

**H.R. \_\_\_ - *The Long Term Care Quality & Modernization Act of 2007***  
**Representatives Earl Pomeroy (D-ND), Shelley Moore Capito (R-WV) and Tom Allen (D-ME)**

**SECTION BY SECTION SUMMARY**

**Title I – Medicare and Medicaid Modernization**

**Sec. 101 – Demonstration program for joint training of surveyors and providers in nursing facilities**

Directs the Secretary of Health and Human Services to conduct a 5-state, 2-year demonstration program to establish a process for joint training and education of surveyors and providers as changes to regulations, guidelines and policy are implemented. Following the demonstration, The Secretary would be required to submit a report to Congress that would include the results of the program as they relate to the rate and type of deficiencies in nursing homes in the demonstration compared to states outside the program.

**Sec. 102 – Resumption of nurse aide training program after correction of deficiencies**

Directs CMS to allow nursing facilities to resume their nurse aide training program when deficiencies that resulted in the 2-year prohibition of the training have been corrected and compliance has been demonstrated.

**Sec. 103 – Authority to exclude high cost and low probability drugs used in the treatment of cancer from the Medicare prospective payment system for skilled nursing facilities**

Permits the Secretary of Health and Human Services to exclude from the SNF PPS consolidated billing rules those high cost and low probability drugs that are used in the treatment of cancer, including antineoplastic antiemetics and supportive medications.

**Sec. 104 – Exclusion of all ambulance services from the Medicare prospective payment system for skilled nursing facilities**

Excludes all ambulance services from the SNF PPS consolidated billing rules by removing language regarding Medicare Part A beneficiaries who are transported via ambulance from and to a skilled nursing facility.

**Sec. 105 – Authority to exclude additional items and services from the Medicare prospective payment system for skilled nursing facilities**

Requires the Secretary of Health and Human Services to annually update the consolidated billing rules to take into account the changing practice of medicine and clarify that Medicare may provide PPS-excluded services to SNF Medicare Part A patients in freestanding clinics.

**Sec. 106 – Payment for blood glucose tests administered as part of a physician, nurse practitioner, or clinical nurse specialist prescribed protocol of blood glucose monitoring**

Permits payment under Medicare Part B for blood glucose testing in nursing facilities for a physician, nurse practitioner or clinical nurse specialist prescribed series of blood glucose tests, furnished over a specified and limited period of time.

**Sec. 107 – Counting observation days for purposes of applying the Medicare post-hospital requirement for coverage of skilled nursing facility care**

Permits the day(s) that an inpatient of a hospital who is admitted overnight for observation to be included in the calculation of the required three days for that patient to discharged for a Medicare Part A SNF stay.

**Sec. 108 – Payment for therapy services**

Extends the current exceptions process for Medicare Part B Outpatient therapy services for two years and directs the Secretary of Health and Human Services to conduct a study on the development of a permanent, risk-adjusted payment system for Part B therapy services.

**Sec. 109 - Expansion of telehealth services to skilled nursing facilities.**

This section makes skilled nursing facilities eligible to be originating sites for telehealth services under Medicare by adding SNFs to the existing list. SNF patients are often fragile with multiple morbidities. Transportation of these patients can be both dangerous to their health and costly. Expenses for transportation of SNF patients to and from physician offices and to and from hospital emergency departments are significant, especially when this transportation has to be done by ambulance. In many instances, telemedicine can provide a safer, less costly and clinically appropriate alternative.

**Sec. 110 – Physical Therapy Grant Program**

This section establishes a new program within the Health Resources and Services Administration of the U.S. Department of Health and Human Services to provide for grants to, and contracts with, programs of physical therapy for the purpose of planning and implementing projects to recruit and retain faculty and students, develop curriculum, support the distribution of physical therapy practitioners in underserved areas, and/or support the continuing development of the profession.

The U.S. Department of Labor has identified the occupation of physical therapist on its blanket labor shortage determination (also known as Schedule A) as one of two health professions in dramatic and persistent shortage. This new grant program will focus federal resources to address this ongoing problem, which has a dramatic impact on the delivery of long term care services to the nation’s aging population.

**Section 111 – Long-Term Care Quality Advisory Commission and Demonstration Projects**

This section directs the Secretary of HHS to create a Long-Term Care Quality Advisory Commission (Commission). The purpose of the Commission is to develop and facilitate implementation of a national plan for long-term care quality improvement. This section also directs the Secretary of HHS to establish five demonstration projects, administered by the Commission, in five demonstration project sites to evaluate methods that improve the quality of long-term care.

**Title II – Workforce Support**

**Sec. 201 – Nursing Loan Repayment Program**

Amends the Nurse Reinvestment Act to permanently remove the exclusion on loan repayment for nurses working in for-profit health care settings.

**Sec. 202 – National Nursing Database**

Requires the Secretary of Health and Humans services to create a national nursing database of common data elements to forecast future supply and demand changes. The database should include workforce data across all provider settings, including nursing educators, for use in trend analysis and to create a pipeline/educational model to forecast workforce needs.

**Sec. 203 – Reports on Nursing Levels**

Amends the Nurse Reinvestment Act so that entities receiving assistance under the Act submit an annual report to the Secretary of Health and Human Services on how the funds granted under the Act are being used to increase the number of nurses, nurse educators, nurse education enrollment slots – including with respect to geriatric nursing.

**Title III – Tax Incentives**

**Sec. 301 – 15-year recovery period for qualified long-term care improvement property**

Amends the Internal Revenue Code to establish a 15-year recovery period for skilled nursing facilities to improvement property placed in service for at least 3 years after date of enactment. A qualified long term care improvement property is defined as a nursing facility, residential care facility, intermediate care facility for the mentally retarded or similar facility designed to provide housing and healthcare for the elderly and disabled.