

The governing council of the AHA Section for Small or Rural Hospitals met September 10-11, 2007 in Washington, DC. Governing council members received updates on the political environment in Washington, DC and AHA's legislative and regulatory priorities. Members reviewed AHA's principles for non-payment of serious reportable events and discussed AHA's framework for a unified health care policy as well as health disparities in rural areas. Members also were oriented to the services of the Federal Office for Rural Health Policy. A roster of the Section's governing council is at [http://www.aha.org/aha/member-center/constituency-sections/Small or Rural/roster.html](http://www.aha.org/aha/member-center/constituency-sections/Small%20or%20Rural/roster.html).



Washington Update: Members were briefed on the current political environment in Washington and emerging legislation. They were given AHA's immediate advocacy priorities for the rest of the year which include:

- Blocking adverse Medicaid regulations
- Addressing cuts to hospitals contained in the Medicare inpatient rule
- Following the appropriations process for health care programs
- Tracking public reporting of community benefit as proposed by the Internal Revenue Service
- Promoting reauthorization/expansion of the State Children's Health Insurance Program (SCHIP) including the proposed extensions of expiring provisions
- Preventing hospital payment reductions

To learn more visit <http://www.aha.org/aha/advocacy/advocacy-agenda/index.html>.



Health for Life: Ray Hino, CEO, Mendocino Coast District Hospital, Fort Bragg, California and AHA's Board liaison to the governing council, updated members on the Board's action on AHA's framework for a unified health policy called *Health for Life*. The Board voted to approve for public dissemination, discussion, and further improvement the *Health for Life* framework so that it becomes a broadly-supported plan of action. The Board reaffirmed the importance of this initiative to

the work of the AHA and the field by voting to continue to engage in the development of the *Health for Life* framework and the related public policy.

Members were asked to share their views on what changes in practice or commitments they believe could be made on the part of health insurers to improve health and health care in America. Members agreed that insurers will continue to play a prominent role in the delivery of health care and can best contribute through claims administration and utilization review. When combined with the richness of their data members submit that insurers could help greatly in reducing administrative burdens and improving patient safety and outcomes. Members believe that community rating and consolidating risk are critical to the effectiveness of insurance and that incentives should be aligned to reward efficiency and effectiveness.



Serious Reportable Events: AHA staff presented the principles for partial or non-payment by insurers for serious reportable events as approved by the AHA Board. Members also were alerted to the list of hospital acquired conditions proposed by CMS for which higher Medicare payment would be prohibited effective October 1, 2007. Members supported the Board principles, but were anxious about some of the conditions on CMS's list. They recognized the implications for coding "Present on Admission," and were concerned by the possible extension of defensive medicine. For more information visit http://www.aha.org/aha_app/issues/Quality-and-Patient-Safety/index.jsp.



Health Disparities in Rural Areas: Disparities in the outcomes of care provided to racial and ethnic minorities have been well documented, but the causes are many and complex. Staff explained the importance of narrowing the health disparities gap among different cultural and ethnic populations. All providers share the goal of eliminating disparities in health care outcomes, which requires addressing root causes through effective public policy and health care delivery changes. Members provided input into how they measure and address health disparities of ethnic and racial minorities. Few live in communities with any significant minority groups. Of those that do their experience is that disparities exist due more to economic conditions rather than race or ethnicity. Access to care for those at or near the poverty level is challenging because of limited transportation to services as well as ability to pay. In addition, members expressed some challenges with language barriers and recruiting interpreters. Consequently, many subscribe to language lines which are expensive, but reliable.



Office of Rural Health Policy (ORHP): Marcia Brand, Ph.D., associate administrator for rural health policy, Health Resources and Services Administration gave members an overview of their federal programs and policy priorities. ORHP works within the government at federal, state and local levels, and with the private sector including associations, foundations, providers and community leaders to seek solutions to rural health care problems. ORHP helps shape rural health policy by working with federal agencies and advising the Secretary of Health and Human Services (HHS) on the effects of Medicare and Medicaid on rural citizens' access to health care. Dr. Brand described several current and emerging issues facing rural health providers and explained how ORHP supports research through 8 rural health research centers that conduct short and long-term studies on rural health policy issues. She described the numerous grant programs that are administered by the ORHP and how ORHP serves as a resource for information and technical assistance on grants, programs, and policies affecting health care status, access, and delivery in rural communities.



My Care Counts is a movement of health care providers and consumers who want to ensure that our hospitals have the resources to meet the ever-changing needs of patients and communities. *My Care Counts* is asking anyone concerned with our ability to continue to provide access to high quality health services to sign a **Call to Action** urging members of Congress to reject cuts to hospital services under the Medicare and Medicaid programs. Sign on today! To learn more visit <http://mycarecounts.org/>.