

Critical Access Hospitals



The Value of Membership in the American Hospital Association

The Section for Small or Rural Hospitals adds value to AHA membership through its many functions and services and provides a home for more than 1,650 AHA constituents including over 950 CAHs.

Representation, Advocacy, and Policy Development

Recognized as the national advocate for hospitals and the communities and patients they serve, the AHA works with member hospitals; state and regional hospital associations; and other related organizations to shape and influence federal legislation and regulation to improve the ability of our members to deliver high quality health care. The AHA ensures that the unique needs of its many constituents are heard and addressed in national health policy development, legislative and regulatory debates, and judicial matters. Indeed, from its origins as part of the Balance Budget Act of 1997, the AHA has been a champion for the development and subsequent improvements and enhancements of the CAH program.

Advocating for Program Improvement on the Legislative Front

Taking Our Message to the Hill

The AHA works with Congress to achieve fair payment and more administrative flexibility for CAHs. Last year, working with our strategic partners and members, the AHA posted some significant victories including:

- Extends and expands the FLEX program to provide grants to mental health services for veterans and residents of rural areas
- Allows CAHs serving rural areas to receive 101% of reasonable costs for clinical lab services provided to Medicare beneficiaries without regard to whether services are furnished in the CAH, or in a skilled nursing facility or a clinic (including a rural health clinic) that is operated by a CAH.
- Federal spending for rural programs such as CAH FLEX grants, outreach and network grants, health workforce initiatives, and rural health research.

The AHA represents CAHs on Capitol Hill by working with committee leaders, providing testimony, and writing letters to Congressional leadership. The outcome: a more reasonable and equitable program for hospitals and the communities they serve.

Pursuing Fairness in the Regulatory Arena

Having a Level Playing Field

The AHA represents the interests of small or rural hospitals to numerous federal agencies, but most notably the Centers for Medicare & Medicaid Services (CMS) and the Health Resources and Services Administration. The AHA advocates for flexible and fair rules for CAH payment and program participation. Our efforts have inspired changes to proposals for a single index of primary care underservice, conditions of participation and payment of rural health clinics, participation in measurement and public reporting of quality indicators for outpatient services, and payment of therapy services on a contractual basis at CAHs. The AHA continues to track these and other issues such as physician supervision, payment of CRNA standby services, 101% cost-based reimbursement for CAHs under TRICARE, and fair implementation of the guidelines for CAH relocation and rebuilding.

Member Services

The AHA offers its members a variety of services ranging from education to technical assistance. At the core are the AHA's seven constituency sections, which provide a unique blend of forum and network, linking members with shared interests and missions. Through the sections, members put political, economic and market-driven issues on AHA's agenda where they help shape AHA services and policy.

The Section for Small or Rural Hospitals

A Seat at the Table for Over 1650 Member Hospitals

The Section for Small or Rural Hospitals adds value to AHA membership through its many functions and services and provides a home for more than 1,650 AHA small or rural hospital constituents. The Section monitors the challenges facing CAHs and works on solutions with assistance from across the Association. With input from its 18-member Governing Council, the Section identifies issues and concerns, develops strategies, designs solutions, delivers education, and collaborates with key national partners on behalf of these essential providers.

Communications, Education, and Member Relations

Expanding Knowledge through Dialogue and Instruction

The AHA is the field's primary resource for timely communication on the most critical information affecting CAHs. Member CAHs are solicited for their opinions through individual contacts or regular group calls and provide an important viewpoint on a variety of strategic issues including legislative, regulatory, quality, or other public policy initiatives. Through its *CAH Update* newsletter, Web site and site visits the AHA reaches out and connects with CAHs across rural America.

The AHA is pre-eminent in educating its member CAHs. The AHA sponsors the Health Forum Rural Hospital Leadership Conference and cosponsors other national educational programs targeting CAHs. The AHA provides faculty for national and state association meetings and offers educational programming through Webinars and teleconferences. Each year a CEO from a member hospital is honored for his/her innovation and service with the Shirley Ann Munroe Rural Hospital Leadership Award.

Inter-organizational Relations

Affecting Change through Collaboration

The AHA works closely with several partners including state hospital associations, American Academy of Family Physicians, Federal Office of Rural Health Policy, Joint Commission, National Rural Health Association, and others to combine resources to affect change. By partnering with related organizations, the AHA has expanded its sphere of influence to improve the status of CAHs across the country.

Become a Member

Strength in Numbers

CAH program stability and improvement is a priority for the AHA. Securing the future of CAHs and the essential role they play in caring for rural America is of paramount importance. The AHA is vigilant in the face of legislative, regulatory and policy proposals that threaten the local delivery of care and rural community health status. The AHA will continue to advocate on behalf of CAHs for fixes to payment and administrative limitations that constrain the efficiency and effectiveness of these essential health care providers.

To learn more about who we are, what we do, and how we add value please contact your AHA Regional Executive or John Supplitt, senior director, AHA Section for Small or Rural Hospitals at (312) 422-3306 or jsupplitt@aha.org.