



Community hospitals are the cornerstone of health and healing in America's communities, large and small, urban and rural.

Hospitals are working not just to mend bodies, but also to make their patients and communities healthier. This work extends far beyond the hospital building – bringing free clinics, job training, smoking cessation classes, back-to-school immunizations, literacy programs and so many other resources, often with little fanfare, directly to the people of the community.

Below are just some of the ways the American Hospital Association (AHA) works for America's community hospitals.

Working for Community Hospitals

Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these increase the burden on all providers, including public hospitals, and draw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

- **Proposed Documentation and Coding Cut:** Convinced the Centers for Medicare & Medicaid Services (CMS) to rescind a proposed new 0.8% cut to inpatient prospective payment system (PPS) payments to permanently eliminate what the agency claimed was the effect of documentation and coding changes from fiscal year (FY) 2010 that the agency said do not reflect real changes in case mix.
- **Medicare Physician Payment:** Worked with Congress to prevent a 27% cut to Medicare physician payments in calendar year (CY) 2013.
- **Evaluation & Management (E&M) Services:** Successfully defended against recommendations to reduce overall Medicare hospital outpatient payments for E&M services to the rate paid to physicians. Such cuts would effectively lower the payment rate to the equivalent rate for physicians, and would disproportionately hurt public hospitals.
- **Community Health Needs Assessments (CHNA) for Non-profit Hospitals:** Worked with the Internal Revenue Service (IRS) to revise its proposals for implementing the ACA's CHNA requirement to explicitly permit hospitals to collaborate and share a joint CHNA, as well as implementation strategy, with other hospitals. The rule also reduces some of the detailed documentation that was proposed. Importantly, the guidance on how IRS will respond to noncompliance recognizes, as the AHA had urged, that not all infractions are of the same significance and creates a three-tiered approach to sanctions for noncompliance.

- **Medicare Conditions of Participation (COPs):** Successfully urged CMS to propose rescinding a new requirement that hospital governing boards include a medical staff member. This provision was problematic for a number of reasons, including the fact that some hospitals have boards that are elected or appointed. CMS now proposes only to require consultation with the medical staff.
- **ACA Implementation:** AHA and other national hospital groups urged the Supreme Court in June to rule the 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 support included in the ACA. The AHA continues to press the Department of Health and Human Services for appropriate implementation of provisions that address provider concerns, such as network adequacy for the qualified health plans that will be made available through the new exchanges, as well as answers on ACA implementation issues and sends members detailed advisories as new federal guidance is released.
- **Conrad State 30 J-1 Visa Waiver Program:** Worked with Congress to approve legislation extending through September 2015 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.
- **Stage 2 Meaningful Use:** Secured a delay in the start of the Stage 2 meaningful use requirements under the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs until FY 2014 for hospitals and a shorter reporting period in FY 2014 to ensure a safe and orderly transition from Stage 1 to Stage 2.
- **ICD-10 Delay:** Successfully urged CMS to delay the deadline for implementing ICD-10 diagnosis and procedure codes to Oct. 1, 2014.

- **Emergency Medical Treatment and Labor Act (EMTALA):** Convinced CMS not to expand the current EMTALA regulations. The agency said that a hospital has satisfied its EMTALA obligation when it admits an individual “in good faith in order to stabilize the [emergency medical condition].”
- **Combating Drug Shortages:** After strong advocacy by AHA and a coalition of health care stakeholders, Congress passed the Food and Drug Administration (FDA) Safety and Innovation Act, which included provisions to help alleviate critical drug shortages. The law: strengthens requirements for manufacturers to notify the FDA in advance of

discontinuance or interruptions in drug production; requires the 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 the FDA to establish a task force to implement a strategic plan for responding to drug shortages and to submit an annual report to Congress.

Engaging Community Hospital Leaders

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

- **A Role in Governance and Policy-Making:** The AHA offers community 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.
- **Advocacy Alliances:** The AHA’s Advocacy Alliances provide members with another way to engage legislators 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 the 340B Drug Discount Program** focuses primarily on preventing attempts

to scale back this vital drug discount program and supports expansion of 340B discounts. The **Advocacy Alliance for Graduate Medical Education** focuses on advocacy related to graduate medical education funding and ensuring an adequate supply of physicians. The **Advocacy Alliance for Coordinated Care** focuses on ensuring payment rates remain fair and equitable in the hospital outpatient setting for evaluation and management and other services and for post-acute care providers. The **Advocacy Alliance for Rural Hospitals** focuses on extending Medicare provisions that expired in 2012 and those that will expire in 2013. In addition, this Alliance continues to work to protect critical access and other rural hospital designations.

- **Member Outreach:** Several times throughout the year AHA’s hospital member CEOs are individually contacted by AHA staff and/or are invited to participate in small group CEO 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 Community Hospitals

Your membership in the AHA means more than representation on critical regulatory and legislative issues. We provide community hospitals with the tools and resources to navigate today’s changing landscape of health care delivery and to support your efforts to improve quality and increase value for the communities you serve. Also, through our Committee on Research, the AHA proactively works to ensure our members are prepared for the health care transformation that is expected in the long term.

- **Hospitals in Pursuit of Excellence (HPOE):** Looking to identify and share best practices? Through HPOE, an initiative from the AHA’s Health Research & Educational Trust, we share action guides and reports that will accelerate performance improvement and support health reform implementation.
- **Great Boards:** Founded in 2001, the Great Boards website and newsletter reports on governance trends and effective practices and providing extensive resources for hospital and health system boards of trustees such as sample policies, practices and tools. Great Boards is published through the AHA’s Center for Healthcare Governance.
- **Reports and Research:** The AHA routinely analyzes the most pressing issues affecting the field. Recent reports have focused on hospitals’ essential standby role in providing emergency and

trauma care, patient engagement, hospitals and care systems of the future, advanced illness management, and the intensity of services provided in hospital emergency departments, among other topics.

- **AHA’s Physician Leadership Forum (PLF):** The PLF seeks to foster strong collaborative relationships between hospitals and physicians through education, quality and patient safety, leadership development, and advocacy and public policy. Through webinars, seminars and reports, PLF has focused on team-based care, physician competency development and physician practice management, among other topics. Learn more at www.ahaphysicianforum.org.
- **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.