

Critical Access Hospitals



Critical access hospitals (CAHs) are vital for maintaining access to high-quality health care services in rural communities. Presently, CAHs represent more than two-thirds of all rural community hospitals. Since creation of the CAH program as part of the 1997 Balanced Budget Act, the American Hospital Association (AHA) has been working on behalf of its 1000 CAH members for program improvements and enhancements both on Capitol Hill and in the field.

Working for Critical Access Hospitals

As the Administration and the 115th U.S. Congress shape health care policy, AHA will continue to advocate on behalf of all health care providers, including critical access hospitals, for high-quality, affordable and accessible health care for all Americans. AHA is deeply committed to ensuring that the needs of these safety-net hospitals are a national priority as reflected in our advocacy and policy initiatives for this Congress.

- **Protecting Critical Access Hospitals.** AHA advocates to remove the 96-hour physician certification requirement as a condition of payment for CAHs; exempt CAHs from the Independent Payment Advisory Board; exempt CAHs from the cap on outpatient therapy services; and ensure CAHs are paid at least 101 percent of costs by Medicare and are paid at least the same by Medicare Advantage plans and more.
- **340 B Rx Program -- Ensuring Access to Life Saving Medications:** AHA is working to protect the 340B Program which for 25 years has been critical in helping hospitals stretch scarce federal resources. The program constitutes less than 2.8% of the \$457 billion in annual drug purchases made in the U.S. and does not cost the government or taxpayers a single penny.
- **Protecting Access in Rural Settings.** Congress passed the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), which included extensions through September 30 or December 31, 2017 of programs important to hospitals such as the Medicare-dependent Hospital (MDH) program, low-volume adjustment, ambulance add-on payments and outpatient therapy caps. AHA supports the Rural Hospital Access Act of 2017 (S. 872/H.R. 1955), the Medicare Ambulance Access, Fraud Prevention, and Reform Act of 2017 (S. 967) and the Medicare Access to Rehabilitation Services Act of 2017 (S. 253/H.R. 807).
- **Access to Outpatient Therapeutic Services:** AHA worked closely with members of Congress to introduce the Rural Hospital Regulatory Relief Act of 2017 (S. 243/H.R. 741), which would permanently extend the enforcement moratorium on direct supervision requirements for outpatient therapeutic services provided in critical access hospitals and small, rural hospitals.
- **Expanding Physician Workforce.** Shortages of physicians, clinical and technical professionals in rural communities is a problem. AHA supports the Conrad State 30 and Physician Access Act (S. 898/H.R. 2141), which extends and expands the J-1 visa waiver program and permits physicians holding J-1 visas to stay in the U.S. if they agree to practice in a federally-designated underserved or health professional shortage area for three years.
- **Influencing MACRA Implementation.** The MACRA of 2015 created a new physician payment and performance measurement system and AHA persuaded CMS to implement the new payment system in a way that exempts low volume providers. We will continue to work for a system that measures providers fairly, minimizes unnecessary data collection and reporting burden, focuses on important quality issues and promotes collaboration across the health care delivery system. Resources can be found at www.aha.org/macra.
- **Supporting the Health Care Marketplace.** The AHA and seven other national organizations urged congressional leaders to strengthen and stabilize the individual health insurance market and " fund cost-sharing reduction benefits for the millions of Americans who depend on this critical program."

- **Combating the Opioid Crisis.** AHA supports eliminating the Medicaid Institutions for Mental Disease exclusion for adults under age 65 to expand access to treatment for those with severe or complex substance use disorders (SUD). AHA also supports changes to federal rules governing the confidentiality of SUD treatment records with HIPAA; enhance access to medication-assisted treatment; and strengthen and ensure prescription drug monitoring programs so they can share information across state lines. Resources are available at www.aha.org/opioidepidemic.
- **Alternative Delivery and Payment Models.** AHA's Task Force on Ensuring Access for Vulnerable Communities has outlined strategies to develop new payment models, special hospital designations and demonstration programs that enable rural and urban communities to safeguard access to care. AHA supports the Rural Emergency Acute Care Hospital Act (S. 1130), which would create both new delivery and payment models for vulnerable rural communities.
- **Telehealth.** AHA supports the Telehealth Innovation and Improvement Act (S. 787) that allows eligible hospitals to offer telehealth services to Medicare patients and evaluate these services for cost, effectiveness and quality of care.
- **Information technology and meaningful use (MU).** Urge CMS to modify the MU use rules by allowing providers meeting 70 percent of the requirements to be designated as having met MU. Advocate for HHS to cancel Stage 3.

Engaging Critical Access Hospital Leaders

AHA fosters dialogue among critical access hospital leaders and offers many opportunities to take an active role in shaping AHA policies and setting direction for the association and the field. CAH members may have a formal role in association governance and/or policy formation by serving on AHA's Regional Policy Boards or Councils and Committees. In addition, critical access hospital leaders may participate on/in:

- **AHA Small or Rural Hospitals Council** which leads the [Section for Small or Rural Hospitals](#) and advises AHA on policy and advocacy activities of great importance to rural hospitals and the field as a whole.
- **AHA Rural Health Care Leadership Conference** which annually brings together leaders in the field and offers members strategies for accelerating performance excellence and improving the sustainability of rural hospitals.
- **Advocacy Alliances** including the [Advocacy Alliance for Rural Hospitals](#) and the [Advocacy Alliance for the 340B Drug Pricing Program](#), which provide regular updates, special briefings and advocacy resources to participants
- **Leadership Briefings** for small groups of executives to discuss rural health care approaches, pilots, demonstration projects and initiatives. In addition, CAH CEOs are individually contacted to share their views with AHA throughout the year.

Providing Key Resources for Critical Access Hospitals

Based on member input, AHA develops and offers resources to support rural hospital leaders. Examples include:

- **Task Force on Ensuring Access in Vulnerable Communities.** The [November 2016 AHA taskforce report](#) outlines nine emerging strategies that can help preserve access to health care services in vulnerable communities.
- **Trends in Hospital Inpatient Drug Costs: Issues and Challenges.** An [October 2016 study](#) was commissioned by the AHA and the Federation of American Hospitals to better understand how drug prices are changing in the inpatient hospital setting and to inform policymakers and stakeholders.
- **Telehealth Resource.** AHA offers a [web resource](#) with comprehensive information on telehealth. The site includes information on federal and state telehealth initiatives, research documenting telehealth value, AHA-member case studies showing telehealth in action and an AHA [TrendWatch](#) report on telehealth benefits to patients.
- **Rural 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.



For information about the overall value of membership at AHA, please see <http://www.aha.org/about/membership/value.shtml>. AHA rural hospital resources can be found at <http://www.aha.org/about/membership/constituency/smallrural/index.shtml>.

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