

The Issue

Americans rely on hospitals and health systems to care for them when they are sick or injured and to help them improve and maintain their health. As such, it is critical that hospitals and health systems are there for their communities 24/7. The COVID-19 pandemic has demonstrated how essential hospitals and health systems are to their patients and to the public health of our country. It also has made clear the types of investments our health care system needs. These include investments in workforce and behavioral health; the accessibility and affordability of health care coverage; emergency preparedness; telehealth; and cybersecurity, among other areas. Federal investments in hospitals and health systems will lead to improved health and health care, as well as growth of American jobs and businesses and a sense of security and stability for our families and communities.

AHA Take

It is imperative that Congress invest in America's hospitals and health systems to ensure that the nation's health care needs can be met today and into the future. The AHA supports investments in infrastructure, such as the health care workforce, behavioral health, the accessibility and affordability of health care coverage, emergency preparedness and the health care supply chain, telehealth and cybersecurity, among other areas.

Recommended Actions:

- ▶ **Strengthening the Health Care Workforce.** The AHA urges Congress to prioritize funding for the infrastructure that supports the health care workforce needs of the country that were present before the pandemic and have been magnified in the wake of COVID-19. **We need to support strengthening and diversifying the health care workforce by expanding nursing schools and training programs, as well as addressing the growing shortage of doctors by expanding medical schools and lifting the cap on Medicare-funded residency positions. In addition to expanding nursing and training programs, we urge the following legislation be included in reconciliation legislation:**
 - **Resident Physician Shortage Reduction Act of 2021 (S.834/H.R. 2256):** This bill would help address physician shortages by adding 14,000 Medicare-funded residency slots.
 - **Dr. Lorna Breen Health Care Provider Protection Act (S.610/H.R. 1667):** This bill aims to prevent suicide, burnout and behavioral health disorders among health care professionals.
 - **Healthcare Workforce Resilience Act (S.1024/H.R. 2255):** This bill would expedite the visa authorization process for qualified international nurses to support hospitals facing staffing shortages.
 - **Future Advancement of Academic Nursing (FAAN) Act (S.246/H.R. 851):** This bill would support nursing education and provide resources to boost student and faculty populations, as well as support educational programming as well as partnerships and research at schools of nursing.

- **Increasing Access to Behavioral Health.** The AHA urges Congress to prioritize funding for the behavioral health needs of the country. These investments will not only help to stymie the wave of unmet demand for behavioral health services that has been exacerbated by the COVID-19 pandemic, but also improve America’s overall health. In addition to prioritizing funding for behavioral health needs, the AHA supports the following legislation being included in reconciliation:

 - **Opioid Workforce Act of 2021 (S.1438)/Substance Use Disorder Workforce Act of 2021 (H.R. 3441):** These bills would help address shortages of substance use disorder treatment providers by adding 1,000 Medicare-funded training positions in approved residency programs in addiction medicine, addiction psychiatry or pain medicine.
 - **Fund Opportunities for Behavioral Health Providers to Acquire Interoperable Electronic Health Records:** To date, behavioral health providers have not been included in federal health information technology (HIT) initiatives. Federal funding for HIT for behavioral health could enhance the integration of physical and behavioral health by facilitating better communication across the care continuum and with public health agencies.
 - **Repeal the Institutions for Mental Disease (IMD) Exclusion:** Current law prohibits Medicaid from paying the federal match for mental health treatment rendered to patients age 21-64 in IMDs. Current law allows a state option for payment for Medicaid beneficiaries age 21-64 with at least one substance use disorder; however, this provision expires on Sept. 30, 2023. To alleviate the dire shortage of inpatient psychiatric beds, Congress should repeal the IMD exclusion.

