

2021 ADVOCACY AGENDA



 **American Hospital
Association™**
Advancing Health in America



(Originally released in February. Some updates were added in September. For information on how AHA's advocacy efforts are assisting the field, see our [webpage](#).)

By all accounts 2020 was an unprecedented and historic year – one that tested our nation, our economy and our health care system like never before.

Hospitals, health systems and post-acute care providers – along with our doctors, nurses and other team members – have been on the front lines of the COVID-19 pandemic, working tirelessly to provide the best care for patients, families and communities. They have done this and continue to do this while facing daunting challenges ... many of which persist today and are likely to continue for some time.

In addition, in the middle of the pandemic, Americans cast their ballots and exercised their sacred right to vote. Our joint focus with the new Congress and Administration is on providing relief, ensuring a smooth recovery and rebuilding a better health care system for the future. In addition, we need to address ongoing challenges that have been further exacerbated during the pandemic, including issues related to health equity, workforce resilience and behavioral health.

The American Hospital Association's 2021 advocacy agenda seeks to continue to positively influence the public policy environment for patients, communities and the health care field. Our agenda focuses on:

- Supporting the fight against COVID-19
- Advancing affordability in health care
- Sustaining the gains in health coverage
- Protecting patients' access to care
- Advancing health system transformation
- Enhancing quality, patient safety and equity

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.

Specifically, we urge Congress and the Administration to ...

SUPPORT THE FIGHT AGAINST COVID-19

- Ensure the declaration of a **public health emergency (PHE)** continues through the duration of the COVID-19 crisis to safeguard needed flexibilities, including critical 1135 waivers.
- Provide appropriate **liability protections** for facilities and front-line medical providers treating patients amid the COVID-19 crisis.
- Ensure **state Medicaid programs have the resources** they need during and after the PHE, especially to protect against the loss of coverage that may occur as states adjust to reduced funding and conduct coverage redeterminations.





- Ensure every individual has coverage for COVID-19 vaccination, prevention, testing, and treatment in order to remove any financial barriers to care.



- Maintain **access to coverage for** those who lost their job-based coverage or otherwise were uninsured during the public health emergency.
- Ensure the **Provider Relief Fund** has the resources necessary to help hospitals and health systems better prevent, prepare for, and treat COVID-19, such as by covering lost revenue, purchasing supplies and equipment, standing up emergency testing centers, and construction and retrofitting of facilities. In addition, ensure that the rules governing the use of these funds provide needed flexibility
- Support state efforts to expand **scope of practice** laws, allowing non-physicians to practice at the top of their licenses.
- Address nursing shortages and burnout by reauthorizing **nursing workforce development programs** to support recruitment, retention and advanced education for nurses and other allied health professionals.
- Address physician shortages, including shortages of behavioral health providers and providers of color, by increasing the number of residency slots eligible for Medicare funding and rejecting reductions to Medicare funding for **direct and indirect graduate medical education**.
- Promote **medical licensure reciprocity** to allow practitioners to work across state lines.
- Foster **wellbeing for physicians, nurses and others** so they can deliver safe and high-quality care by providing additional funding and flexibility for behavioral health needs and funding for best practices to prevent burnout.
- Make permanent certain **telehealth flexibilities**, including lifting geographic and originating site restrictions, allowing Rural Health Clinics and Federally Qualified Health Centers to serve as distant sites, expanding practitioners who can provide telehealth, and allowing hospital outpatient billing for virtual services, among others.
- Enhance and sustain **payments for telehealth services** rendered during the pandemic.
- Substantially increase annual appropriations for the **Hospital Preparedness Program (HPP)** to ensure that the health care infrastructure is ready to respond to future crises and continue efforts to ensure that the majority of the HPP funding is awarded to hospitals and health systems in order to better enhance their emergency preparedness and surge capacity.
- Provide **flexibility in quality measure programs** by temporarily waiving quality reporting in time periods most affected by the pandemic, and advocating that the Centers for Medicare & Medicaid Services (CMS) waives readmissions and Hospital-Acquired Conditions' penalties for those fiscal years whose performance periods were affected by COVID-19.





- Partner with the Centers for Disease Control and Prevention and other stakeholders to ensure hospitals and health systems are empowered and have resources to participate effectively in the **national effort to vaccinate** Americans against COVID-19.



- Implement a **communication effort on vaccine safety**, particularly among segments of the population who justifiably mistrust such efforts.
- Ensure the **availability of personal protective equipment, breathing support devices and other resources** needed to fight the pandemic.

