

Representatives from the Council of the AHA Section for Small or Rural Hospitals met June 6-7, 2019 in Minneapolis. Agenda items for the meeting include oversight of Medicare Advantage plans; government program sustainability; a federal infrastructure package, scaling transformation to behavioral health and meeting the challenge of aging infrastructure and access to capital. Members were updated on AHA Board activities and were briefed on the political environment, legislative advocacy and regulatory policy for the Administration and Congress. A [roster of the Section's council](#) is available at www.aha.org.

AHA Board Update: The AHA board met in April at the AHA Annual Meeting and approved task force charters for price transparency, the future of rural health care and the workforce of the future. Regarding expanding coverage, the board reinforced its basic strategy to: 1) advocate for federal investment in outreach/enrollment; 2) promote Medicaid expansion; 3) further stabilize Health Marketplaces; and 4) expand subsidies and fix the family glitch. Council members were apprised of a new campaign to reinforce the value of hospitals and health systems to their communities called, “Seizing the Conversation.” The initiative will reinforce hospitals’ role in saving lives, performing miracles and keeping communities healthy.



Washington Legislative Update: Members were briefed on the status of the fiscal year 2020 budget process, sequester and the debt ceiling. They were provided the most recent information on the 2020 federal elections. Members offered key insights on legislative hot topics including Medicare for All, surprise billing, drug prices, maternal mortality and morbidity and graduate medical education. Members focused on the rural advocacy agenda and legislative priorities for the 96-hour rule, direct supervision of hospital outpatient therapeutic services, physician workforce and J1-visa waivers, new models of care including emergency medical centers and expanding broadband and telehealth services. Members endorsed the importance of the [AHAPAC](#).

Washington Regulatory and Policy Update: The Centers for Medicare & Medicaid Services (CMS) published the inpatient prospective payment system proposed rule and members were solicited for input for AHA comment. They also were apprised of the final rules on Medicare Advantage and Part D drug pricing. Members reviewed and discussed new guidance from CMS on immediate jeopardy, ligature risk and shared services and co-location. To learn more and view the full [2019 Rural Advocacy Agenda](#), visit www.aha.org/rural-advocacy-agenda.



Structural Reforms



Raise New Revenue

Government Program Sustainability: This discussion explored key considerations related to short-term reforms and long-term strategies to address the financial sustainability of Medicare. It was held in two parts. In the first part Council members were oriented to the current financial outlook of government programs and tools for reducing debt and balancing the federal budget. In the second part, members answered key questions about sustaining the Medicare program and made recommendations on options for structural reforms and raising new revenue.

Scaling Transformation of Behavioral Health: The AHA Board and Committee on Health Strategy and Innovation urged AHA to explore the potential to drive field transformation by leveraging innovations and scaling member collaboration for behavioral health. They suggested a national behavioral health network. Members identified priorities and emerging innovations for improving an integrated care model offering a range of preventive and treatment services across a full continuum of care.



Expanding Digital Infrastructure



Emergency Preparedness & Response



Assistance in “Right-Sizing” Hospitals

Infrastructure Package: In April, President Trump and the Democrats agreed to a \$2 trillion infrastructure plan. Members reviewed and discussed three priority areas in preparation for a national debate on infrastructure. The first is expanding digital infrastructure including broadband, telehealth and cybersecurity.

A second is building capacity for emergency preparedness and response. A third priority recommends assisting hospitals in “right-sizing” to meet the needs of their communities including funding for facilities that transform from inpatient to outpatient delivery models.

Oversight of Medicare Advantage Plans: Reports continue that certain health plans abuse utilization management and other business practices to inappropriately delay care and deny reimbursement to providers, especially for Medicare Advantage (MA) plans. Members agreed that delays in prior authorization decisions; payment denials for care that has been pre-authorized; multiple requests for records; unilateral, mid-year changes in reimbursement policies; and site of service exclusions contribute to the problem. They discussed several options to ensure better oversight of MA plans.



Aging Infrastructure and Access to Capital: AHA recently published its Rural Report and at each meeting Council members review and discuss one or more of the challenges identified in the report. Members acknowledged narrow financial margins limit rural hospitals’ ability to retain earnings and secure access to capital or qualify for USDA programs or HUD mortgage guarantees.



The **Rural Hospital Leadership Team Award** honors the *leadership team* who have guided their hospital and community through transformational change on the road to health care reform. The team will receive a **stipend for 2020** of \$1,500 to defray expenses to attend the AHA Rural Leadership Conference in Phoenix or the AHA Annual Meeting in Washington, DC. For

more information visit <https://www.aha.org/about/awards/rural-hospital-leadership-award>.

For more information about the topics covered in these highlights or on the **[AHA Section for Small or Rural Hospitals](#)**, contact John T. Supplitt, senior director, at 312-425-6306 or jsupplitt@aha.org.