2020 The Value of AHA Membership

YOU WERE THERE FOR OUR NATION.
WE WERE THERE FOR YOU.

This past year, the COVID-19 public crisis has tested our country and our health care system like never before. All the while, AHA members have been a source of stability and comfort, providing care under unprecedented circumstances. Your leadership during this difficult time has been an inspiration.

The AHA has been proud to stand alongside you. From advocating for financial resources to getting you the information and clarity you have needed to move forward, we have worked hard to support you in the areas of Relief, Recovery, and Rebuilding and Reimagining care delivery.

The year may be nearly over, but the challenges are not. Rest assured that we will continue to deliver results for you, your communities, and the patients and families you serve.
THE VALUE OF AHA MEMBERSHIP IN 2020
RELIEF
The need is great. In 2020, the total projected financial loss to hospitals and health systems is more than $323 billion. But thanks to your support, action and advocacy, we have been able to deliver billions in financial support, remove regulatory barriers and help you get PPE, ventilators and other supplies you’ve needed to fight COVID-19.

RECOVERY
As the field learns to adapt to a new reality, we have provided resources and messaging that demonstrate that hospitals and health systems can remain in a state of emergency readiness while safely delivering care.

REBUILD & REIMAGINE
AHA members have demonstrated flexibility and resourcefulness in the face of this pandemic. We have worked to spread the lessons learned so that we can accelerate progress as we create a better health care system for the future.

ONGOING CHALLENGES
COVID-19 was unfortunately not the only challenge we faced in 2020. This was a year during which other issues, such as equity, workforce resilience, behavioral health care, and cybersecurity raised significant concern. The AHA is responding with specific action plans and goals for each of these areas.

KEEPING UP & LOOKING AHEAD
2020 brought changes to the way we gather to share ideas and information – changes that will continue. Along with the field, the AHA has pivoted to virtual events, conference calls, and a mobile app that enables you to access information on the go. We are ready to work with the new Administration, and have a full slate of advocacy priorities for 2021, and are ready for the challenge.

STAY UP-TO-DATE!

**AHA Today.** Our flagship e-newsletter brings you the news, insights and resources you need 6 days a week, directly to your inbox. Visit www.aha.org/news to learn more.

**Market Scan.** Brought to you by the AHA for Center for Health Innovation, this weekly e-newsletter delivers the latest intelligence on health care disruption and health system transformation. Visit www.aha.org/center to learn more.

**AHA.org.** Our website provides you with a customizable dashboard to stay on top of the topics that matter most to you. Need help logging in? Email AHAhelp@aha.org to set up an account and password.

**Special Bulletins, Alerts and Advisories.** AHA Special Bulletins get you the key takeaways on breaking news, while Alerts let you know when we need you to weigh in with your federal lawmakers or regulatory agencies. AHA Advisories provide in-depth summaries of regulations and legislation. Visit www.aha.org/action to learn more.

**Trustee Insights.** This monthly, multimedia package provides resources and education specifically for this audience, on both governance topics and the forces driving the nation’s health care system. To subscribe, visit trustees.aha.org.

**AHA Events & Education.** Every Wednesday we share a list of upcoming webinars, calls, events and conferences. Subscribers to AHA Today receive this email.

**My AHA Connect.** Exclusively for AHA members, this mobile app lets you access the latest updates on health care policy, contact your Congressional representatives, and more. Visit the Apple App Store or Google Play store and search for “American Hospital Association.”
Hospitals and health systems are projected to lose more than $320 billion due to COVID-19. But with your support, we have secured financial resources, regulatory waivers and desperately needed supplies.
**RELIEF FUNDING**

Our efforts have helped secure essential support:

- **$175 billion** in provider relief funds, of which about **$70 billion** to date has been disbursed to hospitals
- **$85 billion** in accelerated and advance payments
- **$4 billion** savings from delay of the scheduled cuts to Medicaid DSH payments
- **$3 billion** for suspension of sequestration
- **$1 billion** for the MS-DRG Add-on payment for COVID-19 patients
- **6.2% increase** in federal Medicaid matching funds to help states respond
- **$2.5 billion** support for paycheck protection in potentially forgivable loans

We have continued to press for release of the funding, and argued against recent disruptive and heavy-handed reporting and auditing requirements.