ADVANCE AFFORDABILITY IN HEALTH CARE

- Ensure that regulations to implement **surprise medical billing** protections for patients result in timely and reasonable reimbursement to providers to maintain patient access to care.
- Support **price transparency efforts** by ensuring patients have access to the information they seek when preparing for care, including cost estimates when appropriate, and creating alignment of federal price transparency requirements to avoid patient confusion and overly burdensome duplication of efforts.
- Ensure patients and providers can **access critical drug therapies** by establishing fair and sustainable drug pricing practices and reimbursement mechanisms.
- Protect the **340B drug savings program** to ensure structurally marginalized communities have access to more affordable drug therapies by reversing harmful policies and holding drug manufacturers accountable to the rules of the program, especially as it relates to community pharmacy arrangements.
- Test new approaches to delivering high-quality care at lower costs through **alternative payment models**, including expanding access to non-medical services that impact health, experimenting with using technology in new and innovative ways, and moving the field more quickly toward value-based payment.
- Enact technological, legislative and regulatory solutions to reduce administrative waste, **such as by streamlining prior authorization requirements** and processes for hospitals and post-acute care providers, so that clinicians can spend more time on patients rather than paperwork.
- Promote greater efficiency and safeguards against unnecessary burden in **HIPAA administrative standards** and other rules related to billing and ensure an achievable roadmap toward greater adoption of standard transactions.
- 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.



SUSTAIN THE GAINS IN HEALTH COVERAGE

- Preserve the gains in **health coverage** made over the past decade and further expand coverage.
- **Expand Medicaid** in states that have not yet expanded.
- Ensure the stability and affordability of the **Health Insurance Marketplaces** by expanding eligibility for and the level of subsidies, implementing a reinsurance program, ensuring sufficient federal outreach and enrollment efforts, and protecting consumers from health plans that do not meet all of the consumer protections established in federal law, such as health sharing ministries and short-term limited duration coverage products.



- 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.
- Encourage states to extend coverage and care to their population through expansion of **innovative state waivers** (section 1115 and 1332 waivers) with appropriate safeguards against eligibility reductions and cost-sharing increases as well as better integration of social and health services.
- Repeal the **Medicaid Institutions for Mental Disease (IMD) exclusion**, which prohibits the use of federal Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain freestanding psychiatric facilities.
- Eliminate **Medicare's 190-day lifetime limit** for inpatient behavioral psychiatric admissions.
- Protect against reductions in the number of insured by advancing solutions to improve the **sustainability of public coverage** through the Medicaid program, including protecting non-disproportionate share hospital (DSH) supplemental payments, provider assessments, intergovernmental transfers and certified public expenditures.
- Ensure care for **veterans** by working with hospitals and health systems and the Department of Veterans Affairs as they implement the next generation of comprehensive community care for veterans.

PROTECT PATIENTS' ACCESS TO CARE

- Ensure that essential health care services are available in all communities by protecting **vital federal funding** for Medicare, Medicaid, the Children's Health Insurance Program and the Health Insurance Marketplaces.
- Protect **rural communities' access** to care by making permanent critical programs, including the Medicare-dependent Hospital (MDH) designation, Low-volume Adjustment, ambulance add-on payment and Conrad State 30 Program.



- Improve rural health programs by reopening the necessary provider designation for Critical Access Hospitals (CAHs), reversing cuts to Rural Health Clinic payments, removing the 96-hour condition of payment for CAHs and further strengthening MDHs and Sole Community Hospitals by allowing participating hospitals to choose from an additional base year when calculating payments.



- Ensure patient access to primary care and other outpatient services by rejecting additional payment cuts that don't recognize legitimate differences among provider settings (also known as **site-neutral payment policies**).
- Modernize the Improving Medicare Post-acute Care Transformation (**IMPACT Act of 2014**) to ensure the unified payment model for post-acute care is required to reflect both new insights from the pandemic and the major payment reforms underway for the existing post-acute care payment systems.
- Eliminate cuts that will result in **long-term care hospital site-neutral payments** falling even further below the cost of providing care, which will jeopardize access for these medically complex patients.
- Ensure stability for providers in **post-acute care settings** by avoiding new payment reductions or administrative burdens that would magnify the challenges of managing the COVID-19 response plus the major payment reforms currently underway.
- Continue to fight for improvements to **Office of Inspector General audits**, including of inpatient rehabilitation facilities (IRFs), which routinely contain significant errors and inaccurate recommendations.
- Encourage CMS to change its approach to its recently proposed **Review Choice Demonstration for IRFs**. Rather than using an across-the-board approach that impacts all IRFs in the four initial target states, CMS should use data analysis to forgo auditing providers with no indication of inappropriate practices.
- Call upon the **Department of Justice's Antitrust Division** to take advantage of the elimination of the McCarran-Ferguson Act antitrust protection for commercial health insurers by more actively challenging their anticompetitive conduct.
- Protect not-for-profit hospitals' **tax-exempt status**.
- Prevent and mitigate **drug shortages** by strengthening requirements for drug manufacturers to disclose the root causes and expected duration of shortages; extending reporting requirements to active pharmaceutical ingredients manufacturers; and requiring manufacturers have contingency plans to ensure ongoing supply.
- Protect access to care by preserving the existing ban on the growth and expansion of **physician-owned hospitals**.
- Address **faculty shortages** that constrain our ability to meet future nursing needs.
- Support the **National Health Service Corps and the National Nurse Corps**, which award scholarships and assist graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas.



