**NDHA Annual Business Meeting**

 **Outgoing Chair’s Report**

**Craig Lambrecht, M.D.**

**Oct. 3, 2017**

**Medicaid Expansion (ME) reauthorized at commercial rates**

* The 2017 Legislature proposed reducing the ME reimbursement rate by nearly 50%
* Why? To reduce the state’s 5% match from $20 million to $7 million ($13 million savings)
* This $13 million “savings” would have meant a $225 million cut to providers ($13 million state dollars + $212 million Federal match = $225 million)
* NDHA and partners strategically lobbied first for ME reauthorization and then worked diligently to convince legislators that restoring the $13 million was necessary to capture $212 million ROI
* Reauthorizing ME at commercial rates saves lives, reduces hospital bad debt, keeps rural hospitals from closing and saves taxpayer dollars

**Sustaining the N.D. Medicaid system**—the 2017 Legislature indicated its intent to pursue the following cost-saving strategies:

* Medicaid managed care study
	+ Focus on value and outcomes as opposed to volume-based fee-for-service
	+ Critical to financial sustainability of Medicaid system
	+ National studies indicate Medicaid state cost savings of up to 20%
* IHS Coordinated Care Agreements
	+ States that successfully implement coordinated care agreements (CCAs) between Tribal health care facilities and non-Tribal healthcare facilities are eligible to receive 100% federal funding for care provided to Medicaid-eligible American Indians
	+ Currently, North Dakota receives 50% federal funding for this care. By implementing the CCAs required to claim 100% reimbursement, it is estimated North Dakota could save millions. NDHA has committed to leading this effort.

**Successfully blocked unnecessary industry regulation**

* Radiology technician licensure requirements—Worked closely with the newly established N.D. Medical Imaging and Radiation Therapy Board of Examiners to mitigate proposed onerous licensure requirements
* Patient discharge regulation—Successfully opposed unnecessary state-level mandated discharge procedures that would duplicate CMS Conditions of Participation for Medicare and Joint Commission accreditation standards
* Air ambulance notification requirements—Successfully opposed language that would have required emergency department providers to seek air ambulance insurance preauthorization in all cases, including emergency situations. The bill as passed requires preauthorization in nonemergency cases only.

**Workforce/licensure compacts**

* Licensure compacts create an expedited licensing process for healthcare providers so they may practice in multiple states; critical when competing on a national level to recruit qualified healthcare professionals
* Substantial benefit in rural state with multiple state borders
* Nursing, advanced practice nursing and physical therapy compacts in place; still work to be done on medicine compact (NDBM only state in our region opposed to the medicine compact)

**General Counsel FTE = Enhanced NDHA education, technical assistance and policy advocacy**

* Education: medical marijuana law (webinar plus four onsite presentations), responding to union activities, disclosure of PHI to law enforcement
* Member alerts: ACA advocacy alerts, federal regulations updates, e.g. overtime rule and 21st Century Cures Act; state law updates, e.g. air ambulance law effective Aug. 1, 2017
* Technical assistance provided to individual NDHA members: nondiscrimination law, state telemedicine rule status, scope of practice laws, rural health clinic Medicare programming eligibility, physician licensure issues and state and federal health care provider marketing laws
* Public policy advocacy: legislative issue briefs (Medicaid Expansion, workforce, behavioral health, licensure compacts, managed care); legislative updates and alerts, proposed and prepared beneficial bill amendments
* Senior management legal roundtables: updates regarding recent court decisions and regulations plus a forum for members to discuss current challenges and how NDHA can help
* Grant alerts: Helmsley, HRSA telehealth, Bush Foundation, USDA rural economic development
* Corporate governance: reviewed NDHA, NDHA Foundation and Hospital Services, Inc. bylaws and drafted applicable revisions
* Contracts: Review and revise NDHA, NDHF and HSI contracts