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August 30, 2021

VIA EMAIL (RA-DHLTCREGS@PA.GOV)

Department of Health
625 Forster Street
Harrisburg, PA 17120

Attn: Lori Gutierrez, Deputy Director
Office of Policy

Re: Rulemaking 10-221 (Long-Term Care Facilities, Proposed Rulemaking 1)

Dear Deputy Director Gutierrez:

We are writing on behalf of the Pennsylvania Health Care Association and LeadingAge PA (the "Associations") to comment upon the procedural insufficiencies of the Department of Health's (Department) Proposed Rulemaking 1. Together the Associations represent over eighty percent (80%) of the Commonwealth's long term care facilities (LTCFs). We request that Rulemaking 1 be rejected or withdrawn. Alternatively, if the Department proceeds with segmented rulemaking, we request the opportunity to submit comments again on all sections once the complete regulatory package has been submitted.

I. The Proposed Rulemaking Does Not Meet the Requirements of Clarity, Feasibility and Reasonableness

Pennsylvania's regulatory review process is designed to ensure that regulations are in the public interest by demonstrating clarity, feasibility,¹ and reasonableness. The Department's Proposed Rulemaking 1 fails on all three counts.

Initially, we note that the Department started working on revamping the regulations that govern long term care facilities (LTCFs) in 2017. Its decision to release its proposed rulemaking in five

¹ The Associations write separately to address the Department's total failure to address or rebut the unfeasibility of the 4.1 ppd staffing mandate in the midst of the fourth wave of the COVID-19 pandemic, on the eve of federal and state vaccination mandates that only apply to nursing homes and not the entire health care industry, and a well-documented workforce shortage.

disjointed packages four years later is disappointing, misguided and not in the public's best interest. The Department should be able to issue its proposed rulemaking in one unified document so that the public will have the opportunity to consider all the proposed changes in their totality, and not in discrete soundbites.

We are suspicious of the Department's use of "incorporation by reference" to evade the requirements of Pennsylvania's well-established regulatory review process, and specifically those provisions intended to provide transparency, notice, due process (including opportunity for comment), and oversight by the legislative branch. The Department casually uses the term "federal requirements" to obscure the distinct differences between the federal "regulations" for LTCFs promulgated at 42 C.F.R. Part 483, Subpart B, and the federal "guidance" that is contained in the Centers for Medicare & Medicaid Services' (CMS) State Operations Manual (SOM), Chapter 7 – Survey and Enforcement Process for Skilled Nursing Facilities and Nursing Facilities (Chapter 7²) and the SOM, Appendix PP – Guidance to Surveyors for Long-term Care Facilities (App. PP).³

In this initial rulemaking submission, the Department has not identified how it intends to use or apply Chapter 7. Instead, the Department misleadingly states:

In subsection (b), the Department proposes to incorporate by reference Chapter 7 . . . from the Centers of Medicare & Medicaid Services (CMS) State Operations Manual. *Chapter 7* and Appendix PP are the parts of the State Operations Manual that are *applicable to the implementation of 42 CFR Part 483, Subpart B*.

51 Pa. B. 4074, 4076 (July 31, 2021) (emphasis added). This is patently false.

According to CMS, "Chapter 7 implements the nursing home survey, certification, and enforcement regulations at 42 CFR Part 488." SOM, Chapter 7, Section 7000. It does *not* implement 42 CFR Part 483. In the absence of a plausible explanation from the Department about what appears to be a deliberate misstatement about the contents and application of Chapter 7, we are concerned that the Department may be planning to impose a new enforcement schema through subterfuge, thereby evading legislative and public review.

We believe the Department should remove all references to Chapter 7, as Chapter 7 is inapplicable to state licensure surveys and state enforcement conducted pursuant to Pennsylvania's Health Care Facilities Act (35 P.S. §§ 448.101-448.904(b)) (Act). Chapter 7 is focused instead on the federal

² Chapter 7, (Rev. 185, 11-16-18), currently runs 162 pages and is available at <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/som107c07pdf.pdf> (last accessed August 23, 2021).

³ App. PP, (Rev. 11-22-17), currently runs 702 pages and is available at <https://www.cms.gov/medicare/provider-enrollment-and-certification/guidanceforlawsandregulations/downloads/appendix-pp-state-operations-manual.pdf> (last accessed August 23, 2021).

nursing home survey, certification, and enforcement procedures. The Department's insertion of Chapter 7 within the "Requirements" at Proposed 201.2(b) is alarming under these circumstances.

