



Critical Access Hospitals (CAHs) are vital for maintaining access to high-quality health care services in rural communities.

Presently, CAHs represent a quarter of all U.S. community hospitals and more than two-thirds of all U.S. rural community hospitals. Since creation of the CAH program as part of the 1997 *Balanced Budget Act*, the American Hospital Association (AHA) has been a champion of CAHs, advocating for program improvements and enhancements. The AHA remains deeply committed to ensuring that the needs of these remote safety-net hospitals are a national priority.

Below are just some of the ways the AHA works for CAHs.

Working for Critical Access Hospitals

Outdated regulations, duplicative or conflicting rules, and unworkable timelines increase the burden on CAHs and draw much-needed resources away from quality patient care. The AHA works on your behalf to repeatedly demonstrate the need for streamlined regulations, common sense rules and manageable timelines, as outlined below.

- **Medicare Conditions of Participation (CoPs).** Successfully urged the Centers for Medicare & Medicaid Services (CMS) to revise many outdated CoPs for CAHs. The improvements included permitting CAHs to provide certain services (e.g., diagnostic, therapeutic, laboratory, radiology and emergency services) under service arrangements instead of directly themselves.
- **Outpatient Supervision.** Convinced CMS to add new voting members to the Advisory Panel on Hospital Outpatient Payment to represent CAHs and rural hospitals and recommend alternative supervision levels, including general supervision for individual hospital outpatient therapeutic services. At the panel's recommendation, CMS reduced the level of supervision for 49 services from direct to general. The AHA supports the Protecting Access to Rural Therapy Services Act, which would allow general supervision by a physician or non-physician practitioner (NPP) for many outpatient therapy services and would ensure that, for CAHs, the definition of "direct supervision" is consistent with the CAH CoPs that allow a physician or NPP to present within 30 minutes of being called.
- **96-Hour Rule.** The AHA urged CMS to delay enforcement of the 96-hour physician certification requirement as a CoP for CAHs and supports the Critical Access Hospital Relief Act of 2014, which would remove this requirement.
- **Broadband Access.** Worked with the federal government to expand the reach and use of broadband connectivity for rural health care providers.
- **EHR and Method II Billing.** Convinced CMS to take steps to ensure that certain physicians who provide services in outpatient departments of CAHs are eligible to participate in the Medicare EHR Incentive Program beginning in 2013. Secured extra time for physicians to complete their online attestations for meaningful use, and a one-time window for hospitals to attest to meeting meaningful use after the deadline for fiscal year (FY) 2013.
- **Protections for Health IT Donations.** Consistent with AHA input, CMS and the Department of Health and Human Services (HHS) Office of Inspector General extended through 2021 the regulatory protections under the Stark and antikickback laws for health IT donations from hospitals to physicians. The protections were set to expire in 2013. AHA continues to urge the agencies to make the protections permanent.
- **Conrad State 30 J-1 Visa Waiver Program.** Worked with Congress as it approved legislation extending the 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.
- **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]."
- **Certified Registered Nurse Anesthetists (CRNA).** Successfully urged CMS to allow CRNAs to bill directly and be reimbursed by Medicare for services determined by the state to be within their scope of practice, including chronic pain management.
- **Medicare Physician Payment.** Worked with Congress to prevent a 24% cut to Medicare physician payments that was scheduled to take place Jan. 1 through April 1, 2015.

- **Drug Shortages.** After strong advocacy by the AHA and a coalition of health care stakeholders, Congress passed the Food and Drug Administration Safety and Innovation Act, which included provisions 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.

Engaging Critical Access Hospital Leaders

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

- **A Role in Governance and Policy-Making.** The AHA offers CAH leaders with 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 Small or Rural Hospitals.** The AHA Section for Small or Rural Hospitals currently has more than 1,600 members from across the country and is comprised of CEOs from critical access, small or rural 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 CAHs and the field as a whole. These efforts are led by the Small or Rural Governing Council, which meets at least three times a year. Valuable opportunities also are provided for CAH leaders to interact and network with one another through special member conference calls and meetings.

- **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 Rural Hospitals** focuses on extending Medicare provisions critical to rural hospitals. In addition, this Alliance continues to work to protect CAHs and other rural hospital designations. The **Advocacy Alliance for the 340B Drug Pricing Program** focuses primarily on preventing attempts to scale back this vital drug discount program and supports expansion of 340B discounts.
- **Rural Health Care Leadership Conference.** This annual conference brings together top thinkers in the field, and offers members strategies for accelerating performance excellence and improving the sustainability of rural hospitals.
- **Member Outreach.** Several times throughout the year CAH 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 Critical Access Hospitals

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

- **Policy Reports and Research.** The AHA's Committee on Research (COR) develops the AHA research agenda, studies topics in depth and reports findings to the AHA Board and the field. The COR recently developed the report, *Your Hospital's Path to the Second Curve: Integration and Transformation*, which outlines potential paths to managing life in the gap and achieving the Triple Aim. Other AHA research reports have focused on patient engagement and advanced illness management.
- **HPOE Guides and Reports.** The AHA's Hospitals in Pursuit of Excellence (HPOE) shares action guides and reports to help accelerate performance improvement. For example, *The Role of Small and Rural Hospitals and Care Systems in Effective Population Health Partnerships* describes how hospitals can develop partnerships that balance the challenges and opportunities encountered in providing

health management, and *The Second Curve of Population Health* builds upon prior AHA reports that outline a road map for hospitals to use as they transition to the second curve of population health.

- **RACTrac.** The AHA RACTrac website provides information on the Recovery Audit Contractor (RAC) survey that collects data from hospitals on a quarterly basis to assess the impact of the Medicare RAC program on hospitals. The site also offers webinars and reports that highlight the survey findings and provides access to the RACTrac analyzer tool that compares similar hospitals' RAC activity.
- **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 hospital executives effectively communicate key messages and explain concerns to legislators, the hospital family and the community at large. These resources can also be accessed through AHA's mobile app, available for both Apple and Android-based devices.