



2020

Advocacy Agenda



American Hospital
Association®

Advancing Health in America

As the 2020 elections approach, it is clear that health care remains an important issue to voters. And the affordability of and access to high-quality health care services are at the top of their list.

Approximately 27.5 million individuals remain uninsured, and many more are underinsured. Individuals are concerned about rising health care premiums and the ability to afford the health care they and their families need. Government, employers and consumers are seeking greater value for their health care dollars.

Similarly, many individuals are worried about protections provided by the Affordable Care Act given recent court decisions and challenges. In December 2019, an appeals court ruled that the individual mandate is unconstitutional. Rather than strike down the entire law, however, the court sent the case back to a district court to determine whether the individual mandate can be severed from the rest of the statute or if the entire ACA will fall. This uncertainty only adds to consumers' concerns and could cause instability in the health insurance market.

America's hospitals and health systems understand – and share – consumers' concerns.

The American Hospital Association's 2020 public policy advocacy agenda seeks to continue to positively influence the public policy environment for patients, communities and the health care field. We will work hand in hand with our members; the state, regional and metropolitan hospital associations; national health care organizations; and other stakeholders to develop and implement an advocacy strategy to fulfill our vision.

Specifically, we urge Congress and the Administration to ...

ADVANCE AFFORDABILITY IN HEALTH CARE

- Protect patients from **surprise medical bills** that result from unexpected gaps in their insurance coverage or medical emergencies, without reductions to in-network hospital services for in-network patients through rate setting or other mechanisms.
- Ensure patients and providers can access critical drug therapies by establishing fair and sustainable **drug pricing** and reimbursement.
- Ensure patients have access to the information they need to make informed health care decisions, including their **expected out-of-pocket costs**.
- Protect the **340B drug savings program** by ensuring the program will continue to allow hospitals to improve access to care in their communities. Such efforts include restoring vital funding, preventing further cuts, opposing any efforts to reduce the mission of the 340B program and engaging 340B hospitals to commit to the AHA 340B Good Stewardship Principles.
- Test new approaches to delivering higher-quality care at lower costs through **alternative payment models**, including expanding access to non-medical services that impact health and experimenting with using technology in new and innovative ways.



- Advance solutions to **reduce administrative waste**, such as by streamlining prior authorization requirements and processes.
- **Reduce regulatory burdens** that unnecessarily increase the cost of health care and divert resources and providers' time from patient care (see more below).

SUSTAIN THE GAINS IN HEALTH COVERAGE

- Preserve the gains in **health coverage** made over the past decade and further expand coverage. Given the ACA's uncertainty, we will continue to actively defend the constitutionality of the ACA in the courts and promote its benefits in the halls of Congress and in the public arena.
- Ensure the stability and affordability of the **Health Insurance Marketplaces** by implementing a reinsurance program, ensuring sufficient federal outreach and enrollment efforts, and protecting consumers from health plans that do not meet all of the consumer protections established in federal law.
 - Ensure patients can access all of the services necessary to get and stay healthy by protecting access to a minimum set of **essential health benefits** and enforcing existing federal parity laws to ensure coverage for physical and behavioral health benefits, including substance use disorder treatment.
 - Encourage states to extend coverage and care to their population through the expansion of Medicaid and private insurance. Such coverage expansions could be advanced using **innovative state waivers** (section 1115 and 1332 waivers) with appropriate safeguards against eligibility reductions and cost-sharing increases as well as better integration of social and health services.
- Protect against reductions in the number of insured by advancing solutions to improve the sustainability of public coverage through the Medicaid program, including eliminating **Medicaid Disproportionate Share Hospital cuts** and protecting vital Medicaid financing arrangements like **provider assessments** and **intergovernmental transfers**.
- Ensure that our **veterans** are cared for by working with hospitals and health systems as they contemplate the next generation of comprehensive community care for veterans.



PROTECT PATIENT ACCESS TO CARE

- Ensure that essential health care services are available in all communities by protecting **vital federal funding** for Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplaces.