II. The Legislature Has Prescribed The Department's Ability To Promulgate Regulations And Incorporating By Reference Unpromulgated Federal Guidance That Can Be Changed Without Any Public Or Legislative Review Exceeds That Authority

The Act authorizes the Department to promulgate regulations applicable to LTCFs, but the Department's discretion in developing those regulations is limited. The Act provides that:

[i]n developing rules and regulations for licensure the department shall *take into consideration* Federal certification standards and the standards of other third party payors for health care services and such national accreditation organizations as the department may find appropriate.

35 P.S. § 448.806(b) (emphasis added). While the Legislature directs the Department to consider federal certification standards when it promulgates regulations, the Legislature surely did not anticipate that the Department would incorporate by reference unpromulgated guidance from any entity thereby allowing another entity to create state regulations without an opportunity for notice and comment pursuant to the Commonwealth Documents Law (CDL) (45 P.S. §§ 1102 - 1208) and the Regulatory Review Act (RRA) (71 P.S. §§ 745.1 - 745.15).

The Department licenses LTCFs by applying the state regulations promulgated under the Act. It also surveys LTCFs on behalf of CMS for certification in the Medicare and Medical Assistance purposes. When it conducts these federal certification surveys, the Department applies the duly promulgated federal regulations at 42 CFR Part 483, Subpart B (Requirements for Long Term Care Facilities) and those at 42 CFR Part 488 (Survey, Certification, And Enforcement Procedures). This Department's actions in this limited regard on behalf of CMS is authorized by the Act (35 P.S. § 448.809(c)). While the Department may refer to Chapter 7 when it is acting on behalf of CMS while conducting federal surveys, Chapter 7 has no application to state surveys.

The Department should explain why it feels compelled to reference Chapter 7 in the state licensure regulations, and more importantly, why it proposes to incorporate it by reference under Requirements. As discussed more fully below, the Department's proposed rulemaking obfuscates the differences between the federal regulations and the SOM, which is unpromulgated guidance, a shortcoming further complicated by the Department's liberal use of incorporation by reference. The Department should not be allowed to incorporate by reference wholesale sections of unpromulgated federal "guidance" to become state licensure regulations. The Department's abdication of its responsibility to promulgate regulations in accordance with the Act and other Pennsylvania laws should not be countenanced.

III. The Federal Regulations Were Duly Promulgated In Accordance With The Federal Administrative Procedures Act And Cannot Be Amended Without Appropriate Regulatory Review

Like the Department, CMS realized that its LTCF regulations needed to be revised, having last undergone a comprehensive update in 1991, and on July 16, 2015, CMS issued a proposed rule entitled, ‘‘Medicare and Medicaid Programs; Reform of Requirements for Long-Term Care (80 FR 42168). When CMS promulgated the Final Rule on October 4, 2016, they acknowledged receiving over 9,800 public comments in response to the initial proposal. (81 F.R. 68688, 68692).

Unlike the Department, CMS issued its entire regulatory package at one time, and extended a phased-in implementation of different requirements over a period of three years. This allowed the regulated community, advocates, and the general public⁴ the opportunity to comment on the comprehensive regulations in their totality with the ability to see and understand how interrelated sections applied to each other. It also allowed time for providers to adjust their operations to meet new federal requirements.⁵

A. We Support The Department’s Incorporation Of The Federal Regulations To Be Used As State Licensure Regulations

As the Department acknowledges, almost all of Pennsylvania’s LTCF participate in the Medicare and/or Medicaid programs and are therefore subject to the federal regulations for purposes of federal survey and certification. The Department acts as CMS’s agent when it conducts federal survey and certification inspections. Incorporating the federal regulations as state licensure regulations will provide greater consistency and applicability.

Additionally, the federal regulations were subject to a rigorous notice and comment process. The regulations are easy to access, and they cannot be amended without going through the federally proscribed rulemaking process.