**REGULATORY WAIVERS**

We have fought hard to secure waivers – and make many of them permanent – to make it easier for you to deliver care. So far, we have achieved waivers that:

- Make COVID-19 tests more accessible
- Allow telehealth flexibilities
- Expand workforce by easing licensure & resident restrictions
- Allow flexible care delivery locations, including expanding the types of patients IRFs and LTCHs can serve, and relaxing CAH and other rural designation criteria.

After months of our urging, CMS withdrew its Medicaid Fiscal Accountability proposed rule. If enacted, that rule would have resulted in reductions in Medicaid payments to hospitals and post-acute care providers of **$37 billion to $49 billion annually**, representing **12.8% to 16.9% of total payments**.

**DATA-DRIVEN REPORTS**

Our analyses of the financial impact of COVID-19, as well as AHA fact sheets and reports from sources such as Kaufman Hall, attracted the attention of media and Congress and quickly alerted decision-makers to the field’s dire situation.

**MEMBER ASSISTANCE REQUESTS**

The AHA served as a source of guidance and information to our members throughout the year, responding to inquiries on topics ranging from how to apply for funding to clarity around waivers. To date, we have logged more than 1,000 incoming calls for assistance.

**DEMONSTRATING PUBLIC SUPPORT**

In July, national public opinion polling showed that Americans overwhelmingly support hospitals and recognize the need for further aid as front-line health care providers fight to defeat COVID-19. The poll conducted on behalf of the Coalition to Protect America’s Health Care found registered voters hold strongly favorable views of health care providers and hospitals, with 76% rating hospitals as favorable and 42% as very favorable. This is the highest level of support recorded in memory and is consistent across political affiliation.

**MOBILIZING SUPPORT FOR PPE**

Originally launched by Providence, the 100 Million Masks challenge was expanded nationwide by the AHA, with calls to manufacturers, businesses and individuals to coordinate efforts in order to produce needed PPE on a large scale. The website 100millionmasks.org drew more than half a million visitors over the course of the year. Related programs, including the Health Equip App, connected hospitals to more than 300,000 units of PPE. The Protect the Heroes campaign encouraged individuals to donate directly to their local hospital and received major donations from groups including the Major League Baseball Players Association, and the National Bobblehead Hall of Fame.

**DYNAMIC VENTILATOR RESERVE**

A public-private partnership between the AHA, the White House, FEMA, and group purchasing organizations, the Dynamic Ventilator Reserve is bringing together health systems nationwide to contribute a portion of their ventilator fleets to share with hospitals in need. To date, 23 systems have registered inventory representing 2,599 units.
As the field moves forward, we are providing resources to guide members on the path to recovery, and asking Congress to continue its support.

AHA urges CMS to keep relaxed regulations beyond crisis
KEEPING THE PUBLIC SAFE

Our The Wear a Mask Campaign encourages people across the country to continue to practice safe measures to stop the spread of COVID-19. The Wear A Mask digital toolkit has been widely used by our members, and an engaging public service video has been customized with member branding and shown in local markets nationwide, reaching over 1 million people.

United Against the Flu is a collaborative effort by several national health care organizations and the Centers for Disease Control and Prevention to amplify the importance of getting vaccinated. The AHA provided valuable resources to help members spread the word, including a digital tool kit with graphics, messaging and an online vaccine finder.

We also launched a campaign to encourage the public to not delay care, with the assurance that our hospitals are “ready, safe and open.” In addition to a national campaign, which included a PSA and radio interview series, a digital toolkit provided members with content that could be customized for their own use.