- **Improving Accessibility and Affordability of Health Care Coverage.** The AHA urges Congress to prioritize funding to expand access to affordable health care coverage. Every day, the caregivers in America’s hospitals and health systems see how a lack of coverage stops patients from getting the right care, at the right time, in the right place. The AHA supports the following priorities to expand access to affordability and coverage be included in reconciliation:

 - **Extension of Health Insurance Marketplace Subsidies:** The AHA supports further extension of provisions to reduce the cost of Marketplace coverage for all subsidy-eligible individuals and families and to expand eligibility for tax credit subsidies to more individuals.
 - **Medicaid:** The AHA supports providing health care coverage to individuals in states that did not expand Medicaid after the expansion of the Affordable Care Act.

- **Resetting the IMPACT Act.** The AHA supports the Resetting the Impact Act (TRIA) of 2021 (H.R. 2455) to take into account unforeseen changes since the passage of the Improving Medicare Post-Acute Care Transformation Act in 2014, by allowing policymakers to first complete the in-process collection of patient assessment data required to develop a unified payment model for post-acute care (PAC), as well as focus this effort on data that reflect current standard operations of the PAC field.

- **Prescription Drug Pricing.** The cost of and access to prescription drugs are major concerns for hospitals and health systems. Continued rising drug prices, as well as shortages for many critical medications, are disrupting patient care and straining hospitals’ budgets and operations. The AHA is committed to working for action on policies that foster transparency, competition and value while preserving innovation.

- **340B Disproportionate Share Hospital (DSH) Fix:** The AHA supports providing temporary relief for any hospitals participating in the 340B Drug Pricing Program that had to leave the program due to changes in their patient mix as a result of the COVID-19 pandemic. AHA-supported legislation (S. 773/H.R. 3203) would address this issue.

- ▶ **Investing in Hospitals for Building Capacity for Emergency Preparedness and Response and Securing the Health Care Supply Chain.** The AHA urges Congress to prioritize investments that are critical to ensuring the long-term sustainability and viability of hospitals. We support increased investments to maintain consistent and continuous access to medical supplies for hospitals and the entire health care system. The AHA urges the following provisions be included in reconciliation:
 - Provide direct capital investment through grants to hospitals by updating the Hill-Burton Act.
 - Restore advance refunding for tax-exempt bonds (H.R. 2288, H.R. 2634, S.479) and expand the use of bank-qualified debt (H.R. 2634).
 - Provide hospital funding to implement structural improvements to support emergency preparedness and response activities.

- ▶ **Investing in Telehealth and Cybersecurity for Health Care.** The AHA urges Congress to prioritize investment in telehealth and cybersecurity to ensure all patients have secure, sustained, equitable access to care using digital and information technologies. Hospitals, health systems and government agencies also require modernized data systems to better identify and respond to issues that affect health equity, racial and ethnic disparities, the quality of health care delivery and public health responses. The AHA supports the following bills and priorities and urges their inclusion in reconciliation:
 - **Provide support for the FCC’s Rural Health Care Program:** Provide an increase of \$2 billion for the Federal Communications Commission’s (FCC) Rural Health Care Program to support broadband access and other digital and data infrastructure improvements, with specific funding to increase the program subsidy and offset the high upfront costs of “last mile” broadband connections for rural hospitals.
 - **Expand the FCC COVID-19 Telehealth Program funded in the Coronavirus Aid, Relief, and Economic Security (CARES) Act and Consolidated Appropriation Act:** This program provides offsets for hospitals’ telehealth infrastructure costs, including those related to telecommunications services, information services and devices (all hospitals should be eligible, regardless of tax status).
 - **CONNECT for Health Act (S.1512/H.R. 2903), the Telehealth Modernization Act (S.368/H.R. 1332), the Protecting Rural Telehealth Access Act (S. 1988) and the TREAT Act (S.168/H.R. 708):** These bills would remove Medicare’s limitations on telehealth and appropriately reimburse hospitals/providers for providing telehealth services (eliminating originating and geographic site requirements; expanding the types of technology that can be used for furnishing telehealth services, including audio-only connections; allowing hospitals to bill for the virtual care they provide; and remove licensing barriers).
 - **Advance cybersecurity efforts** by developing coordinated national defense measures, expanding the cybersecurity workforce, disrupting bad actors that target U.S. critical infrastructure and using a “whole of government” approach to increasing consequences for those who commit attacks.