This stands in stark contrast to the nature of the content of the SOM. In its initial Note to App. PP, CMS underscores the enormous difference between its regulations and guidance:

NOTE: In the regulation text that is noted under the following Tags: F540, F584, F620-623, F625, F757, F774, F842, and F868, there were minor, technical inaccuracies (spelling, cross-references, etc.) in the 2016 Final Rule that updated the Requirements of

⁴ CMS noted that they received comments from Commenters including long-term care consumers, advocacy groups for long term care consumers, organizations representing providers of long-term care and senior service, long-term care ombudsman, state survey agencies, various health care associations, legal organizations, and many individual health care professionals. *Id.*

⁵ We note the Department has not proposed a tiered implementation period for its 4.1 ppdk mandate, even though it is, or should be, fully aware that Pennsylvania does not have enough people to fill the number of new positions that the 4.1 mandate requires.

Participation. In an effort to ensure clarity of understanding of the guidance, the instructions to surveyors, and the determining of compliance, we have made the appropriate correction in this guidance document. *This document is not intended to replace, modify or otherwise amend the regulatory text. Such revisions, modifications or amendments can only be made through a Correction Notice or other rulemaking that would be published in the Federal Register.*

App. PP at 2 (emphasis added).

The Department proposes to apply the federal regulations “as licensing regulations for long term care facilities. (Proposed 201.2(a)) The federal regulations at 42 C.F.R. Part 483, Subpart B:

contain the requirements that an institution must meet in order to qualify to participate as a Skilled Nursing Facility in the Medicare program, and as a nursing facility in the Medicaid program. They serve as the basis for survey activities for the purpose of determining whether a facility meets the requirements for participation in Medicare and Medicaid.

42 C.F.R. § 483.1(b) (emphasis added).

The Department goes further however, at Proposed 201.2(b) to state:

The Department incorporates by reference the Centers for Medicare & Medicaid State Operations Manual, Chapter 7 and Appendix PP – Guidance to Surveyors for Long-term Care Facilities.

Proposed 201.2(b).

The Department does not identify the SOM, Chapter 7 as CMS’s guidance about the federal survey and enforcement process, nor does it explain how it intends to use the SOM, Chapter 7 or App. PP, both of which it proposes to incorporate by reference in their entirety as “Requirements” under Proposed 201.2. Moreover, the Department seemingly ignores CMS’s explicit statement that the language in the SOM cannot “*replace, modify or otherwise amend the regulatory text.*”

B. The SOM Contains Guidance, Not Requirements

As recently as December 7, 2020, the U.S. Department of Health and Human Services (DHHS) confirmed that there is a significant difference between its guidances and its regulations. In its final rule, “Department of Health and Human Services Good Guidance Practices,” DHHS explained the need for the new regulations to:

help to ensure that the public receives appropriate notice of new guidance and that the Department's guidance does not impose obligations on regulated parties that are not already reflected in duly enacted statutes or regulations lawfully promulgated under them.

85 F.R. 78770 (December 7, 2020). The Preamble to the Good Guidance rule provides a concise description of the difference between rules and guidance.

Subject to certain exceptions, the Administrative Procedure Act ("APA"), 5 U.S.C. 551 et seq., mandates that rules imposing new obligations on regulated parties must go through notice-and-comment rulemaking This is true regardless of whether agencies frame these rules as sub-regulatory guidance The APA's procedural requirements sound in notions of good governance Agencies can generally issue interpretive rules and statements of policy without conducting notice-and-comment rulemaking, although such sub-regulatory guidance lacks the force and effect of law, and cannot bind regulated parties.

Id. (internal citations omitted). DHHS has identified the SOM as a guidance document. *Id.* at 78773. This designation is a clear indication that DHHS does not intend that the SOM would have the force and effect of law. Despite this significant limitation, the Department proposes to adopt by reference the entire guidance and thereby convert the SOM into binding state regulation, apparently indifferent to the potential outcome of allowing its own regulations to be changed automatically and unreflectively whenever CMS chooses to update the SOM guidance.

