

2022 Federal Advocacy Priorities



New York's hospitals and health systems are committed to providing their communities with high-quality care across the healthcare continuum. The COVID-19 pandemic has demonstrated the critical importance of a robust, reliable healthcare system prepared to respond to any emergency.

To ensure the sustainability of New York's non profit hospitals and health systems, which collectively faced a *negative* 1.4% operating margin in 2020, HANYS urges Congress and the administration to:

Bolster the healthcare workforce.

- Expand **Graduate Medical Education** funding via the **Resident Physician Shortage Reduction Act (H.R. 2256/S. 834)** and bolster clinician and other healthcare training initiatives like the **Pathways to Practice** program.
- Expedite and increase **visa authorization** for qualified healthcare workers.
- Investigate reports of **nurse staffing agencies' anticompetitive behavior** that further exacerbates critical workforce shortages.
- Expand the behavioral healthcare workforce and funding initiatives to help hospitals promote healthcare worker mental health, including through effective implementation of the **Dr. Lorna Breen Health Care Provider Protection Act**.

Provide fiscal relief and supportive funding.

- Protect healthcare providers from **Medicare sequestration** cuts that went into effect on April 1.
- Replenish the **Provider Relief Fund** to help manage increased expenses and lost revenue associated with COVID-19 surges in 2021 and 2022. Ensure appropriate flexibility to allow providers to use previously released PRF dollars through recent surges.
- Suspend repayment of **Medicare Accelerated and Advance Payments** while hospitals and health systems work to recover financially from the pandemic. Keep recoupment levels at 25% or less of Medicare reimbursement.

- Urge the **Federal Emergency Management Agency** to expedite full and fair distribution of Public Assistance Program reimbursement funds by eliminating onerous documentation requirements and improving FEMA communication and transparency with hospitals and health systems.
- Amend how hospital-specific **Disproportionate Share Hospital caps** are calculated to hold harmless hospitals disadvantaged by a policy that took effect Oct. 1, 2021.
- Protect access to care in rural communities by preserving **Critical Access Hospital** status and making permanent key hospital designations like the **Medicare Dependent Hospital program** and enhanced **low-volume payment adjustment**.
- Protect the **340B Drug Pricing Program**:
 - Address illegal actions by drug manufacturers that seek to limit hospitals' 340B savings.
 - Ensure the Health Resources and Services Administration reinstates eligible hospitals whose 340B Program eligibility was impacted due to the COVID-19 pandemic (under Section 121 of the Consolidated Appropriations Act of 2022).

Support care transformation.

- Increase access to urgently needed **behavioral health services**.
 - Secure adequate behavioral healthcare reimbursement for providers.
 - Repeal the **Medicaid Institutions for Mental Disease exclusion**, which prohibits using federal Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain freestanding psychiatric facilities.
 - Eliminate **Medicare's 190-day lifetime limit** for inpatient behavioral psychiatric admissions.
- Make certain **telehealth** flexibilities and payment policies permanent, including lifting geographic and originating site restrictions, expanding the types of practitioners who can provide telehealth and allowing hospital outpatient billing for virtual services.
- Extend "hospital at home" program flexibilities by passing the **Hospital Inpatient Services Modernization Act (H.R. 7053/S. 3792)**.
- Support innovative state efforts to leverage the Medicaid program to address **health equity and behavioral health and expand coverage and access to care**.



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