanian, when and where they need it.

During the course of our discussion, the committee asked that I offer specific suggestions about where regulatory relief has the potential to improve hospital care in rural communities. Please see the enclosed list.

HAP welcomes a partnership with you, your legislative colleagues, the administration, and the Department of Health to find ways to adjust or eliminate rules that do not enhance patient care and, in some instances, impede it.

I would also like to take this opportunity to re-emphasize some of the Senate Republican legislative proposals that, as mentioned in my testimony, we believe can help address rural health care challenges:

- ✓ SB 817, Chairwoman Brooks' bill to increase the role of Federally Qualified Health Centers in developing the health care workforce. The bill has passed committee, had second consideration, and is currently in the Appropriations Committee.

- ✓ SB 739, Chairman Vogel's bill to promote and regulate telehealth in the commonwealth. The bill has passed committee, had second consideration, and is currently in the Appropriations Committee.

- ✓ SB 668, Chairwoman Judy Ward's bill to support bedside nurses by creating a position of 'certified medication aide' to function within specific guidelines in certain settings. The bill has passed the Senate and is currently in the House Health Committee.

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- ✓ SB 606, Chairman Farry's bill to help hospital emergency departments when they cannot find timely, appropriate care placements for patients with complex behavioral health concerns. The bill is currently in the State Government Committee.

- ✓ SB 445, Chairman Farry's bill to timely connect more patients to mental health care by building partnerships between primary care and mental health providers. The bill is currently in the Health and Human Services Committee.

- ✓ SB 25, Senator Bartolotta's bill to remove an unnecessary administrative requirement by allowing advanced practice nurses with at least three years of 3,600 hours of practice under physician supervision to continue to practice without a formal collaboration agreement. The bill is currently in the Consumer Protection and Professional Licensure Committee.

Again, thank you for continuing your work to keep the need for health care solutions in the public debate and at the top of the commonwealth's priority list.

If you have questions, comments, or concerns—or if HAP or I can help you or your staff in any way—please call on me. I can be reached at (717) 991-5785 or NStallings@HAPonline.org.

Sincerely,

Nicole Stallings
President & Chief Executive Officer

| Existing Hospital Regulations: Rural Considerations | | | |
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| **Critical** | 135.5 Surgical Services | There shall be an on-call schedule of physicians established and posted at each patient unit or other area where surgical patients are admitted or the communications center of the hospital to ensure that there is 24-hour emergency care or postoperative follow-up care, or both, available. | **Align with CMS CoP 482.51** to be consistent with community need and resources. |
| | 101.31 Hospital Requirements | A hospital shall have all of the following:<br>(5) Medical services, continuous | Develop guidance that takes into account workforce issues among small and rural hospitals. |
| **Workforce - Timely Patient Care** | 117.41 Emergency Patient Care | (b) Policies and procedures for emergency patient care should, at a minimum, do the following: … (4) Provide for the discharge of patients **only upon written orders of a physician**. Telephone discharge orders may be accepted in accordance with § 107.62 (relating to oral orders) | Physicians lead care and discharge planning throughout the patient's stay. To remove administrative burden from physicians, consider adding language which allows advance practice providers **(Physician Assistants and Nurse Practitioners) to sign the documents that discharge patients** consistent with the plan. |
| | 117.43 Medical Records | (c) Every record shall be **signed by the physician** in attendance who is responsible for its clinical accuracy. | PAs and NPs practice under physician oversight. To remove administrative burden from and allow physicians to focus on patient care, consider adding language which allows advance practice providers **(Physician Assistants and Nurse Practitioners) to sign medical records**. |
| | 131.22 Treatment Orders | Rehabilitation treatment shall be initiated only upon the written prescription of the **responsible physician**. | Physicians lead care and rehabilitation planning throughout the patient's stay. To remove administrative burden from physicians, consider adding language which allows advance practice providers **(Physician Assistants and Nurse Practitioners) to order rehab treatment** consistent with the plan. |
| | 107.61 Written Orders | Medication or treatment shall be administered only upon **written and signed orders of a practitioner** acting within the scope of his license and qualified according to medical staff bylaws and § 107.12(k) (relating to content of bylaws, rules and regulations) except as provided in §§ 107.62, 107.64 and 107.65 (relating to oral orders; administration of drugs; and automatic stop drug orders) | Dieticians are qualified and therapeutic diets within their clinical scope of practice. Currently, this is only permitted with exception approval. Consider removing the **need for an exception to permit Dieticians to order therapeutic diets.** |
| **Workforce** | 107.2 Medical Staff Membership | The medical staff shall be **limited to physicians and dentists** who have made application in accordance with the bylaws, rules, and regulations of the medical staff and with the bylaws of the hospital. | **Align with CMS CoP 482.22** to provide flexibility related to members of medical staff. |
| **Workforce - Anesthesia** | 123.14 Written Policies | Requires postanesthetic visit by an anesthetist who shall record in the patient's medical record at least one note describing the presence or absence of any post-operative abnormalities or complications of the patient. The visit and the note recording it shall be performed not later than **24 hours** after operation and signed by the person who makes the visit. | **Align with CMS requirement A-1005** which requires the evaluation and documentation to occur within **48 hours.** |
| | 123.5 Adminstration of Anesthesia | Anesthesia care shall be provided by a **qualified physician, anesthesiologist, resident physician in training, dentist anesthetist, qualified nurse anesthetist** under the supervision of the operating physician or anesthesiologist, or supervised nurse trainees enrolled in a course approved by the American Association of Nurse Anesthetists. | PAs and NPs practice under physician oversight. Consider developing guidance to allow advance practice providers **(Physician Assistants and Nurse Practitioners) to administer anesthetic medications for off-label or low-dose use**, such as Ketamine. |