1. Incorporating The SOM By Reference Into State Regulation Likely Would Not Survive Legal Scrutiny

The Pennsylvania Supreme Court would likely strike down the Department's proposed incorporation by reference of the SOM if the issue were presented. In *Northwestern Youth Servs. v. Commonwealth, Dep't of Pub. Welfare*, 620 Pa. 140, 66 A.3d 301 (Pa. 2013), the Court addressed non-legislative rules, or "guidance documents" as a second category of agency pronouncements, recognizing the variety of names used for this category including "guidances, manuals, interpretive memoranda, staff instructions, policy statements..." (*Id.*, at 156, 66 A.3d, at 311 (Internal citation omitted)). The Court noted that "[u]nder federal and Pennsylvania jurisprudence, properly-enacted legislative rules enjoy a presumption of reasonableness and are accorded a particularly high measure of deference...." (*Id.*, at 157, 66 A.3d, at 311 (Internal citations omitted))

The Court further cited a 2012 U.S. Supreme Court case⁶ wherein the Supreme Court expressed that assigning a higher level of deference to policy statements, guidance, and interpretive rules “creates a risk that agencies will promulgate vague and open-ended regulations that they [the agency] can later interpret as they see fit, thereby ‘frustrat[ing] the notice and predictability purposes of rulemaking.’”

The PA Supreme Court noted its concern regarding the validity of the use of guidance documents by administrative agencies to advance policy aims, and cited the U.S. Court of Appeals for the District of Columbia Circuit’s “often-quoted comments”:

The phenomenon . . . is familiar. Congress passes a broadly worded statute. The agency follows with regulations containing broad language, open-ended phrases, ambiguous standards and the like. Then as years pass, the agency issues circulars or guidance or memoranda, explaining, interpreting, defining and often expanding the commands in the regulations. One guidance document may yield another and then another and so on. Several words in a regulation may spawn hundreds of pages of text as the agency offers more and more detail regarding what its regulations demand of regulated entities. Law is made, without notice and comment, without public participation, and without publication in the Federal Register or the Code of Federal Regulations.⁷

The PA Supreme Court expressed concerns about the agency’s failure to follow the Commonwealth Documents Law, and that “agencies have inappropriately subverted rulemaking formalities by engaging in excessive policymaking through the use of non-legislative avenues.” (*Id.*, at 161, 66 A.3d, at 314). We can only imagine how the Court would respond to the Department’s proposed relinquishment of its rulemaking authority in this instance which is even further removed than the agency’s use of its own guidance.

C. Proposed 201.2(b), Incorporating the SOM By Reference, Should Be Removed

The Department has provided no legitimate rationale for its wholesale adoption and incorporation by reference of Chapter 7 and App. PP at Proposed 201.2(b). The Department does not explain why it believes the SOM guidance should become regulatory requirements for Pennsylvania’s

⁶ *Christopher v. SmithKline Beecham Corp.*, 567 U.S. 142, 132 S. Ct. 2156, 183 L. Ed. 2d 153, 2012 U.S. LEXIS 4657, 80 U.S.L.W. 4463, 162 Lab. Cas. (CCH) P36,027, 19 Wage & Hour Cas. 2d (BNA) 257, 23 Fla. L. Weekly Fed. S 377, 2012 WL 2196779.

⁷ *Appalachian Power Co. v. EPA*, 208 F.3d 1015, 2000 U.S. App. LEXIS 6826, 341 U.S. App. D.C. 46, 30 ELR 20560, 50 ERC (BNA) 1449.

LTCFs. One must wonder what the Department was considering when it omitted from the Regulatory Analysis Form (RAF) any mention of its proposal to incorporate the SOM by reference.

The incorporation by reference of the SOM should be removed from the “Requirements” section as it has no purpose, and this general incorporation is an improper adoption of sub-regulatory guidance.

D. Proposed 201.2(d) Should Be Removed

In Proposed 201.2(d), the Department states:

(d) Failure to comply with the requirements specified in 42 CFR Part 483, Subpart B shall be considered a violation of this subpart, unless an exception has been granted under §§ 51.51-51.34.

The Department does not include a reference to the SOM, causing ambiguity about the intended relationship in the state’s regulations between the incorporated federal regulations and the SOM guidance. If the federal regulations are incorporated by reference and therefore become state regulations, Proposed 202.1(d) is mere surplusage. Additionally, if the provisions of the SOM that are incorporated by reference cannot be considered a violation, it is unclear why the Department seeks to adopt the entire SOM.

IV. The Department Should Be Required to Promulgate the Text of the Guidance They Intend to Use as Proposed Regulations

The Department should not be allowed evade regulatory review by incorporating the SOM by reference. We cannot comment on the full extent of why this is wrong because the Department has refused to provide a complete and unified regulatory package, and we therefore reserve the right to supplement our response as more information becomes available.

