1. **Medicare PAYGO and Sequester Update:** The House passed legislation (H.R. 1868) on March 19 that would suspend the sequestration cuts to Medicare (the 2% rate cut) set to expire on March 31, and also prevent an additional 4% Medicare rate cut as a result of “pay as you go,” or PAYGO, rules related to the American Rescue Plan. Without H.R. 1868, home health and hospice organizations and other Medicare providers could see reimbursement rate cuts as high as 6%. LeadingAge strongly supports the bill, sent an action alert to our members in support of it earlier this week, and will continue to push for the bill as it moves to the Senate. See more from LeadingAge here: [https://leadingage.org/legislation/house-votes-suspend-medicare-sequester-and-paygo-cuts](https://leadingage.org/legislation/house-votes-suspend-medicare-sequester-and-paygo-cuts)

2. **HCBS Access Act Introduced:** This week, Sens. Brown (D-OH), Casey (D-PA), and Hassan (D-NH) and Rep. Dingell (D-MI) introduced a draft framework called the HCBS Access Act. The purpose of the bill is to end the institutional bias in Medicaid and make home and community-based services a mandatory Medicaid benefit nationally. Importantly, the legislation is still development and the sponsors are seeking feedback from stakeholders and the public. Feedback is due on April 26; LeadingAge will prepare a response in advance of that in consultation with members. Some key links follow:
   c. Stakeholder feedback memo: [https://debbiedingell.house.gov/uploadedfiles/home_and_community-based_services_access_act_-_memo_ad.pdf](https://debbiedingell.house.gov/uploadedfiles/home_and_community-based_services_access_act_-_memo_ad.pdf)

3. **Infrastructure Package update:** The next big legislative item Congress will deal with following the American Rescue Plan is infrastructure. The House Energy and Commerce committee released an initial bill draft for that and will hold a hearing on Monday. The bill as written is expected to be an early iteration in what will likely be a long process. There are some provisions related to health care, but not aging services, home health, or hospice specifically. LeadingAge is developing a set of infrastructure proposals, specifically on how Congress can improve the infrastructure of care for older adults. Home health and hospice will be key components of this effort; see more next week once our proposals are released.

4. **Increasing the Number of Vaccinators:** As part of President Biden’s national strategy to defeat the pandemic, and following his speech outlining the Administration’s next steps in the war-time effort to speed COVID-19 vaccinations, HHS has taken action to expand the pool of qualified professionals able to serve as vaccinators. HHS has used its authority under the Public Readiness and Emergency Preparedness Act (PREP Act) to add additional categories of qualified people authorized to prescribe, dispense, and administer COVID-19 vaccines authorized by the U.S. Food and Drug Administration, including dentists, EMTs, midwives,
optometrists, paramedics, physician assistants, podiatrists, respiratory therapists, and veterinarians. People interested in administering vaccinations should visit [PHE.gov/COVIDvaccinators](https://phe.gov/COVIDvaccinators) to determine if they are eligible.

5. **New Site to Sign Up to Volunteer to be a Vaccinator:** The Administration launched a new portal to help individuals determine where they can sign up to volunteer to administer shots. According to Dr. Nunez-Smith, “As we fight against centuries of structural inequities, we must be intentional about making vaccination easy and convenient for everyone, and key to that effort is having enough vaccinators to deliver shots in arms. So I encourage my fellow healthcare colleagues to visit the new portal at PHE.gov.” Check your status and sign up to help.

6. **Biden Administration increases reimbursement rate for administering COVID-19 vaccines.** Effective for COVID-19 vaccines administered on or after March 15, 2021, the national average payment rate for physicians, hospitals, pharmacies, and many other immunizers will be $40 to administer each dose of a COVID-19 vaccine. This represents an increase from approximately $28 to $40 for the administration of single-dose vaccines and an increase from approximately $45 to $80 for the administration of COVID-19 vaccines requiring two doses. The exact payment rate for administration of each dose of a COVID-19 vaccine will depend on the type of entity that furnishes the service and will be geographically adjusted based on where the service is furnished.

