

## 2024 House of Delegates Report

## Wayne Saltsman, MD, PhD, CMD

## Chairman, House of Delegates

March 9, 2024

The following bylaws revisions and resolutions were introduced to the House of Delegates on March 11, 2023. Below are the resulting positions, polices or actions taken by the AMDA HOD:

### **2023 Bylaws Revisions**

RESULT: PASSED BY HAND COUT, OVER 2/3. Bylaws revised.

#### A23-CMS Waiver for Remote Primary Care Physician Visits

#### RESULT: PASSED AS AMENDED BY VOICE VOTE; BOD Adopted

 BOD voted to adopt this resolution as AMDA policy and refer this to the Public Policy Steering Committee for further action and advocacy. The Board asked that advocacy on this matter include the recognition that in-person visits are still preferred for patient care, and that any abuse of the tele-visit flexibilities are to be avoided.

Introduced by: AMDA Telehealth Work Group, New York Medical Directors Association

THEREFORE BE IT RESOLVED, that AMDA the Society for Post-Acute and Long-Term Care advocates for a waiver process for nursing homes to provide medically and regulatory necessary video conferencing telemedicine visits with a physician, including current regulations for delegation of tasks to advanced practice providers, for the purpose of providing primary care to the nursing home resident, when the nursing home has demonstrated due diligence in attempting to secure a physician. The waiver will be for period of one year, renewable annually;

**AND BE IT FURTHER RESOLVED**, that such waivers data be made available for analysis on workforce needs in the post-acute and long-term care setting.

FISCAL NOTE: If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA's existing and ongoing advocacy and coalition work.

## **B23-Inclusion of Nurses in Survey Teams**

#### RESULT: PASSED BY VOICE VOTE; BOD Adopted

 BOD voted to adopt this resolution as AMDA policy, and to refer this to the Public Policy Steering Committee for further action and advocacy.

Introduced by: The Illinois Society for Post-Acute and Long-Term Care Medicine

THEREFORE BE IT RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine, together with likeminded professional organizations, advocate for mandatory inclusion of registered professional nurses in all survey teams that conduct surveys including complaint surveys in nursing homes, and influence legislation and or governmental action to facilitate such direction by U.S. Department of Health and Human Services (HHS) and State Public Health Departments.

#### FISCAL NOTE:

If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA's existing and ongoing advocacy and coalition work.

## **C23-Oversight of Immediate Jeopardy Citations**

# RESULT: REFERRED TO THE BOARD OF DIRECTORS AS AMENDED BY VOICE VOTE: Referred to PPSC

Discussion of this resolution included how to address potential conflicts of interest in
asking medical directors to review regulatory findings. Also, this review may not be
feasible if a medical director is not trained in PALTC medicine. After discussion, the
Board suggested this this be referred to the PPSC to develop a one-pager on optimal
medical director involvement in survey, including the possibility of reviewing IJ
citations. Still awaiting PPSC action.

Introduced by: The Illinois Society for Post-Acute and Long-Term Care Medicine

THEREFORE BE IT RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine, together with likeminded professional organizations, advocate for mandatory utilization of physicians and/or other clinical practitioners who have training or experience in post-acute and long-term care medicine to oversee survey teams' deliberations when citing Immediate Jeopardy deficiencies in Skilled Nursing Facilities (SNFs) and Nursing Facilities (NFs), and for such clinical practitioners to communicate with facility medical directors before such deficiencies are issued, and influence legislation and or governmental action to facilitate such direction by Centers for Medicare and Medicaid (CMS), U.S. Department of Health and Human Services (HHS) and State Public Health Departments.

#### FISCAL NOTE:

If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA's existing and ongoing advocacy and coalition work.

## **D23-Promotion of Quality of Life in Swallowing Management**

# RESULT: REFERRED TO THE BOARD OF DIRECTORS AS AMENDED BY VOICE VOTE; Referred to PPSC and Ethics

• Discussion of this resolution included considering each of the four "resolved" statements separately. The first two could be adopted as is, and the second two are similar to the previous resolution, i.e., to ask PPSC to define the role of the medical director in the survey process. After discussion the Board agreed to refer this to the PPSC/CIS to consider this resolution further, as well as to the Ethics Committee. Still awaiting action.