The Department casually “proposes to incorporate all terms that are defined in the State Operations Manual, Chapter 7 and Appendix PP - Guidance to Surveyors for Long-Term Care Facilities, issued by CMS.” 51 Pa. B. 4074, 4076. Terms that are defined in 42 CFR Part 483 Part B are regulatory definitions. To the extent the terms the Department wishes to use as state regulations words that are already defined in the federal regulations, there is no need to reference the SOM’s recitation of federal regulations. In contrast, other terms that are defined in the SOM beyond the federal regulations are guidance. Any attempt to convert these additional non-regulatory definitions into state law must comply with the CDL and the RRA.

A search for the word “definition” in the SOM, App. PP, returns 181 hits, many of those containing definitions and explanations of terms that are not defined in the federal regulations. In the preamble, the Department identifies definitions that are proposed to be deleted because they are now incorporated by reference from either the Federal regulations or the SOM, or both. *Id.* The Department glosses over the distinction between regulation and guidance.

A. The Department Should Include A Complete Definition of Abuse At Proposed 201.2(b)

When the Associations met with the Department in 2018 for what turned out to be an abortive consultative process about the proposed rulemaking process, the Associations requested that the Department promulgate a state definition of abuse that would be consistent with the federal definition at 42 CFR 483.5. The Associations had every expectation that the Department would honor their request, but unfortunately the Department has disappointed them. Rather than simply adopting and promulgating the federal regulatory definition at Proposed 201.2(b), the Department proposes to eliminate the existing definition of abuse altogether and presume that the regulated community will intuit what federal words the Department intends to use as its regulatory definition for abuse.⁸

The Department proposes to delete the existing definition of abuse because:

Abuse is defined in 42 CFR 483.5 and in multiple sections of Appendix PP of the State Operations Manual. Abuse includes verbal abuse, sexual abuse, physical abuse and mental abuse. Verbal abuse is further defined in Appendix PP of the State Operations Manual in section F600. Sexual abuse is defined separately in 42 CFR 483.5 and further defined in section F600 of Appendix PP of the State Operations Manual. Physical abuse is defined in section F600 of Appendix PP of the State Operations Manual. Mental abuse is defined in section F600 of Appendix PP of the State Operations Manual. Involuntary seclusion, which is included in the existing regulations, is defined in section F603 of Appendix PP of the State Operations Manual. Neglect is defined separately in 42 CFR 483.5 and in section F609 of Appendix PP of the State Operations Manual.

51 Pa. B. 4076.

BY duly promulgated regulation, CMS has defined abuse as:

Abuse. Abuse is the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish. Abuse also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. Instances of abuse of all residents, irrespective of any

⁸ The inherent problems with the Department's proposed action are compounded by the Department's use of the Preamble to discuss the term abuse, without any consideration to the reality that once the final rulemaking is codified in the Pennsylvania Code, the Preamble is not reproduced with the content of the regulations and there will be no textual reference about how the Department defines abuse. This is far from transparent.

mental or physical condition, cause physical harm, pain or mental anguish. It includes verbal abuse, sexual abuse, physical abuse, and mental abuse including abuse facilitated or enabled through the use of technology. Willful, as used in this definition of abuse, means the individual must have acted deliberately, not that the individual must have intended to inflict injury or harm.

42 CFR 483.5. This is the only federal definition that CMS uses as a requirement for LTCFs, and it is the only one that has been subjected to the federal regulatory review process. The Department proposes to incorporate by reference all other definitions of abuse in the SOM. A search for the term “abuse” in the SOM produces 344 results, and a search for “neglect” results in 155 results. What language in the SOM guidance, specifically, is the Department proposing to use to define abuse? Unless the Department is referring to the regulatory definition of abuse that is repeated verbatim in the SOM, all the other citations to which the Department refers in the preamble are merely interpretive ideas without the force and effect of law.

