



Public and safety-net hospitals play a vital role in our nation's health care system, delivering care and providing access to essential health and social services in underserved communities. They provide the only Level 1 trauma care centers, or the only trauma centers of any level, in 29 cities, and while they represent just 2% of U.S. hospitals, they operate 44% of the nation's burn care units. In addition, more than half of public hospital patients are racial and ethnic minorities, and a majority of patients are uninsured or qualify for Medicaid. Accordingly, public hospitals have long led the health care field in providing quality care to diverse and vulnerable communities. Public hospitals are especially committed to helping reduce racial, ethnic, linguistic and socioeconomic health care disparities.

Outlined below are just some of the ways the American Hospital Association (AHA) works on behalf of public hospitals.

Working for Public 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Outdated regulations, duplicative or conflicting rules, unworkable timelines – all of these increase the burden on all providers, including public hospitals, and draw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.
- **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 *Patient Protection and Affordable Care Act* (ACA) for two years, until FY 2016, to allow for the ACA's coverage expansions to become more fully realized.
- **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):** 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 the 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, especially

those that are publically operated, have boards that are elected or appointed. CMS instead proposes to require consultation with the medical staff.

- **State Provider Assessments:** Successfully urged Congress not to restrict states' use of Medicaid provider assessments as a way to pay for legislation to freeze student loan interest rates. Republican leaders had proposed, as one offset option, reducing the Medicaid provider assessment threshold from 6% to 5.5% to pay for a one-year extension of a student loan interest rate bill.
- **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. CMS also delayed enforcement of the new Version 5010 and D.O transaction standards for electronic health care claims.
- **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]."

Engaging Public Hospital Executives

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

- **A Role in Governance and Policy-Making:** The AHA offers public hospital executives 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.
- **AHA Section for Metropolitan Hospitals:** The AHA Section for Metropolitan Hospitals currently has almost 1,000 members from across the country and comprises CEOs from public, metropolitan/urban, suburban, and teaching hospitals. The Section provides forums linking members with shared interests and missions to advise AHA on policy and advocacy activities and to discuss issues of great importance to metropolitan and public hospitals and the field as a whole. These efforts are led by the Metropolitan Hospitals Governing Council, which meets at least three times a year. Valuable opportunities are also provided for public hospital leaders to interact and network with one another through special member conference calls and meetings.
- **AHA Section for Small or Rural Hospitals:** The AHA section for Small or Rural hospitals has more than 1,600 members. The section provides educational and technical assistance through webinars and workshops; past webinars focused on navigating the drug shortage and hospital/

federally qualified health centers relations. In addition, members receive updates, alerts and information about federal policy changes affecting rural hospitals including payment, quality and delivery system reforms. The section is led by a governing council comprising small, rural hospital leaders from around the country.

- **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, including the low-volume hospital payment adjustment, the Medicare-Dependent Hospital Program, Section 508 reclassifications and the outpatient hold harmless.
- **Member Outreach:** Several times throughout the year AHA's public 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 Public Hospitals

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

- **Equity of Care:** The AHA's Health Research & Educational Trust (HRET) supports the National Call to Action to Eliminate Health Care Disparities. In 2012, HRET along with the Call to Action Founding Partners — the Association of American Medical Colleges, American College of Healthcare Executives, American Hospital Association, Catholic Health Association of the United States and the National Association of Public Hospitals and Health Systems — developed a website providing free resources to improve the quality of care for every patient. Resources include best practices, case studies and national collaborative efforts. Commissioned in 2011 by the Institute for Diversity in Health Management, HRET conducted a national survey to determine the actions hospitals are taking to reduce care disparities. Overall, the survey results showed advancements in three core elements to increase the collection of race, ethnicity and language preference data; increase cultural competency training for clinicians and support staff; and increase diversity in governance and management. In 2013, the Call to Action will release goals for implementing the core elements, with milestones to guide the work and measure its success. At every opportunity, AHA has also pushed HHS to provide a centralized library of Medicare beneficiary information in at least the top 15 languages in the U.S. so that individual hospitals do not have to pay for translated documents.

- **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.
- **Hospitals in Pursuit of Excellence (HPOE):** Looking to identify and share best practices? Through HPOE, an HRET initiative, we share action guides and reports that will accelerate performance improvement and support health reform implementation.
- **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.