



American Hospital
Association

**HIGHLIGHTS
COUNCIL MEETING
AHA Section for Metropolitan Hospitals
September 18-19, 2017 ★ Washington, DC**



Representatives from the Council of the AHA Section for Metropolitan Hospitals met September 18-19, 2017 in Washington, DC. Agenda items for the meeting include a discussion of Medicaid reform, investment in health care infrastructure, and sustaining high-value care. The council received a report from the AHA Board and received reports on and discussed AHA legislative and regulatory policies, redefining the association and health insurance marketplace stability. Members also visited their members of Congress on Capitol Hill. A **roster of the Section’s council** is available on our [Web site](#).



Washington Legislative Update: Members reviewed a briefing on the Congressional “To Do” list of budget, emergency disaster relief, international and domestic issues including repeal and replace and tax reform. They emphasized the importance of funding graduate medical education and the National Institutes of Health among other priorities. Members endorsed the importance of the **AHAPAC** and the work of the **Coalition to Protect America’s Health Care** to take our message to the public.

Washington Regulatory and Policy Update: Council members were briefed on and discussed AHA’s efforts to relieve the regulatory burden for hospitals. Members reviewed strategies for Medicare disproportionate share hospital payments, market stabilization and proposed and final rules for outpatient and inpatient payment respectively.

Regulatory Burden Overwhelming Providers, Diverting Clinicians from Patient Care	
<small>Regulations are essential to ensure safety and accountability. However, the rapid increase in the scope and volume of mandatory requirements diverts resources from the patient-centered mission of health systems, hospitals and post-acute care providers.</small>	
\$39 BILLION	<small>Spent by health systems, hospitals, and post-acute care providers each year on non-clinical regulatory requirements</small>

Medicaid Reform: Members discussed a Medicaid reform framework with five policy recommendations and options to both improve the financial sustainability of the program in the short term and also address changes in long-term care financing. The need for long-term care services and supports is expected to grow as the population ages and the percentage of individuals managing multiple chronic conditions increases. Given the Medicaid program’s dominant role in financing these services, identifying alternative financing mechanisms for long-term care could alleviate pressure on the Medicaid program.



Sustaining High-Value Care: Hospitals and health systems are currently engaged in their most significant transformation to date. As they face ongoing financial pressures and regulatory challenges, they continue to evolve to ensure access to health care services for their communities in new and innovative ways.

Members gave feedback on what a resilient, urban safety net healthcare organization will look like in the future and what specific actions are needed to allow these organizations to be successful.

Health Care Priorities for Infrastructure Investment: Policymakers have signaled an interest in shoring up the nation’s infrastructure. President Trump has continued to highlight the issue since taking office and Congressional leaders from both parties also have indicated an interest and willingness to work on this issue. Members shared their unique perspectives on priorities for infrastructural investments. Specifically, members offered feedback on options such as supporting broad band telehealth infrastructure, assisting communities as they right-size their facilities to match community needs, connecting prescription drug monitoring programs, and addressing cyber security.



Marketplace Stability: The individual insurance market created under the Affordable

Care Act continues to experience volatility. In this educational session members learned about how federal policy decisions influence the stability of the marketplaces and what actions Congress and the Administration should take to ensure the marketplaces remain viable sources of coverage.



Redefining the Association: As hospitals and health systems redefine the “H” in hospital to meet changing circumstances, the AHA is redefining the “A” in association to support the field’s transformation efforts. Members received a report from executive management on the status

of this effort and pledged their efforts to stay engaged in this work of association redesign.

For more information about the topics covered in these highlights or on the **AHA Section for Metro Hospitals**, contact John T. Supplitt, senior director, at 312-422-3306 or jsupplitt@aha.org.