

## Update on Key Advocacy Activities and Initiatives

September 6, 2023

### Join AHA's Sept. 13 Virtual Advocacy Day

**The issue:** Congress is returning to Washington, D.C., with several high-profile issues on their agenda, including funding the government. For hospitals and health systems, Congress could consider legislation, including provisions on site-neutral payments, transparency and other important issues.

**AHA view:** AHA Sept. 13 will host a virtual advocacy day to brief hospital and health system leaders on the congressional fall 2023 agenda and share key messages that they can use with their representatives and senators. To register, [click here](#).

For the [Sept. 5 Action Alert](#), including featured AHA resources and new site-neutral impact data, go to [www.aha.org/action-alerts](http://www.aha.org/action-alerts). **can't find it on the website**

### AHA Urges FTC to Withdraw Proposed Changes to Premerger Notification Rules

**The issue:** AHA Sept. 5 urged the Federal Trade Commission to withdraw its proposed changes to the premerger notification rules, form and instructions under the Hart-Scott-Rodino Antitrust Improvements Act, except to the extent they are required to implement the Merger Filing Fee Modernization Act of 2022.

**AHA view:** The proposed changes to the HSR form, if adopted, would impose a substantial burden on filing parties, yet are largely unnecessary to screen transactions for closer review.

For the [Sept. 5 comment letter](#), go to [www.aha.org/letters](http://www.aha.org/letters).

### CMS Issues Proposed Rule on Minimum Staffing in Nursing Homes

**The issue:** CMS Sept. 1 issued a proposed rule regarding staffing requirements for nursing homes that participate in Medicare and Medicaid. CMS estimates that about 75% of nursing homes would have to increase staffing in their facilities under the proposed standards, which exceed those existing in nearly all states.

**AHA view:** The AHA strongly believes that a skilled, caring workforce is integral to delivery of high-quality, safe care. At the same time, safe staffing is about much more than a number. We are concerned that in proposing a one-size-fits-all numerical staffing threshold, CMS would remove the role of clinical judgment in staffing facilities, and inadvertently create patient access challenges across the health care system.

For the [Sept 1. Special Bulletin](#) with more, go to [www.aha.org/bulletins](http://www.aha.org/bulletins).

### AHA Supports Bill Offering Providers Gold Card Exemptions Under Medicare Advantage

**The issue:** In an Aug. 28 letter to House sponsors, the AHA voiced support for the GOLD Card Act of 2023 (H.R. 4968) that would exempt qualifying providers from prior authorization requirements under Medicare Advantage plans.

**AHA view:** America's hospital and health systems support gold carding programs, which substantially reduce administrative burdens and costs and streamline access to care for Medicare beneficiaries.

For the [Aug. 28 letter of support](#), go to [www.aha.org/letters](http://www.aha.org/letters).

### AHA Comments on CY 2024 Home Health Proposed Rule

**The issue:** AHA responded Aug. 28 to the CMS' calendar year 2024 proposed rule for the home health prospective payment system by voicing its extreme concern with the overall net negative update. AHA pressed CMS to instead revise its methodology to account for changes more accurately in the payment system and care delivery due to the implementation of the Patient-driven Grouping Model.

**AHA view:** We urge the agency to adequately resource HH providers as they are a critical part of the care continuum. We are particularly concerned about the substantial size of the agency's proposed budget neutrality adjustment, a cut of 5.653%, and again call on CMS to withdraw it.

For the [Aug. 28 comment letter](#), go to [www.aha.org/letters](http://www.aha.org/letters).

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**AHA Supports CMS Proposal to Limit Short-Term, Limited-Duration Plans**

**The issue:** AHA Aug. 28 supported the CMS' proposal to change how certain forms of noncomprehensive coverage can be marketed and sold.

**AHA view:** The AHA has long advocated for limiting the availability of substandard health plans, such as short-term, limited-duration plans, and better educating consumers about the narrow circumstances in which such coverage may be appropriate. We strongly support CMS' proposal to limit these types of plans and require clear, consumer-friendly notices in their marketing materials.

For more, see the [Aug. 28 letter](#) and [July Special Bulletin](#) outlining CMS' proposal.

**Upcoming Article Expected to Examine Emergency Department Readiness to Treat Children**

**The issue:** An article examining emergency department (ED) readiness to treat pediatric patients is expected to be published soon in a national news outlet. This article will likely suggest that some emergency departments are not fully prepared to treat pediatric patients.

**AHA view:** What that research does say is that not every ED in the country matches the pediatric resources of specialty centers. While that is true, that does not mean they are unprepared to treat children. Even without a current workforce crisis, it's hard to conceive of a time when we would have enough specialty pediatric physicians to allow for even one at every ED in the country. And were that even possible, the volume of patients needed to support that level of resource and specialty expertise in every ED does not exist.

For the [Aug. 30 Member Advisory](#) with key messages, go to [www.aha.org/advisories](http://www.aha.org/advisories).

**Government Disrupts QakBot Cyberthreat; Hospitals Urged to Remain Vigilant**

**The issue:** The FBI, amid one of the largest-ever U.S.-led enforcement actions against a botnet, Aug. 29 announced the successful takedown of QakBot, the botnet infrastructure used by cybercriminals for ransomware, financial fraud and other criminal activity.

**AHA view:** We applaud the efforts of the FBI and allied partners. Just like acts of terrorism, ransomware attacks against hospitals broadly threaten public health and safety, and as such warrant continued aggressive responses from the combined forces of the U.S. government.

For the latest cyber and risk threat information, visit [www.aha.org/cybersecurity](http://www.aha.org/cybersecurity).

**CDC Launches Sepsis Program for Hospitals, with AHA Support**

**The issue:** The CDC Aug. 24 announced the launch of its AHA-supported Hospital Sepsis Program Core Elements initiative, a new program to provide hospitals with a blueprint to managing medical emergencies stemming from sepsis.

For the [Aug. 24 AHA News](#) with more, go to [www.aha.org/news](http://www.aha.org/news).

**Board Resource to Address Workplace Violence**

**The issue:** AHA's Trustee Services and Hospitals Against Violence teams have released a new brief to raise awareness about violence as a public health issue with hospital and health system boards.

To download the new brief, [click here](#) or go to <https://trustees.aha.org>.

**Infographic: Behavioral Health Hospital Service Trends**

**The issue:** AHA Sept. 5 released an infographic highlighting the latest statistics on U.S. behavioral health hospitals and their services.

See the [infographic here](#). For more, go to [www.aha.org/behavioralhealth](http://www.aha.org/behavioralhealth).

**Upcoming Events**

Here's a look at AHA educational opportunities available at [www.aha.org/calendar](http://www.aha.org/calendar).

**Managing Mental Health at Work**

**Sept. 13 at 1 p.m. ET:** High-level information on the mental health crisis among caregivers — including statistics on suicide — will be followed by practical models, frameworks and guidelines for creating a supportive team culture. [Register here](#).

**Behavioral Health Management**

**Sept. 20 at 1 p.m. ET:** Learn what aspects of care a well-designed behavioral health strategy should consider. [Register here](#).

**Community Benefit 101**

**Oct. 24-26 at 2 p.m. ET:** Join the Catholic Health Association of the United States for a three-part, AHA-sponsored event that teaches attendees the nuts and bolts of planning and reporting community benefit. [Register here](#).