



***ACP policy originating from ACP sponsored resolution introduced to the AMA House of Delegates**

LONG TERM CARE

Long Term Care*

ACP supports efforts to promote integration of acute and home/community-based long term care services for the elderly and disabled. Such efforts should include expansion of current federal demonstration projects and removal of administrative barriers to state experimentation in delivering long term care through integrated health systems. (HoD 96; reaffirmed BoR 08)

Regulatory Oversight of Boarding Care Facilities*

ACP will monitor and support the efforts of groups, such as the Institute of Medicine, to improve the regulatory oversight of boarding care facilities in the United States and disseminate information to component sections on their recommendations. (HoD 96; reaffirmed BoR 08)

Supervision of Care of Patients in Extended Care Facilities*

All care of patients in extended care facilities, including Skilled Nursing Facilities (SNF), Intermediate Care Facilities (ICF), and Residential Facilities (RF) shall be carried out only on the orders of an attending physician, or his or her designee. (HoD 95; reaffirmed BoR 08)

Physician Visits to Nursing Home Patients*

ACP believes that medical necessity alone should dictate the frequency of physician visits to nursing home patients. (HoD 81; reaffirmed HoD 93; reaffirmed BoR 04)

"Swing Bed" Concept*

ACP endorses the "swing bed" concept, where appropriate, as one solution to the shortage of skilled nursing facility beds. (HoD 81; reaffirmed HoD 93; reaffirmed BoR 04)

Financing Long Term Care Benefits*

ACP supports minimizing the impact of out-of-pocket expenses on low-income beneficiaries for new Medicare long-term care benefits. ACP believes that to enable low-income beneficiaries to purchase long-term care insurance, a sliding scale subsidy for low-income beneficiaries with incomes above the poverty level should be provided (for example, between 100-200 percent of the poverty level) to purchase long-term care insurance.

Additional funding mechanisms should be established that spread the responsibility for financing new Medicare long-term care benefits beyond the beneficiary community, such as: increasing the excise tax on alcohol and tobacco and dedicating at least a portion of the revenue for long-term care under Medicare; and imposing the Medicare payroll tax on currently exempt state and local government employees. To protect individuals from further spending down their assets, encourage private sector long-term care asset protection insurance and establish an asset protection program that waives the consideration of protected assets in determining Medicaid eligibility. Other mechanisms, such as health IRAs, may provide viable options for protecting individuals from spending down their assets. (HoD 89; reaffirmed BoR 04)

Long Term Care*

ACP supports a public and private sector approach for financing long-term care that would expand Medicare coverage to include nursing home benefits after an individual either expends a "reasonable" dollar amount or stays in a nursing home for one year. To offset the increased costs to the Medicare program a copayment should be established for people with longer lengths of stay in nursing homes. ACP supports the following changes in the tax code to encourage the development and purchase of long-term care insurance: apply the same tax status to long-term care products as now exists for accidental and health insurance; allow the deductibility of insurance reserves and related investment earnings; allow the inclusion of long-term care benefits in cafeteria plans; offer tax credits for the purchase of long-term care coverage; eliminate the restrictions on the prefunding of retiree health benefits and long-term care insurance. ACP supports federal and state regulations that enhance consumer protections in the long-term care market. These regulations should assure appropriate standards of coverage, the establishment of guidelines for proper disclosure, protections against sales abuses, regulation of renewal and cancellation, requirements for sufficient reserves, and development of benefit/premium ratios. ACP supports expansion of the Medicare program to cover "reasonable" amounts of medical care in the home, adult day care and respite care to relieve a family member who is the primary caregiver. (HoD 88; reaffirmed BoR 04)

Nursing Homes

1. It is clear from CMS analysis that nursing homes must continue to receive the additional financial support provided through the BBRA and BIPA to keep the industry stabilized and avoid the financial chaos triggered by passage of the BBA and implementation of the PPS system. ACP urges Congress to maintain current funding levels until a more methodical and rational approach to nursing home reimbursement can be developed that permits industry stability and avoids forcing staffing cutbacks that undermine patients' well-being.
2. ACP urges CMS to implement its retracted April 2000 proposal to "create new, higher payment categories for nursing home residents with multiple, serious health problems that require intensive care and treatment".
3. ACP urges Congress to take immediate legislative measures to address and remedy the impending crisis in skilled nursing care by addressing its root causes: inadequate reimbursement, an undersupply of qualified nursing personnel, and rapidly increasing demand created by the baby-boomer population. (BoR 02)

Supporting Legislation that Requires Nationwide Criminal Background Checks for Health Care Workers

ACP supports the provisions in the federal Patient Protection and Affordable Care Act of 2010 that requires a nationwide criminal background check on applicants before hiring them into a position where they may be caring for vulnerable patients, which is referred to as a "direct patient access employee" in the law. (BoR 10)