PATHWAYS TO RECOVERY

In June, a special task force of the AHA Board of Trustees created Pathways to Recovery, a compendium of considerations, checklists and case studies to help guide members as the field learns to “coexist with COVID.” The report covers topics including workforce resiliency and burnout, contact tracing, the care environment, financial management and more. This guide is meant to be an evolving resource, and additional sections focusing on PPE supply forecasting, next generation testing and tracing, building resilience and leveraging data will be added in 2021. Visit www.aha.org/pathways for information.

VACCINE DISTRIBUTION

As the field prepares for a COVID-19 vaccine, the AHA is helping you stay on top of the very latest developments with updates related to distribution, utilization protocols, supply chain and many other issues. Resources include a Distribution Preparation and Discussion Guide and a COVID-19 Labor Readiness Checklist. In mid-November, we hosted a call with the HHS to discuss the delivery and administration of monoclonal antibody therapies. In December, we joined the AMA and ANA in a public pledge of support for safe, transparent, scientifically sound COVID-19 vaccines. Visit AHA’s vaccine webpage for the latest.

CYBERSECURITY GUIDANCE

Federal agencies in 2020 warned that hospitals and health systems faced an “increased and imminent” threat of cybercrime, designed to paralyze health care information systems just as the nation was dealing with the COVID-19 public health crisis. Led by our senior advisor for cybersecurity and risk, John Riggi, the AHA worked closely with government agencies to understand the nature of the threat and facilitate the exchange of information with hospitals nationwide. We will continue to monitor the cyber threat landscape closely, and encourage you to reach out directly to John Riggi at jriggi@aha.org if you have specific questions or concerns.
REBUILD & REIMAGINE

Care delivery in this country will never be the same due to COVID-19. We are seizing this opportunity to help you reimagine a new delivery system that accelerates enhanced access, quality and value.
NAVIGATING A NEW REALITY CONFERENCE

More than 1,000 health care stakeholders and visionaries gathered in September for a virtual conference, Navigating a New Reality. Presented by the Center for Health Innovation and the Society for Health Care Strategy and Market Development, the event featured lessons learned and plans for the future as the field moves from COVID-19 response through recovery and on to rebuilding.

LIVING LEARNING NETWORK

Funded by the Centers for Disease Control and Prevention (CDC), the Living Learning Network (LLN) is a community of health care professionals designed to discuss, ideate and reform health care. The network encourages collaboration among hospitals and health systems on COVID-19 relief, recovery, rebuilding and beyond. It’s an opportunity for those who are leading and managing a COVID-19 response, as well as those working on the front lines, to share their expertise and experiences in quality patient care, infection control, operations, safety, health equity and workforce training and wellbeing to effectively combat coronavirus as a nation. Learn more at aha.org/center.

NEXT GEN LEADERS FELLOWSHIP

The AHA Next Generation Leaders Fellowship focuses on developing leaders and empowering them to bring about real and lasting change in the hospital and health systems in which they serve. Emerging leaders are paired with executive mentors over a 12-month period to execute a transformation project specific to a challenge within their organization.

PROJECT FIRSTLINE INFECTION CONTROL COLLABORATIVE

We are partnering with the Centers for Disease Control (CDC) on a national training collaborative offering timely and easy-to-access infection control training to front line health care workers and the public health workforce in the fight against infectious disease threats. The series of free, online courses supports a culture of infection control in health care communities everywhere.

EDUCATION ON ARTIFICIAL INTELLIGENCE

In collaboration with Microsoft, the AHA has launched a free, self-guided course on the use of AI in health care to our members. Participants can earn continuing education hours, and will emerge with a better understanding of the major role AI will play in the future of health care delivery.

NEW DIGITAL TOOLS

Our data team is constantly working to develop new tools specifically designed to provide insights and inform member strategies. AHA MetricVu uses data visualization and benchmarking to help hospitals and health systems sustain performance improvement, while AHA MarketCapture makes it easy to identify opportunities to maximize in-network referrals and identify the pain points driving leakage to help you boost revenue. Find out more at www.ahadata.com/aha-data-members.

