



Children's hospitals play a critical role in the nation's health care delivery system by enhancing the continuum of care, providing specialized care for children, and training the majority of the nation's pediatricians.

Below are just some of the ways the AHA provides value for children's hospitals.

Working for Children's Hospitals

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these increase the burden on children's hospitals, and draw much-needed resources away from patient care. The AHA has repeatedly demonstrated the need for streamlined regulations, common sense rules and manageable timelines, as outlined below.

• **Patient Protection and Affordable Care Act (ACA)**

Implementation: The AHA and other national hospital groups urged the Supreme Court in June 2012 to rule ACA's individual mandate and Medicaid expansion constitutional. Although the court struck down the penalty for a state declining to expand its Medicaid program, states that do participate in the Medicaid expansion will receive the federal financial supports included in the ACA. The AHA continues to follow the development of state exchanges – and the impact on children's hospitals.

• **Disproportionate Share Hospital (DSH) Payments:** Worked with Rep. John Lewis (D-GA) to introduce the *DSH Reduction Act of 2013* (H.R. 1920), which would delay the Medicare and Medicaid DSH cuts in the ACA for two years, until FY 2016, to allow for the ACA's coverage expansions to become more fully realized.

• **Medicaid and Children's Health Insurance Program (CHIP):** Provided comments on the Centers for Medicare & Medicaid Services' (CMS) proposed rule implementing Medicaid and CHIP eligibility and enrollment provision included in the ACA and the *CHIP Reauthorization Act of 2009*. Medicaid and CHIP provide health insurance coverage to one-third of all children.

• **Medicaid Regulatory:** Facilitated comments to CMS on the proposed rule on the methodology for reducing federal DSH allotments to states of \$500 million in fiscal year (FY) 2014 and \$600 million in FY 2015. The AHA also provided impact data for all states.

• **Medicaid and Children with Chronic Conditions:** Supported the ACA provision to establish pediatric accountable care organizations (ACOs), which will test new models for coordinating care and reducing cost of care to children covered by Medicaid. The pediatric ACO provisions were included in the ACA but have not been funded. Among children, the top 10% of enrollees account for 72% of total Medicaid/CHIP spending on children. At the same time, 30% of children enrolled in Medicaid/CHIP receive little or no care – in some cases despite having special health care needs or chronic conditions.

• **Children's Hospitals Graduate Medical Education (CHGME):**

The AHA successfully urged 141 members of the House and 29 senators to ask appropriators to provide freestanding children's hospitals with adequate funding to train medical residents in FY 2013. The president's budget proposed cutting CHGME by two-thirds.

• **Drug Shortages:** After strong advocacy by the AHA and a coalition of health care stakeholders, Congress passed the *Food and Drug Administration (FDA) Safety and Innovation Act*, which included a provision to help alleviate critical drug shortages. The law strengthens requirements for manufacturers to notify FDA in advance of discontinuance or interruptions in drug production; requires FDA to consider the impact on supply of drugs prior to taking enforcement actions against manufacturers; permits expedited drug application reviews and site inspections to mitigate or prevent shortages; requires coordination between the FDA and the Drug Enforcement Administration for shortages involving controlled substances; relaxes FDA requirements for hospitals that repackage shortage drugs for use within their own health system; and requires FDA to establish a task force to implement a strategic plan for responding to drug shortages and to submit an annual report to Congress.

• **Next Generation of Health Care Providers:** The ability of hospitals to train the next generation of physicians is essential. The AHA worked with CMS to finalize a policy to increase the cap-building period for new teaching hospitals from three to five years and worked with Congress to provide freestanding children's hospitals with adequate funding to train medical residents in FY 2013. The AHA also worked with Congress to approve legislation extending the Conrad State 30 J-1 visa waiver program, which allows foreign-born physicians to remain in the U.S. for three years after medical school to serve in medically underserved areas.

• **Collaboration with National Organizations:** The AHA works closely with many other national organizations to drive positive change in federal policies – including the Children's Hospital Association, Council of Women's and Infants' Specialty Hospitals, March of Dimes, American Congress of Obstetricians and Gynecologists, American Academy of Pediatrics, National Perinatal Information Center, and the Medicaid and CHIP Payment and Access Commission.

Engaging Children's Hospital Leaders

Children's hospital leaders have a strong voice in the AHA. They help shape key advocacy activities, policy positions and member services of particular interest to children's hospitals through their active involvement in many forums.

