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Q1

Please enter your name.

Chris Quinn

Q2

Please enter the House or Senate district for which you are a candidate, ex. H-1, S-1

House 168

Q3

The Commonwealth of Pennsylvania has an obligation to take care of its poorest, oldest and most frail residents through its Medical Assistance (Medicaid) program. Almost 70% of nursing home residents are on Medicaid. However, the state has not met its commitment to these individuals who require around the clock care. Today as the average daily cost of long-term care for a Medicaid resident is about \$250, nursing homes are reimbursed at an average daily rate of only about \$202, creating an average daily shortfall of about \$48 for every Medicaid resident. Pennsylvania's Medicaid reimbursement rate for nursing homes has not been increased in six years, making it one of the lowest Medicaid reimbursement rates in the country. The average annual operating margin for Pennsylvania's skilled nursing providers is now -2.8%. If elected, would you strongly advocate for and support an increase in the annual appropriation for Medical Assistance long-term care and long-term care managed care to increase rates to at least keep up with medical cost inflation (usually between 2% and 2.5% annually)?

Yes,

Other (please specify):

The Long-Term Care Industry provides multiple levels of skilled care across the aging spectrum with increased regulation meanwhile the funding levels have remained stagnant. The pandemic has punctuated the need for skilled nursing facilities in our communities to provide quality care for our seniors. The operators and staff of the nursing homes have tirelessly worked on the front lines during the pandemic to protect our senior citizens. As the regulations, staffing requirements and medical oversight continues to put more pressures on an already underfunded system, it is time for the state and the legislature to adequately fund the Medical Assistance long-term care line items.

Q4

Pennsylvania's legal climate remains a significant contributor to the financial and workforce challenges facing long-term care providers in Pennsylvania. It, in large part, invites out of state law firms to advertise using inflammatory accusations to generate lawsuits, many of which would be considered frivolous. Given the vagaries of jury trials, in almost every case, insurance companies force long-term care facilities to settle such cases for fear of jackpot punitive damage awards that could put them out of business. Many states have enacted liability relief for long-term care providers, and Pennsylvania physicians have had caps on punitive damages at 200% of compensatory damages since 2002. But with no such liability relief in Pennsylvania, it is estimated that liability-related expenses cost the state's Medicaid program more than \$100 million each year. Some nursing homes now pay more in liability-related costs than they do for food-related costs for their residents. In addition, the advertising used by out-of-state law firms to raise concerns about the care provided has had a devastating impact on frontline caregivers. Many have left the profession altogether, while others are attacked in advertisements in local newspapers and on social media channels. If elected, would you support lawsuit abuse reform including capping punitive damages at 200% of compensatory damages for long-term care facilities?

Yes,

Other (please specify):

The standard of capping damages should be consistent across the health care industry, therefore I support the capping of punitive damages to align with that of physicians. In order to ensure that we have long-term care facilities accessible to our seniors, we need to ensure there is a level playing field in our court system to attract and retain operators and caregivers to work in the facilities. Maintaining barriers, such as unlimited liability, jeopardizes the viability of these facilities moving forward.

Q5

During the Covid 19 pandemic, long-term care providers were faced with unclear and ever-changing guidance from federal and state regulators, the prioritization of hospital and health systems over long-term care, a shortage of adequate personal protective equipment, and staffing challenges exacerbated by illness, transportation and child care disruptions. Even as long-term care providers were going to extraordinary lengths to protect their residents, the nature of a novel virus creates many challenges and provides for an environment ripe for lawsuits. In fact, some law firms are already targeting long-term care facilities and their employees using television and social media. Some have even reached out to caregivers directly through social media platforms. While most states provided medical liability relief for providers delivering care during the pandemic, Pennsylvania refused to expand these protections to providers, placing them at risk of significant settlements or verdicts simply for providing the best care, with the resources available, based on the best information and direction at the time. If elected, would you advocate and vote for legislation providing medical liability relief to long-term care providers for actions taken and care provided during a declared public health emergency (liability protection would not be extended to cases of intentional harm or gross negligence)?

Yes,

Other (please specify):

The pandemic presented unprecedented challenges to the health care industry, and in particular long-term care facilities. Conflicting guidance between federal and state governments made the situation even more challenging for providers and families alike. While health care experts raced to determine the science, treatment and methods of contracting the virus, our nursing homes were fighting to protect our seniors while facing the challenges of staffing shifts and competing for PPE. Unless there is proven gross negligence, providers should not be held liable for the protective actions taken during the declaration of emergency.