We’ve also collaborated with the healthcare digital transformation consultancy AVIA to release complimentary assessments to help members quickly identify opportunities to use digital strategies to support COVID-19 response, behavioral health care delivery, and the digital front door. Learn more at www.aha.org/digitalpulse.
ONGOING ISSUES

There was more than COVID-19 to challenge the field in 2020. Work on your behalf continues on a number of other fronts.
ELECTION 2020

In the midst of an already tumultuous year, the 2020 presidential election contributed even more drama as the year ended. The AHA has offered its congratulations to President-elect Biden and has already begun working with him and his incoming Administration on our top priority: defeating COVID-19.

Early in the year we launched a We Care, We Vote webpage to provide resources to help you stay up to speed on the issues and candidates that matter to our field, including candidate questionnaires and issue cards to encourage dialogue. We also released a video and digital toolkit to share the importance of voter participation with your teams.

The AHAPAC raised over $3.3 million in the 2020 elections, ranking it as one of the largest health care association PACs in the nation. WE contributed to 279 races in 2020, with a success rate of 98 percent.

EQUITY

The events of the summer of 2020 reminded our nation that we have much work to do to address institutional racism in our country. The AHA seeks to double down on this issue by encouraging the conversation, leading the field and supporting new approaches.

In December, we convened an Executive Forum on Advancing Health Equity and Reducing Care Disparities that drew the participation of nearly 100 hospital leaders. We also have made tremendous progress on the development of an Equity Roadmap for the field. This roadmap will serve as an assessment, a repository for best practices, and an ongoing culture change initiative to accelerate and measure progress on the issues of health equity, diversity and inclusion.

The Institute for Diversity and Health Equity is leading the way with innovative programs to address these issues, including a new grant program with Blue Cross Blue Shield of Illinois (BCBSIL) that is supporting 13 Illinois hospitals with their expansion of services related to maternal and child health, pediatric asthma, adult diabetes, breast cancer and geographic disparities, including access to care in rural communities.

WORKFORCE RESILIENCE

The events of 2020 underscored the need to develop a robust and resilient health care workforce for our nation. The AHA has committed to this goal, with plans to introduce programs and resources designed to encourage inclusion of workforce in hospital strategic planning, increased capacities through a pipeline of talent, inclusion and diversity in the workforce, and development of the skills and receptivity for technology and data to match the pace of health care innovation.

BEHAVIORAL HEALTH

The population of patients with behavioral health disorders, already on the rise, is expected to surge dramatically due to COVID-19. We have advocated in Washington for flexibility for behavioral health providers, and we have embarked on a plan of our own to increase the integration of physical and behavioral health services, to expand access to a continuum of behavioral health services, and to develop programs that reduce the stigma, and deaths of despair, for these patients. In 2020 we also launched a new member benefit, the AHA Behavioral Health Digital Pulse, to allow hospitals to quickly assess how well they are using digital to scale behavioral health care delivery, and spot opportunities for improvement.

OPIOID EPIDEMIC

The COVID-19 crisis has had a major impact on the services and treatments for people struggling with opioid use disorder, as social isolation has increased the risk for substance use and overdose deaths. The AHA continued its commitment to member resources to support opioid stewardship this past year with the release of an Opioid Stewardship Measurement Implementation Guide as a companion piece to the Stem the Tide: Addressing the Opioid Epidemic toolkit – a widely used resource offering guidance and information to hospitals and health systems on how they can partner with patients, clinicians and communities to address the opioid epidemic.
KEEPING UP & LOOKING AHEAD

As we look ahead to 2021 we are preparing for another year of challenges. We will build on the lessons we’ve learned, and your continued support, to maintain our commitment to advancing health in America.