- Protect **rural communities' access** to care by establishing a new Medicare designation that provides enhanced reimbursement for emergency and outpatient services without requiring inpatient care; preserving and improving Medicare rural hospital designations, including re-opening the necessary provider critical access hospital designation; advancing new, voluntary payment and delivery models; and promoting regulatory relief efforts, such as clarifying and facilitating co-location policy compliance.



- Ensure patient access to primary care and other outpatient services by rejecting additional payment cuts that don't recognize legitimate differences among provider settings (also known as **site-neutral payment policies**). Additionally, stop any cuts that will result in long-term care hospital site-neutral payments falling even further below the cost of providing care, which will jeopardize access for these medically complex patients.
- Protect not-for-profit hospitals' **tax-exempt status**.
- Ensure stability for providers in **post-acute care settings** by rejecting any new policies that would reduce payments or increase administrative burden for post-acute care services, thus allowing providers time to effectively implement the complex reforms already mandated by Congress and the Centers for Medicare & Medicaid Services.
- Continue to fight for improvements to **Office of Inspector General audits**, including of inpatient rehabilitation facilities, which routinely contain significant errors and inaccurate recommendations.

ADVANCE HEALTH SYSTEM TRANSFORMATION

- Remove barriers to care transformation, such as continuing to modernize the Anti-kickback Statute and Stark Law regulations to foster and protect arrangements that promote **value-based care**.
- Pass the Standard Merger and Acquisition Reviews through Equal Roles (SMARTER) Act, which would help **rebalance the merger review process** to support the ability of hospitals to become more integrated, aligned, efficient and accessible to patients.
- Promote voluntary, not mandatory, payment and care delivery models through the **Center for Medicare and Medicaid Innovation** to advance high-value care that improves quality and efficiency.
- Expand access to care through the use of **telehealth** and other technologies by providing Medicare coverage and reimbursement for such services and including telehealth waivers in all new care models.
- Allow providers to determine how best to utilize **electronic health records** and other technologies while promoting exchange of health information for clinical care and patient engagement. And advance **interoperability** without increasing regulatory burden by supporting policies that improve the availability of effective technologies and software and enable clinicians to have the information they need to treat patients at their fingertips.



- Invest in **health care infrastructure** by expanding the digital infrastructure and rural broadband, strengthening the capacity and capability for emergency preparedness and response, assisting hospitals in “right-sizing” to meet the needs of their communities and ensuring adequate financing mechanisms are in place for hospitals and health systems.
- Address the impact that **social determinants of health** have on patient outcomes by improving care coordination and expanding the tools hospitals can use to meet these needs.



- Promote integrated, comprehensive strategies to reform care delivery and payment to maintain access to care in **vulnerable rural and inner-city urban communities**.
 - Implement policies to better integrate and coordinate **behavioral health services** with physical health services.
 - Protect critical infrastructure from **cyberattacks** while supporting efforts to increase information sharing among care providers and advancing policies that support providers.
- Highlight the changing health care landscape and promote the value of **coordinated systems of care**.

ENHANCE QUALITY & PATIENT SAFETY

- Continue to streamline and coordinate quality measures in national programs to focus on the **“measures that matter”** most to improving health and outcomes while reducing burden on providers.
- Advance integrated and coordinated care by modifying standards and the **conditions of participation** and ensuring the regulations are clear, well-vetted and consistent.
- Pursue strategies and support public policies aimed at improving **maternal health** and child health outcomes with a particular focus on eliminating disparities.
- Support effective **care integration** through research and policies that support systems as they reinvent care delivery.
- Enhance the effectiveness of the **physician quality payment program** by advocating for more accurate and meaningful cost measures and data-driven implementation of new program approaches.
- Promote inclusion of **sociodemographic factors** in quality measurement programs where appropriate to ensure fair performance comparisons and payment adjustments.
- Promote **health equity** by encouraging cultural competency training in medical residency programs. Support efforts to increase **diversity** in the health care workforce through federal grants to minority-serving institutions for scholarships.