- **A Role in Governance and Policy-Making:** The AHA offers children's hospital leaders many opportunities to take an active role in shaping AHA policies and setting direction for the association. They can play a formal role in association governance and policy formation by serving on the AHA's Board of Trustees, Regional Policy Boards, Governing Councils and committees. In addition, the association creates short-term advisory and work groups where members weigh in on more focused, time-sensitive policy issues.
- **Children's Hospital President Forums:** Small groups of children's hospital member CEOs are invited to meet with the AHA's president in Washington throughout the year to provide their guidance to the AHA on specific and emerging health care issues.
- **AHA Section for Maternal and Child Health:** The AHA Section for Maternal and Child Health has more than 1,900 members from across the country and is composed of executives from general and freestanding specialty hospitals that serve women and children. The Section links members with shared interests and missions to advise

the AHA on policy and advocacy activities and to discuss issues of great importance to providers offering women and children's services. These efforts are led by the Maternal and Child Health Governing Council, which meets at least three times a year.

- **Advocacy Alliances:** The AHA's Advocacy Alliances provide members with another way to engage on the specific issue or issues that have a direct impact on their ability to continue providing quality health care services in their communities. The **Advocacy Alliance for Graduate Medical Education** focuses on advocacy related to graduate medical education funding and ensuring an adequate supply of physicians. This alliance is a joint effort between the AHA and the Association of American Medical Colleges. The **Advocacy Alliance for the 340B Drug Discount Program** focuses primarily on preventing attempts to scale back this vital drug discount program and also supports expansion of 340B discounts.
- **Member Outreach:** Several times throughout the year, children's hospital member CEOs are individually contacted by the AHA staff and/or are invited to participate in small group conference calls to discuss key AHA initiatives. During the calls, members contribute their perspectives and often receive additional tools and resources to address key challenges shared during the discussions.

Providing Key Resources for Children's Hospital Leaders

Membership in the AHA means more than representation on critical regulatory and legislative issues. We offer children's hospital leaders the tools and resources to navigate today's changing landscape of health care delivery and to support the efforts to improve quality of care for the communities served.

- **Best Practices that Improve Quality and Outcomes:** The AHA's Health Research & Educational Trust's Hospitals in Pursuit of Excellence (HPOE) initiative is a conduit for providers to share best practices that accelerate performance improvement and support delivery system transformation. In addition, best practices and research developed and implemented by children's hospital leaders are presented during interactive conference calls hosted by the Section for Maternal and Child Health. Recent topics included pediatric ACOs, predictive safety and quality models, and pediatric palliative care programs.
- **Strong Start Initiative:** Upon the recommendation of the Section for Maternal and Child Health, dialogue with AHA members, and collaboration with national health care organizations, the AHA Board of Trustees took a position urging hospitals to eliminate non-medically necessary deliveries prior to 39 weeks gestation. The AHA held conference calls featuring hospitals that eliminated early-term, non-medically necessary deliveries and encouraged hospitals without a policy on this issue to learn more.
- **The Joint Commission Perinatal Care Measures:** The AHA facilitated member calls with The Joint Commission to learn more about the perinatal care core measure set that will become mandatory Jan. 1, 2014 for hospitals with 1,100 or more births per year. Members discussed their preparations and challenges in getting ready for the new data set requirements.

- **Workforce Roles in a Redesigned Primary Care Model:** The AHA's January 2013 report, *Workforce Roles in a Redesigned Primary Care Model*, examined how to define workforce roles for a new primary care environment and develop a new, more effective model of primary care delivery that encompasses the birth to end-of-life continuum. The recommendations took into account facility resources, including those related to finances and staffing, that must be considered if the redesign is to be successful.
- **Palliative Care:** The HPOE report, "Advanced Illness Management Strategies," provided hospital leaders with the knowledge and resources necessary to understand the benefits and opportunities of providing high-quality palliative care services and included case examples.
- **Moving Toward Bundled Payment:** The AHA's January 2013 issue brief, *Moving Toward Bundled Payment*, outlines the growing interest from payers and providers in developing and testing this model. Whether or not providers pursue this model, they can learn much from examining data for a range of care coordination initiatives including medical homes, readmission reduction programs and ACOs.
- **AHA Resource Center:** Highly trained information specialists assist members in accessing timely and relevant health services articles and data.
- **Advocacy Action Center:** This Web-based kit provides a set of resources and materials tailored to help you effectively communicate key messages. They'll help you explain your concerns to legislators, your hospital family and your community at large. These resources can also be accessed through our mobile app, available for both Apple and Android-based devices.