



American Hospital
Association™

Advancing Health in America

2018 PUBLIC POLICY ADVOCACY AGENDA HIGHLIGHTS



America's hospitals and health systems are shaping our future to fulfill our vision of a society of healthy communities where all individuals reach their highest potential for health. To reach that vision, the AHA and our members are committed to:

- Coverage and access for all;
- High-value care;
- Patients, families and other stakeholders being involved as partners;
- Well-being and prevention; and
- Providing services in a coordinated, seamless manner.

For 2018, we have developed a forward-thinking advocacy agenda to positively influence the environment for patients, communities and the health care field. We will work hand in hand with our members; the state, regional and metropolitan hospital associations; national health care organizations; and other stakeholders to develop and implement an advocacy strategy to fulfill our vision.

We urge Congress and the Administration to ...

SUSTAIN THE GAINS IN HEALTH COVERAGE:

- Preserve the gains in health coverage made in this decade by advancing alternatives to the federal **individual coverage mandate**.
- Ensure the **stability of the Health Insurance Marketplaces** by fully funding the cost-sharing reduction subsidies, implementing a reinsurance program, ensuring accurate risk adjustment, ensuring sufficient federal outreach and enrollment efforts, and protecting against non-Affordable Care Act compliant health plans.
- Provide states with tools to extend coverage and care to their population through the use of innovative **state waivers** (section 1115 and 1332 waivers) with appropriate safeguards.
- **Protect against reductions in Medicaid** coverage by advancing solutions to improve the sustainability of the program.
- Ensure that our **veterans** are cared for by working with hospitals and health systems as they contemplate the next generation of a comprehensive community care plan for veterans.



PROTECT PATIENT ACCESS TO CARE:

- Ensure that critical health care services are available in all communities by **protecting vital federal funding for Medicare, Medicare Advantage and Medicaid**.
- Prevent cuts to the **340B drug savings program**, which allows hospitals to provide financial assistance to patients unable to afford their prescriptions and to programs that improve access to care in communities.
- **Protect rural communities' access to care** by rejecting misguided proposals to change the critical access hospital (CAH) program, while passing a permanent extension of the enforcement moratorium on the direct supervision policy for CAHs and small rural hospitals.
- Promote hospital priorities in any technical corrections to the tax bill, **preserve hospital access to tax-exempt private activity bonds** and increase the availability of low-cost, tax-exempt financing by increasing outdated limits on the amount of bonds that banks can purchase and hold tax free. Pursue changes to mitigate the impact of advance refunding repeal and caps on executive compensation.
- Secure patient access to the highest **critical primary care and other outpatient services** by refraining from implementing additional site-neutral payment policies.
- Continue to **invest in our physician workforce** by rejecting reductions to Medicare funding for direct and indirect graduate medical education and by passing the Resident Physician Shortage Reduction Act to increase the number of Medicare-funded residency positions.
- Ensure **access to needed mental and behavioral health services** through enforcement of parity laws and expansion of medication-assisted treatment programs.



WORKFORCE PRIORITIES

- Appropriately fund training programs for nurses and other allied health professionals.
- Ensure sufficient support for GME, IME and residency slots that protect the future workforce.
- Expand scope of practice laws, allowing non-physicians to practice at the top of their licenses.
- Reauthorize and fully fund the Children's Hospitals GME program (CHGME).



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- Ensure patients can access all of the services necessary to get and stay healthy by protecting access to a minimum set of **essential health benefits** and enforcing existing federal parity laws to ensure coverage for physical and behavioral health benefits, including substance use disorder treatment.
- Preserve the ban on **physician self-referral** to new physician-owned hospitals and retain the restriction on the growth of existing facilities.
- Ensure patients and providers can **access drug therapies** by ensuring fair and sustainable drug pricing.
- Ensure states have sufficient resources to fund their Medicaid programs by protecting their ability to leverage **provider assessments**.

ADVANCE HEALTH SYSTEM TRANSFORMATION:

- Promote integrated, comprehensive strategies to reform care delivery and payment in **vulnerable rural and inner-city urban communities**.