Q6

Over the past few years, there have been several attempts by some members of the Pennsylvania General Assembly to enact a state false claims act. The intent of this legislation is to reduce fraud and abuse in the Medicaid system and provide budgetary savings to the Commonwealth; however, states already benefit from federal false claims protections and are not required to pay a state share of a qui tam plaintiff's award, thereby securing more dollars for the state. Should Pennsylvania enact a state false claims act and as a result of this act coupled with a qui tam provision, the state would actually receive less money. Furthermore, recent versions of false claims legislation state that fraud is not required to be proven. Pennsylvania already has a Medicaid Fraud unit in the Attorney General's office, an existing anti-fraud statute, and other safeguards against Medicaid fraud and abuse and the Attorney General may participate in any federal false claims action. Any new false claims legislation would further expose this struggling sector to unnecessary legal risk providing incentives for individuals and governments to pursue any mistake or error for significant financial gain. If elected, would you actively oppose and vote against any proposed False Claims Act legislation?

Yes,

Other (please specify):

Medicaid Fraud is a serious offense. Bad actors waste hundreds of millions of taxpayer dollars that should rightfully spend on the care of our citizens. Their fraud further creates pressure on the resources available to pay providers of quality health care. However, implementation of HB 2352 would actually increase the costs to the Commonwealth through duplication of staff and resources while we already have bureaus to investigate fraud. Pennsylvania benefits from the Federal law and HB 2352 is redundant.

Q7

Assisted living residences are a combination of housing and supportive services as needed. These communities are widely accepted by the general public because they allow people to age in place, maintain their independence and exercise decision making and personal choice. In Pennsylvania, assisted living residences are not eligible Medicaid providers and are primarily patient or private pay. However, there are situations in which a resident of an assisted living community may no longer be able to afford assisted living and might, in fact, be financially and clinically eligible for Medicaid nursing home care. Oftentimes, the individual is forced to leave the assisted living setting and move to a nursing home where the costs are covered by Medicaid. Legislation has been proposed to permit assisted living residences to participate in the managed long-term care Medical Assistance program known as Community Health Choices. This legislation would allow these individuals to continue to age in place and would allow those eligible to receive Medicaid services in a less costly setting without forcing them to relocate to a nursing home. If elected, would you advocate and vote for legislation permitting assisted living residences to participate as providers in the Medical Assistance Community Health Choices program?

Other (please specify):

While I did not co-sponsor HB 1442, I do support the concept of individuals living in assisted living facilities to be able to participate in the CHC program. The mission of assisted living facilities comports with the mission of CHC for those individuals who choose to remain in their homes. I would like to learn more with respect to funding for a program that is already underfunded in the MA long-term care and the MA long-term managed care lines. I'd like to right-size those line items to adequately fund the existing programs as we look toward meaningful ways to fund an expansion.

Q8

The nursing home industry is one of the most heavily regulated in the United States, second only to nuclear power. Even so, the demand for increased regulation has continued and it is likely it will continue to gain more traction in the wake of Covid 19. The increased burdensome regulations and reporting required of long-term care facilities diverts resources from patient and resident care, the priority of long-term care providers. In many cases, these regulations are imposed without any collaboration or engagement with providers and with little understanding of the actual costs or barriers related to implementing these regulations. Given that reimbursement levels have remained woefully inadequate for the better part of the past decade, providers have had to bear increased costs due to increased regulatory requirements. A number of states have sought to curb unfunded mandates on providers by requiring fiscal analyses be published, requiring that the regulated community be engaged in the development of the regulation and require that the regulation cannot be implemented without accompanying funding. If elected, would you strongly advocate and vote for legislation to prohibit the imposition of unfunded mandates on providers, and if new requirements are deemed necessary and have a cost, they cannot go into effect unless funding is appropriated or approved to cover the full costs projected to be incurred by the provider?

Yes,

Other (please specify):

As noted in the previous response, I support common sense approaches to provide adequate funding to providers of health care services, first and foremost. In the same vein with my concerns to expanding services to underfunded programs, I have concerns about further regulations to providers that will increase costs without a funding stream to cover those costs to providers. Program or regulatory expansion must have the necessary funding associated in order to implement.

Q9

In order to become a Certified Nurse Aide (CNA) in Pennsylvania, an individual must complete 120 hours of training - a combination of in-person classroom and onsite clinical training - before sitting for the state certification exam. Many prospective CNAs are not able to forego their current income in order to take full-time classes and are more likely to consider becoming a CNA if more flexible educational options existed. Many states allow for online CNA training and during the Covid 19 pandemic, Pennsylvania allowed for the hiring of temporary nurse aides who had completed only online training and an online exam. If elected, would you advocate and vote for legislation to authorize the Department of Education to certify blended (a combination of online and clinical experience) CNA training programs as an additional option for students wishing to pursue a career as a CNA?

Yes,

Other (please specify):

The current federal waiver during the disaster declaration to allow TNAs to use "on the job" training has proven effective and successful in providing staff to long-term care facilities at a time when it was needed most. I support the proposed legislation which would allow these TNAs to transfer to CNAs during this time period and be listed on the CNA registry given their blended training. I would also support legislation that would extend this blended training program beyond the disaster declaration. These are high demand occupations and we should be eliminating barriers, such as requiring full-time classroom instruction, for individuals who are willing to enter this line of work, in lieu of a blended curriculum.