Working for You in Washington

Highlights from AHA’s recent advocacy efforts on behalf of America’s hospitals | April 2021

On the Hill

LEGISLATION PROVIDED ESSENTIAL COVID-19 RELIEF IN 2020

• $178 billion in provider relief funds
• $85 billion in accelerated and advance payments
• $6.7 billion in Medicare sequester cuts prevented from May 2020 to March 2021
• $12 billion in savings from elimination of Medicaid DSH cuts and delay in the start of DSH cuts for two years
• $2.1 billion for MS-DRG Add-on payment
• 6.2% increase in Medicaid matching funds for states
• More than $2.5 billion for Paycheck Protection Program in potentially forgivable loans

IN 2021 CONGRESS AND THE ADMINISTRATION PROVIDED ADDITIONAL SUPPORT

• $8.5 billion for rural health care providers
• $70 billion for COVID-19 vaccine, testing and workforce efforts
• $10 billion for manufacturing and procurement of COVID-19 related supplies and equipment
• $9.1 billion in public health workforce support
• $4.25 billion to address mental health and substance use disorders, plus millions more for addressing behavioral health disorders in the health care workforce and for pediatric mental health
• Expanded postpartum health coverage in Medicaid and Children’s Health insurance Program (CHIP)
• Incentives for states to expand their Medicaid programs
• Additional support for Medicaid DSH during the public health emergency
• Support for Health Insurance subsidies and COBRA
• Full coverage of vaccines for Medicaid and CHIP beneficiaries
• Nearly DOUBLING the rate of Medicare payment for COVID-19 vaccine administration
• Extension of Medicare sequester cut delay through the end of 2021

In the Agencies

MAKING IT EASIER FOR YOU TO DELIVER CARE

• Making COVID-19 tests more accessible
• Allowing telehealth flexibilities
• Easing licensure and resident restrictions
• Allowing flexible care delivery locations
• Withdrawal of the Medicaid Fiscal Accountability proposed rule – sparing hospitals of cuts estimated at up to $49 billion annually
• Withdrawal of the “public charge” rule that has contributed to disparities in enrollment in and access to health care coverage among legal immigrants