ADVANCE HEALTH SYSTEM TRANSFORMATION

- Support additional **risk-based payments** to improve the financial stability of hospitals and health systems.



- Sustain the progress in modernizing the Stark Law and Anti-kickback Statute regulations that better protect arrangements that promote **value-based care**.
- Prevent unreasonable changes to the **False Claims Act**.
- Expand use of **telehealth, broadband and new technologies** by providing Medicare and Federal Communications Commission funding, coverage, and reimbursement for such services, technology and workforce training.
- Allow providers to determine how best to utilize **electronic health records (EHRs)** and other technologies while promoting **interoperability** and access to health information for clinical care and patient engagement.
- Provide robust incentives to ensure **electronic communication between acute care hospitals and psychiatric hospitals and providers**, and to encourage psychiatric hospitals and mental health providers to optimally use EHRs.
- Advance **use of innovative technologies and software** (e.g., clinical decision support algorithms) without increasing regulatory burden by supporting policies that enable clinicians to have the data they need to treat patients and improve health outcomes.
- Invest in **health care infrastructure** by expanding access to virtual care technologies and rural broadband, strengthening the capacity and capability 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, including for training the workforce.
- Address the impact that **social determinants of health** have on patient outcomes by improving care coordination and expanding the tools hospitals can use to meet these needs.
- Advance **rural health care alternatives** to ensure sustainable care delivery and financing including: exploring rural pre-payment models; supporting additional inpatient/outpatient transformation strategies; promoting virtual care strategies; allowing innovative partnerships; and refining existing models that support hospitals serving historically marginalized communities.
- Explore a new payment mechanism for vulnerable **metropolitan anchor hospitals** that treat a disproportionate number of government funded or uninsured patients.
- Implement policies to better integrate and coordinate **behavioral health services** with physical health services.





- Assist in protecting health care services, data and patients **from cyberattacks while supporting efforts to** increase government cybersecurity assistance and information sharing.
- Promote the value of **coordinated systems of care**.
- Promote the **contributions of health systems to their communities and fair competition laws and practices** as they are applied to the hospital field.

ENHANCE QUALITY, PATIENT SAFETY AND EQUITY



- Continue to streamline and coordinate quality measures in national programs to focus on the **“measures that matter”** most to improving health and outcomes while reducing burden on providers. These measures should be based on evidence that demonstrates meaningful improvements in patient outcomes are achievable by improving adherence to the measures.
- Advocate for **improved conditions of participation, interpretative guidance and Joint Commission standards** that hold hospitals accountable for taking actions that lead to higher-quality and safer care. Eliminate additional conditions of participation for behavioral health hospitals.
- Pursue strategies and support public policies aimed at improving **maternal and child health** outcomes with a particular **focus on eliminating racial and ethnic disparities**.
- Enhance the effectiveness of the **physician quality payment program** by advocating for more accurate and meaningful cost measures and appropriately pacing the implementation of new program approaches such as Merit-based Incentive Payment System Value Pathways.
- Promote inclusion of adjustment for **sociodemographic factors** in quality measurement programs where appropriate to ensure fair performance comparisons and payment adjustments.
- Support **coordinated collection of race and ethnicity data** across federal agencies to elevate understanding of health care needs in communities of color.
- Increase funding for the **health equity infrastructure** in the Department of Health and Human Services, including the National Institute on Minority Health and Health Disparities, to better research and address the needs of communities of color.
- Promote **health equity** by encouraging cultural humility training in medical residency programs and in-service training for health care professionals.
- Support efforts to increase **diversity** in the health care workforce, including through federal grants for scholarships.





- **Repeal the June 2020 final rule** that narrowed the scope of non-discrimination protections under Section 1557 of the Affordable Care Act.
- Promote **advanced illness management** to better honor patients' wishes at the end-of-life and remove barriers to expanding access to palliative care services.
- Enhance care coordination and improve patient safety by implementing through rulemaking Sec. 3221 of the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which revises and better aligns the outdated 42 CFR Part 2 regulations with HIPAA, allowing the responsible **sharing of substance use disorder treatment records** for the purposes of treatment, payment and health care operations.

Please visit www.aha.org/advocacy/action-center to get involved and learn more about the American Hospital Association's 2021 public policy advocacy agenda.