If the Department intends to convert excerpts from the federal guidance into state regulatory definitions, it should be required to promulgate the entire text it wishes to use in the proposed rulemaking and in the final state regulations. Words that are defined in sections F600, F603 and F609 of App. PP can be changed by CMS without any notice or opportunity for comment. By incorporating by reference these non-regulatory definitions, the Department has abdicated its authority to promulgate regulations in accordance with the Act because those definitions are not under the Department’s control. Indeed, the Department proposed actions will have ceded more rulemaking properties to the SOM than CMS and DHHS allow (*see*, discussion at page 4, *supra*, regulatory text can only be amended, revised or modified by rulemaking).

We support the Department’s attempt to create a unified regulatory system, but it must do so in accordance with Pennsylvania law. If it wants to use non-regulatory definitions as state regulations, it should set forth the regulatory language it intends to apply, rather than make passing reference to F-tag citations in the preamble to the proposed rulemaking.

B. We Support The Department’s Attempt to Clarify the Definitions at Proposed 201.2 But Believe The Department Should Promulgate and Publish the Text of the Regulations It Intends to Use For Licensure Requirements

The Department proposes to delete the terms Administrator (defined at 42 CFR 483.70(d)(2)). The federal definition is set forth in regulation and does not substantially change existing state regulations.

We support the Department’s proposal to delete the existing definition of the term “Charge Nurse” because the federal reference at 42 CFR 483.35(a)(2) allows a licensed nurse to serve as a charge nurse on each tour of duty and does not limit a practical nurse to be designated as a charge nurse only on the night tour of duty in a facility with a census of 59 or less.

We support the Department’s proposal to delete the definition of clinical laboratory because the federal regulation for laboratory, radiology, and other diagnostic services at 42 CFR 483.50(a) is more comprehensive. We would request, however, that the Department include a specific reference to the requirements Section 353 of the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (42 U.S.C.A. § 263a) regarding certificate requirements and the definition of the term “clinical laboratory” as defined in the CLIA.

We support the Department’s proposal to delete the definition of dietician as the term “qualified dietician” is defined at 42 CFR 483.60.

We support the Department’s proposal to delete the definition of director of nursing services as the federal regulation at 483.35(b)(2) sets forth requirements for this position.

C. We Oppose The Deletion Of Terms Not Defined in Federal Regulations

The Department proposes to delete the current definition of elopement: “When a resident leaves the facility without the facility staff being aware that the resident has done so.” We oppose the deletion of this definition. We note that “elopement” is an event that all health care facilities are required to report to the Department under 28 Pa. Code § 51.3 (f)(4) and wonder what definition the Department intends for other health care facilities to use to determine whether the event is reportable. We also note that the existing definition is consistent with the definition of elopement used by the Pennsylvania Department of Human Services in the administration of the Preventable Serious Adverse Events Act (Act 1) (35 P. S. § 449.94(d)).

The Department’s proposal is to remove the published definition of elopement in its entirety, and to apply the guidance set forth in App. PP at section F689. The guidance describes, but does not define, elopement as “a resident leaving the premises or a safe area without authorization.” This interpretative language is much more expansive than the existing state regulatory definition, and it has no corresponding federal regulatory definition.

The difference between the existing state regulation and the language the Department proposes to apply is a substantive change, and yet the Department simply proposes to delete the existing regulatory language because it is “now incorporated by reference from . . . the State Operation Manual.” The Department should not be allowed to do this. The Department has not proposed including this new interpretation as text, and once the regulations are codified in the Pennsylvania Code, all references to this more expansive definition will disappear. Facilities may find themselves subject to enforcement actions because a resident has left against medical advice. If the Department intends to apply this unpromulgated interpretation, it should be required to include the text in the state regulations. Facilities should not have to hunt through the more than 700 pages of the SOM to guess which definitions the Department will be using for enforcement actions.

The Department should be required to promulgate at Proposed 201.2 the complete text of each definition it will be using as state licensure requirements. There are only eighteen (18) terms defined at 42 CFR 483.5 so restating them in 201.2 should not be burdensome. To the extent that the Department has already identified language in the SOM that it believes should become state

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regulatory definitions, it should easily be able to cut and paste the language that is now guidance into proposed regulation so that conversion from guidance to binding requirements is subjected to Pennsylvania's rigorous and well-established regulatory review process.

Thank you for your consideration.

Very truly yours,



Paula G. Sanders
PGS/kjg

cc: Independent Regulatory Review Commission (via email: irrhelp@irrc.state.pa.us)
Adam Marles (via email: amarles@leadingagepa.org)
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