

Working for You

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

On the Hill

OVER THE PAST 18 MONTHS, THE AHA HAS SUCCESSFULLY LOBBIED FOR LEGISLATION THAT HAS PROVIDED ESSENTIAL COVID-19 RELIEF.

- \$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 and subsequent extension of Medicare sequester cut delay through the end of 2021. Along with other national organizations we are urging the Senate not to use Medicare or provider relief funds to pay for infrastructure.
- \$12 billion in savings from elimination of Medicaid DSH cuts and delay in the start of DSH cuts for two years
- \$2.9 billion for MS-DRG Add-on payment
- 6.2% increase in Medicaid matching funds for states
- Approximately \$2.5 billion for Paycheck Protection Program in potentially forgivable loans
- \$8.5 billion in additional relief funds specifically for rural 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 Medicaid program expansion
- Additional support for Medicaid DSH during the public health emergency
- Support for Health Insurance subsidies and COBRA
- Full coverage of COVID vaccines and testing for all.

In the Agencies

AS THE FIELD CONTINUES TO FIGHT THE PANDEMIC, WE'RE ADDRESSING REGULATIONS IN ORDER TO MAKE IT EASIER FOR YOU TO DELIVER CARE.

- Successfully advocating for appropriate DRG assignment of COVID-19 cases involving sicker patients, resulting in an average of 220% higher reimbursement than originally proposed DRGs.
- Nearly DOUBLING the rate of Medicare payment for COVID-19 vaccine administration
- Extending the deadline by which hospitals that received Provider Relief Fund money after June 30, 2020 must use these payments
- Expanding flexibility for telehealth and care delivery locations
- Easing licensure restrictions to expand workforce capacity
- 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
- Working with the FDA and CMS to gradually withdraw the flexibilities for use of various forms of PPE and other equipment so that hospitals are able to get adequate supply of FDA-approved equipment before the Emergency Use Authorization expires
- Urging CMS to make permanent some of the waivers on telehealth, hospital at home, and other new ways to deliver care to allow hospitals to meet the needs of their patients in new and different ways
- Urging OSHA to delay by six months its compliance dates for COVID-19 Health Care Emergency Temporary Standard
- Providing feedback to the departments of HHS, Labor and Treasury on surprise medical billing regulations to support protections for patients from abusive commercial insurance practices, while asking for reconsideration of aspects that could create a financial windfall for insurers, destabilize providers and threaten access to care
- Supporting expansion of the health insurance marketplaces, including a longer open enrollment period and increased funding for outreach and enrollment activities and the navigator program
- Convincing CMS to rescind its audit determinations for providers notified in January 2021 that they had failed to qualify for the “mid-build exception.”
- Successfully urging the Administration to delay tariff increase on Chinese-made medical goods needed to address the COVID-19 pandemic.

In the Field

WE'RE STANDING UP TO COMMERCIAL HEALTH PLANS.

- Releasing a white paper that examines commercial health insurance practices that contribute to burnout in the clinical workforce and make it more difficult for some Americans to access care
- Asking CMS to tighten prior authorization decision timeframes to promote timely care and patient safety
- Successfully arguing that United Healthcare should pull back from plans to deny coverage for emergency department claims the insurer deems non-emergent. United Healthcare also has rescinded its plan to require all network labs to apply additional, unique codes to claims.

WE'RE LEADING THE WORK TO COMBAT VACCINE HESITANCY.

- Meeting regularly with the White House COVID-19 Response Team to discuss strategies for the COVID-19 vaccine rollout. These discussions have enabled the AHA to provide feedback directly from the field, and have resulted in special webinars for rural members and partnerships between member systems and employers seeking to expand vaccination availability.
- Creating viral campaigns and public service announcements to encourage caregivers and communities make the choice to get vaccinated against COVID-19. Other initiatives have leveraged social media, clinician ambassadors, media outreach and positive stories on creative community outreach strategies.
- Launching a special program aimed to build vaccine confidence among communities of color, which encompasses a virtual knowledge hub, ready-to-use content and guides, networking opportunities and partnerships with groups such as the National Urban League, UnidosUS and the Black Coalition Against COVID. More information on AHA's vaccine hesitance work can be found at [AHA.org/VaccineConfidence](https://www.aha.org/VaccineConfidence).