THE UPCOMING COVID-19 RELIEF PACKAGE NEED TO INCLUDE:

- More support for front-line health care personnel
- Accelerated payment forgiveness
- Health benefits for the insured and more coverage options for the uninsured
- Liability protections for providers and facilities

WEAR A MASK
CONNECTING IN NEW WAYS

During a year when it was more important than ever to stay connected, we quickly pivoted to virtual events and conference calls to keep members informed and engaged.

- **Virtual Advocacy Days.** Hundreds of AHA members gathered several times over the course of the year to hear directly from Rick Pollack and Tom Nickels on the latest policy and advocacy developments related to COVID and other important issues – and most importantly, how to reinforce the messages key to our success.

- **All-member calls.** As COVID spread quickly across the country we began to hold regular all-member calls to keep you updated the very latest. Guest speakers such as Dr. Anthony Fauci and FDA Commissioner Dr. Stephen Hahn provided an opportunity for you to hear their views first hand, and to make your own heard as well.

- **My AHA Connect App.** Exclusively for members of the AHA, the My AHA Connect app helps you stay current with health care policy, connect with other members via online communities, contact your Congressional representatives, and more – all from the palm of your hand. The app can be customized to your interests. Visit the Apple App Store or Google Play store and search for “American Hospital Association.” Locate and select the member app, titled My AHA Connect.

CURRENT PRIORITIES

At the time of publication, the AHA was mobilizing the field to advocate for these key issues during Congress’ lame-duck session. We’ll make sure your voice continues to be heard as the debate continues in 2021.

- **Provide COVID-19 relief**, including: additional money for the provider relief fund; federal liability protections; support for front-line health care workers; coverage for the uninsured and full accelerated payment forgiveness for all hospitals;

- **Fully reinstate Provider Relief Fund reporting requirements** outlined in June to allow hospitals to use a budgeted-to-actual comparison when calculating lost revenues and allow hospital systems to move targeted PRF distributions within their system;

- ** Eliminate cuts to the Medicaid DSH program**; and

- **Extend the congressionally enacted moratorium on the application of the Medicare sequester cuts until the public health emergency ends.**

We also are urging legislators to oppose problematic proposals under consideration related to surprise medical billing and any provision that would require new, unrealistic and burdensome Occupational Safety and Health Administration (OSHA) standards.

These issues are also on our radar:

- **Affordable Care Act.** In November, the Supreme Court heard oral arguments in the latest challenge to the constitutionality of the ACA. As we have done previously, the AHA continues to defend the law because we believe expanding health coverage to those who have been shut out in the past cannot be separated from our core mission of advancing health for all in America.

- **340B.** We strenuously objected to moves by pharmaceutical companies trying to limit the distribution of 340B drugs, and enlisted both HHS and Congress to deliver this message to the offending organizations.

- **Price transparency** CMS’ hospital price transparency final rule, issued Nov. 14, 2019, will require hospitals to provide an out-of-pocket price estimator tool or information on 300 “shoppable” services for patients as well as disclose their privately negotiated rates with health insurers, discounted cash prices and gross charges beginning Jan. 1, 2021 The AHA continues to oppose the requirement to publicly list privately negotiated prices, which will do nothing to help patients become more knowledgeable consumers of health care and instead will confuse and frustrate them. And, according to one large national health insurer, it will accelerate anticompetitive behavior by insurers with market power. The U.S. Court of Appeals for the District of Columbia Circuit Oct.15 heard oral arguments in an appeal from the AHA and hospital groups challenging the final rule. We urged the court to overturn the rule and do so quickly due to the looming Jan.1 compliance deadline and the unreasonable burden it places on hospitals. Concurrent with our legal strategy, we have been working to prepare the field for the rule’s implementation, should it take effect on Jan. 1, by providing resources to help our members meet patient demand for easier access out of-pocket cost estimates.
Thank you for your membership and for your continued dedication to advancing health in America.