- Test new approaches to delivering higher quality care at lower cost by enabling more organizations to receive approval for alternative payment models, or experiment with using **technology in new and innovative ways**.
- **Invest in health care infrastructure** by expanding the digital infrastructure, strengthening the capacity for emergency preparedness and response, assisting hospitals in “right-sizing” to meet the needs of their communities and ensuring adequate financing mechanisms are in place for hospitals and health systems.
- Pass the Standard Merger and Acquisition Reviews through Equal Roles (SMARTER) Act, which would help **rebalance the merger review process** to support the ability of hospitals to become more integrated, aligned, efficient and accessible to patients.
- Remove barriers to care transformation, such as creating a **“safe harbor” under the Anti-Kickback Statute and reforming the Stark Law** and certain civil monetary penalties to foster and protect arrangements that promote value-based care.
- Advance high-value care and help inform the evolution of the care delivery system by **enabling more clinicians to participate in qualifying alternative payment models**.
- Empower health care providers to deliver the best care, engage patients, and succeed in new payment models by **aligning federal health information-sharing policies**, including ensuring private-sector initiatives have access to critical data.

- Expand access to care through the use of **telehealth and other technologies** by providing Medicare coverage and reimbursement for such services and including telehealth waivers in all new care models.
- Allow providers to determine how best to leverage **electronic health records** and other technologies while promoting exchange of health information for clinical care and patient engagement.
- **Advance interoperability** by promoting more consistent use of standards, better use of testing of health IT, and more transparency about vendor products.
- **Protect critical infrastructure from cyberattacks** while supporting efforts to increase information sharing among care providers by identifying and disseminating best practices and advancing policies that support providers.
- Advance Center for Medicare and Medicaid Innovation **voluntary payment and care delivery models** so hospitals and health systems can explore new ways to improve the quality and efficiency of patient care.



ENHANCE QUALITY AND PATIENT SAFETY:

- **Promote funding for opioid treatment and education** for clinicians and patients, including eliminating Medicaid's Institutions for Mental Disease (IMD) exclusion, reforming provisions that prevent responsible sharing of records for treatment purposes, and fully funding treatment programs authorized by the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act.
- Promote **advance illness management** to better honor patients' wishes at the end-of-life and remove barriers to expanding access to palliative care.
- Support integrated and coordinated care by **modifying standards and the conditions of participation** and ensuring the regulations are clear, well-vetted and consistent.
- Urge the Centers for Medicare & Medicaid Services (CMS) to continue to **implement the new physician payment program** in a flexible manner that minimizes unnecessary burden on clinicians.
- **Reduce health care disparities** through dedicated programs and research.
- Address the root causes of poor health by supporting efforts and research to address the **social determinants of health** and adjust for them in quality measurement.
- Ensure patient access to **accurate quality information** by suspending the faulty star ratings from the *Hospital Compare* website.

- Authorize at least \$515 million annually for the **Hospital Preparedness Program** (HPP) and incorporate competition and innovation into the awarding of HPP funds.
- **Prevent and mitigate shortages of critical generic sterile injectable drugs** through incentives for additional manufacturers to enter this market, improving manufacturing quality and greater transparency about the cause and expected duration of shortages.



MAKING CARE MORE AFFORDABLE

- ✓ Advance comparative effectiveness
- ✓ Promote advance illness management
- ✓ Reform the medical liability system
- ✓ Reduce regulatory burden
- ✓ Ensure fair drug pricing

PROMOTE REGULATORY RELIEF:

- Reduce administrative activities related to **regulatory compliance** so that clinicians can spend more time on patients rather than paperwork.
- Streamline quality measures to focus on the **“measures that matter”** most to improving health and outcomes while reducing burden on providers.
- Advance the safety and efficiency of care through **research and the development of new knowledge and strategies**.
- Support performance improvements in post-acute care through a more equitable and less complex **post-acute care value-based payment program**.
- Permanently **eliminate the unfair long-term care hospital 25% Rule** regulation, which adjusts payments if a certain percent of patients were admitted from its co-located hospital.
- Examine the **inpatient rehabilitation facility 60% Rule**, which requires 60% of admissions to have one of 13 qualifying medical conditions.
- Safeguard against **excessive burden in billing transaction standards** related to HIPAA.
- Advance efforts to minimize the burdens associated with prior authorization, such as **improvements in technology and electronic transmission of information**.



- Reduce unnecessary costs in the system by passing **comprehensive medical liability reform**, including caps on non-economic damages and allowing courts to limit attorneys' contingency fees.
- **Eliminate the Recovery Audit Contractor (RAC) contingency fee** structure and instead direct CMS to pay RACs a flat fee, as every other Medicare contractor is paid. In addition, CMS should rationalize payments to RACs by lowering payments for poor RAC performance due to high rates of incorrect denials.
- **Streamline and modernize the conditions of participation** to ensure attention is focused on compliance with requirements that are essential to achieving better outcomes for patients.



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