

Working for You in Washington

Highlights from AHA's recent advocacy efforts on behalf of America's hospitals | **June 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
- Extending the deadline by which hospitals that received Provider Relief Fund money after June 30, 2020 must use these payments

In the Agencies

MAKING IT EASIER FOR YOU TO DELIVER CARE

- Expanding flexibility for telehealth and care delivery locations
- Easing licensure and resident restrictions
- 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