- Promote **advanced illness management** to better honor patients' wishes at the end-of-life and remove barriers to expanding access to palliative care services.
- Ensure patients' access to accurate, meaningful quality information by suspending and modifying the faulty **hospital star ratings**.
- Ensure hospitals, health care providers and communities are continuously prepared to deal with natural and man-made disasters by increasing annual appropriations to at least \$385 million, the level Congress recently authorized for the **Hospital Preparedness Program**, and incorporating competition and innovation into the awarding of HPP funds.
- Prevent and mitigate **drug shortages** by enacting legislation (such as the Mitigating Emergency Drug Shortages [MEDS] Act) that strengthens requirements for drug manufacturers to disclose the root causes and expected duration of shortages; extends reporting requirements to active pharmaceutical ingredients manufacturers; requires manufacturers have contingency plans to ensure ongoing supply; develops recommendations to incentivize manufacturers to enter the market for drugs in shortage; and examines the national security risks of shortages.
- Enhance care coordination and improve patient safety by aligning the outdated **42 CFR Part 2 regulations** with the Health Insurance Portability and Accountability Act, allowing the responsible sharing of substance use disorder treatment records for the purposes of treatment, payment and health care operations.

PROMOTE REGULATORY RELIEF

- Reduce administrative activities related to **regulatory compliance** so that clinicians can spend more time on patients rather than paperwork and ensure a level regulatory playing field.
 - Safeguard against **unnecessary burden** in billing and other transaction standards related to HIPAA and ensure an achievable roadmap toward greater adoption.
 - Advance efforts to minimize the burdens associated with **prior authorization**, such as lack of uniformity on requirements, transparency and regulation, along with improvements in technology and electronic transmission of information.
 - Replace the onerous home health **"Review Choice Demonstration,"** which causes unwarranted regulatory burden by auditing all home health providers in a state, regardless of their compliance history, with proven, data-driven approaches that only target agencies and/or claims with high-payment error rates or other fraud indicators.
- Reduce unnecessary costs in the system by passing comprehensive **medical liability reform**, including caps on non-economic damages and allowing courts to limit attorneys' contingency fees.



- Eliminate the **Recovery Audit Contractor** contingency fee structure and instead direct CMS to pay RACs a flat fee, as every other Medicare contractor is paid. In addition, CMS should rationalize payments to RACs by lowering payments for poor RAC performance due to high rates of incorrect denials.
- Permanently remove the **96-hour** physician certification requirement as a condition of payment for CAHs.
- **Reduce measurement burden** by advocating for a common set of measures to be used by federal agencies and other payers. These measures should be based on evidence that demonstrates meaningful improvements in patient outcomes are achievable by improving adherence to the measures.
- Advocate for **improved conditions of participation, interpretative guidance and Joint Commission standards** that hold hospitals accountable for taking actions that lead to higher-quality, safer care.

STRENGTHEN THE WORKFORCE

- Invest in our physician workforce by rejecting reductions to Medicare funding for **direct and indirect graduate medical education**, along with increasing the number of Medicare-funded residency positions.
- Support state efforts to expand **scope of practice laws**, allowing non-physicians to practice at the top of their licenses.
- Reauthorize **nursing workforce development programs** to support recruitment, retention and advanced education for nurses and other allied health professionals.
- Explore the policy implications associated with the **changing roles of providers** due to advancements in technology, including automation, artificial intelligence, robotics and telemedicine.
- Support increased efforts to protect the hospital workforce from **violence**, especially in the emergency department, as well as policies to strengthen clinician resiliency.
- Advance **education and training** efforts to promote a diverse and inclusive workforce, minimize clinician shortages and ensure the right mix of providers.
- Support public policies that take important steps to **address the mal-distribution of providers** and **expand the health care workforce** in rural and underserved communities.



Please visit www.aha.org/advocacy/action-center to get involved and learn more about the American Hospital Association's 2020 public policy advocacy agenda



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