We are continuing to dig into the pricing changes but we are hopeful that the combination of increased reimbursement, more supply coming online, and easier to store vaccine product will hopefully allow our members who have appropriate staff – such as nursing homes, assisted living, home health, hospice, and PACE – to more easily set up ongoing processes to continue vaccinating their own staff, residents, and patients, including those who are homebound. We also hope these types of changes allow for more easy access to ongoing vaccination, via mobile clinics or other community-based partners, for our affordable housing members.

7. **MedPAC Releases Report to Congress with Payment Recommendations.** The Medicare Payment Advisory Commission (MedPAC) released is [March 2021 Report to Congress](https://phe.gov/COVIDvaccinators). This report includes chapters on all Medicare services with recommendations to Congress on updates to payment policy. For LeadingAge members, this includes chapters on home health, hospice, and skilled nursing facilities. As we noted in an earlier article, these recommendations suggest that there should be no payment update for hospice and skilled nursing facilities. Additionally for hospice, the report recommends a reduction in the aggregate cap by 20%. The recommendation is for a 5% payment reduction for home health. It should be noted that these recommendations are often not taken by Congress. LeadingAge continues to advocate for appropriate Medicare payment policy to support the mission-driven services of our members.

**LeadingAge Events and Resources**

This Webinar details current life safety and emergency preparedness challenges nursing home and hospice providers should plan for as they return to pre-pandemic operations.

- Consider approaches to sunsetting 1135 waivers for alarm and fire suppression system testing, emergency storage, emergency preparedness education for staff, and other changes that will expire after the national emergency declaration ends.
- Learn about trends in survey citations and hot-button issues that may arise when regular life safety surveys resume.
- Receive a template to help you document your organization’s COVID-19 response as an official emergency preparedness drill to meet federal survey disaster planning requirements.


2. Reminder on LeadingAge Member Call Ins: LeadingAge hosts a COVID-19 update call series for members on Mondays, Wednesdays and Thursdays at 3:30 PM EST. Every call includes an update on home and community-based services, updates for other provider types, and interviews with key experts (e.g., CDC officials, academics, providers) to share out real-time insights to our members. The calls generally run for one hour and recordings are on our website. Register here: https://register.gotowebinar.com/register/2218416852977539339

3. Update Calls Next Week to feature discussions of isolation and the Johnson and Johnson vaccine. Join us on Monday, March 22 at 3:30 PM Eastern time for the latest policy updates and a conversation on a program to engage residents and alleviate the impact of isolation. Amber Carroll of COVIA will discuss the Well Connected program, that has attracted 80% of residents. On Wednesday, CDC staffer Sara Oliver will join us to answer questions about the Johnson and Johnson vaccine and discuss what it might mean for aging services communities. Program not finalized for Thursday. If you haven’t registered for the calls, you can join here.

4. Provider Relief Fund update and survey coming next week. According to HHS, roughly $24 billion remains in the Provider Relief Fund general pot, which is about how much was distributed to 35,000 providers under Phase 3. There is also an additional $8.5 billion set aside for rural providers from the American Relief Plan. Without further Congressional action to appropriate more, this will be the end of Provider Relief. We need your help to make the case to Congress about how much more you need. Next week, we will be sending out a survey to members to find out the effect Provider Relief has had on your organization and how much more you might need to get through the pandemic.

5. This Week’s Drive for 75. To tackle vaccine hesitancy this week, we offered our call listeners a variety of perspectives on hesitancy from current news, research, and established motivational practices. We featured a segment on Facebook’s probe into the “population segments” that are driving misinformation on the popular social media platform; we learned that both regionalism and politics may play a greater role in hesitancy than even racial disparities, as reported by NPR and CBS surveys; and we explored how motivational interviewing principles can be applied to those 1:1 conversations about the vaccines. Read more here in this article.