Federal Priorities: June 2023

Healthcare Workforce

Support Massachusetts' healthcare workforce and help us invest in the healthcare educators and workforce of the future. Massachusetts hospitals continue to feel the effects of the "great resignation" due in large part to fatigue, stress, and burnout. Current staff are exhausted and with patient demand increasing, the number of staffed hospital beds remains a challenge after three years of non-stop demands on doctors, nurses, and all hospital personnel. In addition, transfer from acute care hospitals to post-acute care remains problematic, and behavioral health boarding, where patients – especially pediatric and geriatric patients with mental health needs – cannot be admitted to an inpatient bed due to staffing shortages, has only worsened during this stressful time. MHA asks for your support of these initiatives to help address workforce challenges:

- **Support the *Safety from Violence for Healthcare Employees* (SAVE) *Act, H.R. 2584*.** The SAVE Act would provide legal penalties for individuals who knowingly and intentionally assault or intimidate hospital employees.

- **Boost support for physician, nurse, and allied health training, recruitment, and retention through the reauthorization of** HRSA's Title VII and VIII health professions programs. These authorizations expire in FY2023, and we urge you to make these reauthorizations a priority.

- **Invest in residency training:**
    - Increase the number of physician residency positions and extend from 5 to 10 years by supporting the ***Resident Physician Shortage Reduction Act of 2021 (S. 1302 /HR 2389)***, sponsored by Senators Bob Menendez and John Boozman and Representatives Terri Sewell and Brian Fitzpatrick. We thank Reps. Jake Auchincloss, Stephen Lynch, Jim McGovern, Ayanna Pressley, and Lori Trahan for their support.

- **Reauthorize the Children's Hospitals Graduate Medical Education** (CHGME) program, which will expire at the end of fiscal year 2023.

Hospital Sustainability

Healthcare providers are operating in a very different world than prior to the pandemic, with burdensome and costly challenges. These challenges include cybersecurity infrastructure and liability costs, complex telehealth costs related to privacy and licensure, staggering growth in labor costs, unpaid post-acute care due to discharge delays, and administratively costly new regulatory requirements related to price transparency and the No Surprises Act.

- **Cybersecurity:** Protect healthcare services, data, and patients from cyberattacks while supporting efforts to increase government cybersecurity assistance, recruit additional cybersecurity workforce, improve medical device security, improve information sharing, and improve affordable liability insurance.

- **Medicare Advantage Reform:** MHA has been collecting data from hospitals on throughput and create a monthly report summarizing Massachusetts hospital data relating to the number of patients awaiting post-acute care placement, the types of services needed, barriers to patient care, and length of wait times, among other areas. The number one challenge in each and every report has been private insurance administrative barriers, including delayed response from insurer and denial of authorization request. Medicare Advantage has accounted for at least 15% of these "stuck" patients. It is not unusual for a hospital to wait three days or longer to receive a response from a Medicare Advantage plan and in many cases those requests are denied. **MHA urges Congress to bring reform and transparency to prior authorization requirements under Medicare Advantage plans**.

- **Site Neutrality:** Payment reform in recent years has moved towards ensuring that patients receive the appropriate care for their needs and improving their outcomes. Site neutral payment proposals fall short of such patient-centered care and fail to recognize that:

    - Patients who are sicker and more complex are referred to hospital outpatient facilities for services because of their need for more clinical specialists. As an example, skilled nursing facilities usually take their patients to hospital outpatient facilities for needed screening and diagnostic services because freestanding physician offices are not prepared to fully meet the needs of these patients.
    - Patients who are more at risk due to their Medicare, Medicaid, underinsured or uninsured coverage status are steered to hospital outpatient care.
    - Federal and state regulators place licensure, certification, conditions of participation, and other regulatory requirements on hospital outpatient facilities because of their specialty staffing and capabilities to provide more complex care.

  The site neutral provisions in the PATIENT Act advanced by the House Energy Commerce Committee fails to meet these concerns for patient-centered care, eliminating the grandfathered hospital off-campus outpatient facilities and dedicated cancer center exceptions under this provision. Moving to site neutrality will decrease access for chronically and terminally ill patients who most depend on the hospital outpatient facilities. **MHA strongly opposes site neutral payment changes.**

- **MassHealth & Medicaid DSH:** Section 203 of the PATIENT Act would eliminate the scheduled Medicaid disproportionate share hospital (DSH) cuts for fiscal years 2024 and 2025. These cuts were originally enacted in the Affordable Care Act (ACA) and have been delayed several times. The current delay expires on October 1, 2023, and, if implemented, would result in $8 billion Medicaid DSH reductions annually from FY24-27. The formula requires that the largest percent of cuts be applied to the states with the highest percent of insured, and therefore Massachusetts would be one of the hardest hit states. Massachusetts' early leadership in coverage expansion pre-dates the ACA and Medicaid DSH payments are embedded in the financial foundation of our program. **MHA strongly**

supports Section 203 and thank Reps. Jake Auchincloss, Bill Keating, Lori Trahan, Seth Moulton, Stephen Lynch, Ayanna Pressley, and James McGovern for joining a House letter in support of this provision.

- **340B Integrity:** The 340B drug pricing program helps eligible hospitals offer a wide range of important programs that improve access and services for low-income patients. During the past several years the U.S. Department of Health and Human Services sent warning letters to manufacturers who were failing to comply with the 340B program, and yet manufacturers seem emboldened to continue restricting access to the 340B program by failing to provide discounts. We believe Congressional oversight authority should seek accountability from manufacturers that unlawfully overcharge safety net healthcare providers and oppose the new reporting requirements contained in the PATIENT Act. 340B eligibility requirements certify annually a hospital's uncompensated care and Medicaid payer mix and the annual audit results posted on the HRSA website provide impressive transparency. If annual audits show 340B hospitals are in compliance, then additional and duplicative data reporting adds unfair new burdens on safety net hospitals. **MHA opposes the new requirements in this bill**.

Mental / Behavioral Health and Substance Use Disorders

The mental, behavioral, and substance use disorder needs of patients have been on the rise while the lack of beds and workforce are as great as ever. **To address these concerns, MHA supports:**

- **Improving access to mental and behavioral healthcare by advancing integrated behavioral health,** including eliminating mental health carve-outs in insurance policies, increasing the number of mental health providers in plan networks, ensuring mental health parity enforcement, and promoting the use of telehealth services for mental health disorders. Eliminating barriers to treatment for patients in critical need include:
    - Repealing the Medicaid Institutions for Mental Disease (IMD) exclusion, which prohibits the use of federal Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain freestanding psychiatric facilities.
    - Eliminating Medicare's 190-day lifetime limit for inpatient behavioral psychiatric admissions.

- **Community Mental Wellness and Resilience Act (S. 1452 / H.R. 3073)** to provide grants to local community-based mental wellness and resilience programs. Senator Ed Markey and Representative Paul Tonko sponsored the bill.

- **Support the Modernizing Treatment Access Act (S. 644 / H.R. 1359)** to improve access to methadone treatment for opioid-use disorder. The bill is sponsored by Senators Ed Markey and Rand Paul and Representative David Norcross and Don Bacon. We thank Reps. Jake Auchincloss and Lori Trahan for their support.