

Good afternoon, Chairman Martin and members of the committee. My name is Toni Lawson. I am a Vice President of the Idaho Hospital Association. We represent Idaho's 44 community hospitals around the state. I am here today to voice our support for S1354.

- Idaho's hospitals are arguably one of the most regulated sectors in the state. Idaho's community hospitals interact with dozens of federal, state, local and affiliated entities each day to meet various, strict, expansive rules, guidance and regulations....from the Idaho Bureau of Facility Standards to CMS....from the DEA to the DOJ...from the AGs office to the US Office of Inspector General. As I reviewed the list of hospital oversight entities, it topped 70.
- We believe this legislation helps decrease some of the confusion and duplication between state IDAPA rules and CMS guidelines. Hospitals are required to be in compliance with the Federal requirements set forth in the Medicare Conditions of Participation in order to receive Medicare and Medicaid payment. All of our community hospitals meet these requirements. So, let me give you an idea of what we currently have in place. I've brought a few of the manuals that contain the regulations and interpretive guidelines for hospitals. Don't worry, I'm not going to go through each one, but I would like to give you a taste of what we already have in place.
 - This is the State Operations Manual that provides survey protocol for regulations and interpretive guidelines for hospitals.
 - These are the manuals used by DNV, a national accrediting entity that a number of Idaho hospitals are now using.
 - There is also a manual for Joint Commission guidelines. Those hospitals that are surveyed by the Joint Commission have that manual, but we don't at the association. I could have purchased that for \$1100 and brought it for you, but I figured you would still get the point.
 - These are the Idaho IDAPA rules.

In the vast majority of cases, the CMS guidelines are more stringent than state IDAPA rules. In theory, those hospitals who meet all of the CMS guidelines should have no problem meeting the state IDAPA rules...except when they don't. In a few cases, the

state rule has turned out to be more restrictive than the federal government and that causes issues with consistency and compliance. There are some people here to testify today to one such issue and the problems it has caused them when trying to provide care to patients in our hospitals.

This particular example has to do with the use of restraints for non-violent patients. When we're talking about restraints, keep in mind that raising the bed rails can be considered a restraint.

The CMS guideline for the use of restraints indicates that there must be an assessment of the patient to determine why the restraints are needed and how often the status of the patient will be checked. Depending on the patient's situation, you may need constant observation. You might check every 15 minutes...but you cannot go longer than 2 hours without checking on the patient. (Any of you that have been in the hospital know, it is rare that they ever leave you longer than two hours without coming in to do something.)

The IDAPA rule requires that non-violent patients in restraints must be observed every 15 minutes, whether their situation warrants it or not, and that observation must be documented. Patient caregivers will tell you what that change has meant to the way they provide care and the manner in which hospitals have been forced to change their staffing levels.

When the latest IDAPA rule changes went into effect, we quickly started hearing complaints from our hospitals. There were issues with compliance that we had not anticipated. Some are quite problematic and need to be changed. None of the problematic rules are in areas that we don't already have CMS guidelines in place. Last summer, we requested that the department open those rules to make changes. They were unable to grant that request, although they have agreed to take up the rules this summer. Unfortunately, any changes won't go into effect until July of 2021. And this whole process is over discrepancies/inconsistencies in guidelines that already exist.

We would like to get as close to one set of guidelines as possible. We know that isn't completely possible, but this legislation would be a big step forward.

Our hospitals are dedicated to the safety and well-being of the patients they care for. Duplicative, confusing regulation hinders their efforts.

We would ask that you send S1354 to the floor with a "do pass" recommendation. I'm happy to stand for any questions.