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| **Workforce - Cardiac Cath** | 138.12 Medical Staff | (a) There shall be at least **two physicians staffing the cardiac catheterization** laboratory to perform angiographies. | Consider **removing requirement for two physicians in cardiac catheterization laboratory to perform angiographies**, if one physician has adequate support staff to safely perform the procedure. |
| | 138.13 Nursing Staff; Other Health Care Personnel | (a) There shall be at least **one registered nurse assigned to provide nursing care for patients in the cardiac catheterization area at all times** who shall have intensive care or coronary care experience and knowledge of cardiovascular medications, and experience with cardiac catheterization patients. In pediatric units, this nurse shall also have experience in pediatric cardiac surgery units. | Current regulations could be interpreted as requiring registered nurse assignment *at all times*. Consider revising to state "…**when cardiac catheterization services are being provided**." |
| | 138.14 Programs and Services | (a) To perform cardiac catheterizations a hospital shall be an acute care facility that: … (2) **Has a coronary care unit onsite with 24-hour per day monitoring capability. (3) Has a peripheral vascular surgical program available.** | **Consider removing the requirement to have a coronary care unit and a peripheral vascular surgical program available from rural health facilities**. The rural hospitals may be able to provide life-saving cardiac catheterizations, in a timely fashion, without needing the listed services at all times. |
| **Operations** | 103.5 Other Functions | The governing body or its designee shall do the following:<br>(1) Develop efficient and practical arrangements for the provision of extended care and of other long-term health care services. Such services may be provided in the hospital or by outside resources through an effective transfer agreement. Home care services should be utilized whenever feasible. | Consider **not requiring a transfer agreement**, as extended care and long term-care arrangements can be made with many different entities and are often dependent on insurance requirements. The need for obtaining and/or maintaining agreements is burdensome. |
| | 105.23 Transfer Agreements | (a) Any hospital which does not provide extended care, subacute care, long-term care, or intermediate care shall maintain, to the extent possible, written agreements with institutions offering these kinds of care. Such agreements shall provide for the prompt transfer and admission of patients who no longer require the services of the hospital but do require one of the aforementioned kinds of institutional care. | |
| | 151.22 Fire Drill Supervised by Local Fire Department | At least one hospital fire drill each year should be **supervised** by the local fire department. | **Align to § 151.42** and require a hospital to **request** a fire drill to be supervised by a local fire department, as not all fire departments will honor such a request. |