Introduced by: AMDA Clinical Issues Subcommittee

THEREFORE BE IT RESOLVED, that AMDA-The Society for Post-Acute and Long-Term Care Medicine call upon the nursing home industry to adjust current approaches to swallowing and dysphagia, to promote patient rights, and optimize oral intake with maximum flexibility and the fewest possible restrictions;

**AND BE IT FURTHER RESOLVED,** AMDA-The Society for Post-Acute and Long-Term Care Medicine should partner with the speech therapy community and professional organizations to promote educational opportunities for all medical practitioners to promote the evidence related to swallowing issues, including appropriate diagnostic efforts, potentially correctable causes and management options, and guidance on documenting shared decision making.

AND BE IT FURTHER RESOLVED, AMDA-The Society for Post-Acute and Long-Term Care Medicine should call upon The Centers for Medicare & Medicaid Services (CMS) and the state survey agencies to instruct surveyors to apply CMS guidance (which already incorporates longstanding evidence and relevant recommendations) and support patient rights, including patient rights to decline proposed interventions;

**AND BE IT FURTHER RESOLVED,** AMDA-The Society for Post-Acute and Long-Term Care Medicine should call upon both The Centers for Medicare & Medicaid Services (CMS) and the academic community to evaluate the potential impact of PDPM on the diagnosis of swallowing disorders and the use of both appropriate and inappropriate dietary modifications.

#### FISCAL NOTE:

If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be low, as it would be incorporated into AMDA's existing and ongoing advocacy and coalition work.

## <u>E23-Protection of Staff and Practitioners in Post-Acute and Long-Term Care</u> <u>from Aggression, Verbal, and Physical Abuse from Residents</u>

## RESULT: REFERRED TO THE BOARD OF DIRECTORS AS AMENDED BY HAND COUNT

Board discussion of this resolution included the recognition that there isn't enough
education on this issue. It would be beneficial to provide tools for our members to
know better how to deal with abuse. After discussion, the Board asked that the
resolution be referred to the Education Steering Committee for further action; to
start with the AMA statement on abuse of healthcare personnel. The education subgroup of the DEI Committee could also contribute to this. Also, the Resolutions
Committee should explore what other positions (e.g., AMA) exist and refer to these
on the resolution; the Resolutions Committee should also consider existing AMDA
policy when reviewing resolutions.

Introduced by: Mid-Atlantic Society for Post-Acute and Long-Term Care Medicine

THEREFORE BE IT RESOLVED, that AMDA – The Society for Post-Acute and Long-Term Care Medicine, will work with the Diversity, Equity, and Inclusion (DEI) group; to encourage and facilitate medical directors to play an active role in training clinical practitioners, facility staff, and leadership, and, to promote and implement the policies to protect staff and practitioners from aggression, verbal and physical abuse from residents and families;

AND BE IT FURTHER RESOLVED, that AMDA - The Society for Post-Acute and

Long-Term Care Medicine, together with like-minded professional organizations such as American Medical Association (AMA), work to develop policies to advocate for protection of the staff and practitioners working in post-acute and long-term care settings from aggression, verbal, and physical abuse from residents and families.

#### FISCAL NOTE:

If passed by the House of Delegates and adopted as Society policy by the Board of Directors, the fiscal impact of this would be moderate. The creation of education, practice guidance and clinical tools requires an investment of time and money. Some or all of this investment may be recouped over time from the sale or licensing of these resources.

### <u>F23-Goal-Directed Assistance for State Chapters</u>

#### RESULT: FAILED AS AMENDED BY VOICE VOTE

• The Board asked the HOD representatives to work on listing the various ways AMDA supports its Chapters.

Introduced by: California Association of Long Term Care Medicine

(1st resolved removed)

**AND BE IT FURTHER RESOLVED**, that AMDA – The Society for Post-Acute and Long-Term Care Medicine work closely with state chapters regarding opportunities to optimize individual chapters' budgets and public policy efforts.

#### FISCAL NOTE:

For AMDA to provide direct financial support to our chapters would have a very high fiscal impact, among other consequential impacts. Such an initiative would involve a substantial change in our relationship with our chapters and members, an increase in member dues to provide a funding source for this support, and the development of an oversight mechanism for the equitable distribution of the funds and for how they are used. Tax implications and audit and legal liability would also need to be fully explored.

Thank you, Wayne Saltsman, MD, PhD, CMD Chairman, House of Delegates