

Working for You

August 2025

Highlights from AHA's recent advocacy efforts on behalf of America's hospitals and health systems

Pushing Back

The AHA advocated strenuously during the debate of the OBBBA, Public Law No. 119-21, a sweeping package that enacts many of the administration's legislative priorities on taxes, border security and energy, while reducing funding by enacting significant policy changes to Medicaid and the Health Insurance Marketplaces. While we voiced our opposition to the legislation that passed, we were able to prevent several policies from being included in the bill and mitigate other provisions that were included. The AHA led efforts to:

- Prevent block grants from being included.
- Prevent per-capita caps from being included.
- Protect the core Medicaid Federal Medical Assistance Percentage (FMAP) from any reductions. We were successful in securing the withdrawal of an amendment that would have required, in expansion states, that any Medicaid beneficiary who temporarily loses coverage and reapplies would be enrolled at the traditional FMAP rather than the 90% federal match rate.
- Secured \$50 billion for a Rural Health Transformation Program, a modest increase for physician payments, and a repeal of the nursing home staff ratio regulation.
- Delay the implementation dates and create phase-ins for key provisions to avoid abrupt changes.

The AHA also was successful in keeping other issues out of the legislation, including changes to the 340B program, reductions in site-neutral payments, and changes to tax-exempt status.

Providing Direction for Regulatory Reform

AHA is providing input to the Administration to direct efforts to reduce regulatory and administrative burdens. We are working with members to identify outdated and burdensome regulations that do not improve quality and safety, and in some cases, impede hospitals' ability to offer the highest quality, most efficient care. Input from members helped us deliver guidance this year to:

Office of Management and Budget - AHA made [100 recommendations](#) to the Administration to reduce burden on hospitals and health systems. Our recommendations addressed: billing, payment and other administrative requirements; quality and patient safety; telehealth; and workforce.

Department of Justice and Federal Trade Commission - AHA provided specific recommendations to remedy obstacles to health care access and delivery, including:

- Regulations that have permitted commercial insurers to limit market competition, narrow consumer choice and undermine access to health care for Americans — all while avoiding true accountability under the nation's antitrust laws.
- Regulations that limit the ability of hospitals and health systems to compete in the market, including those that impose undue administrative burdens, inhibit the expansion of

telehealth, limit growth within the health care workforce and inflict large costs on the health care industry without corresponding benefits.

Supporting the Field on Cybersecurity and Risk

The AHA provides guidance, education and resources to the field to help members develop the defenses required against cyberattacks targeting hospitals and health systems. We work closely with the FBI and other government agencies to monitor and respond to cyber threats and led the field's response to the Change Healthcare cyberattack, securing essential relief and support for hospitals.

In partnership with Microsoft, the AHA is providing free and discounted cybersecurity resources to assist rural hospitals.

In the Courts

The AHA has been active in its support of legal challenges to multiple drug companies' rebate policies, which threaten to undermine the 340B Drug Pricing Program. These policies would impose a "rebate model," rather than the longstanding "upfront discount" model that has been allowed since the outset of the program.

In addition, the AHA has filed multiple amicus briefs in partnership with state hospital associations to protect access to 340B drugs at contract pharmacies.

Addressing Workplace and Community Violence

The AHA helped spearhead the introduction of the Save Healthcare Workers Act (H.R. 3178/S.1600), bipartisan legislation that would make assaulting a hospital worker a federal crime. In June, the AHA released a comprehensive report that analyzed the financial costs and broader impacts of violence and threatening behavior and estimate the total financial cost of violence to hospitals in 2023 to be \$18.27 billion.

Advancing Patient Safety

The AHA recently announced a [collaboration with health care technology company Epic](#) on the promotion of point-of-care tools to aid in the detection and treatment of postpartum hemorrhage – a complication of childbirth responsible for 11% of maternal deaths in the U.S. The collaboration will join experts from Epic's customer community and the AHA's [Patient Safety Initiative](#), a data-driven initiative launched by the AHA to highlight and learn from patient safety progress at hospitals and health systems nationwide.

Other recently released resources from the Patient Safety Initiative include:

- [A report](#) released in collaboration with Vizient which reveals that patients in the hospital for surgeries had better outcomes in 2024 than they did in 2019.
- [A review](#) of successful practices employed by Ochsner Health to strengthen sepsis care.
- [Toolkits](#) offering leading practices to address opioid and/or stimulant use disorder across inpatient, primary care and pharmacy settings.