

Critical Access Hospitals



The Value of Membership in the American Hospital Association

The American Hospital Association and its Section for Small or Rural Hospitals adds value to membership through its many functions and services, and provides a home for more than 1,630 AHA small or rural hospitals including over **975** Critical Access Hospitals (CAHs). Visit the [AHA Member Center](#) web site for details.

Representation, Advocacy, and Policy Development

Recognized as the national advocate for hospitals and the communities and patients they serve, the AHA works with hospital leaders, state and regional associations, and other related organizations to shape and influence federal legislation and regulation to improve the ability of our members to deliver high-quality health care. The AHA ensures that the unique needs of its diverse constituents are heard and addressed in design of national health policy reforms, legislative proposals, regulatory comments, and administrative debates. Indeed, from the CAH program's origins as part of the Balanced Budget Act of 1997, the AHA has been a champion for its development and subsequent improvements and enhancements.

Advocating for Program Improvement on the Legislative Front

Taking Our Message to the Hill

The AHA works with Congress to achieve fair payment and increased administrative flexibility for CAHs, and represents CAHs on Capitol Hill by working with committee leaders, testifying, and writing letters to Congressional leadership. The outcome: a more reasonable and equitable program for our small or rural hospitals and the communities they serve.

CAHs found themselves among the several rural programs targeted for cuts as part of the Budget Control Act of 2011, the President's Plan for Economic Growth and Deficit Reduction, and the Middle Class Tax Relief and Job Creation Act of 2011. Through grassroots efforts organized by the AHA, we were able to avoid cuts to either CAH payment or eligibility. And, by working with dedicated rural champions in Congress, we are able to support several bills of importance to CAHs including:

- *The Craig Thomas Rural Hospital and Provider Equity Act* (S. 1680 and H.R. 3859) or R-HoPE states that federal health policy must reflect the unique needs of residents of rural and frontier communities and CAHs;
- *The Rural Hospital Protection Act* (H.R. 1398) would ensure that the full cost of certain provider taxes is considered allowable for purposes of Medicare reimbursements to CAHs;
- *The Rural Health Care Capital Access Reauthorization Act* (S. 1431) amends Section 242 of the National Housing Act to extend exemption for CAHs under the FHA program of mortgage insurance for hospitals;
- *The Protecting Access to Rural Therapy Services (PARTS) Act* (S. 778) would adopt a default standard of general supervision for outpatient therapeutic services, and establish a special rule for CAHs;
- *The 340B Improvement Act* (H.R. 2674) would extend the 340B drug discount program for the purchases of drugs used during inpatient hospital stays and oppose any attempts to scale back this vital program;
- *The Conrad State 30 Improvement Act* (S. 1979) would reauthorize the current J-1 visa waiver program; and
- *The Medicare Decisions Accountability Act* (H.R. 452) and the *Health Care Bureaucrats Elimination Act* (S. 668) would repeal the Independent Payment Advisory Board created by the ACA to set Medicare reimbursement rates.

Pursuing Fairness in the Regulatory Arena

Leveling the Playing Field

The AHA represents the interests of small or rural hospitals to numerous federal agencies, but most notably the Centers for Medicare & Medicaid Services (CMS), the Health Resources and Services Administration (HRSA), and the Federal Communications Commission (FCC). The AHA advocates for flexible and fair rules for CAH payment and participation.

To learn more about who we are and how we add value please contact your AHA Regional Executive at 312-422-2750 or John Supplitt, senior director, AHA Section for Small or Rural Hospitals at 312-422-3306.



In 2011, CAHs welcomed some major victories in regulatory policy and enforcement, including but not limited to:

- Expanding the reach and use of broadband connectivity;
- Extending the moratorium on enforcement of the direct supervision policy for therapeutic services;
- Recommendation of members to the Hospital Outpatient Payment panel for ambulatory payment classification;
- Rescinding a policy requiring a physician's or non-physician practitioner's signature on a requisition for lab tests;
- Greater flexibility in regulatory proposals by CMS to revise the existing Medicare and Medicaid Conditions of Participation for CAH services, advanced practice practitioners, and elimination of burdensome paperwork.

AHA will continue to track rulemaking and pursue changes as needed to ensure equitable treatment of CAHs.

Member Services

The AHA offers its members a variety of services ranging from education to technical assistance. At the core are the AHA's seven constituency sections, which provide a unique blend of forum and network, linking members with shared interests and missions. Through the sections, members place political, economic, and market-driven issues on the AHA's agenda, where they can help shape AHA services and policy.

The Section for Small or Rural Hospitals

A Seat at the Table for More Than 1,630 Small or Rural Hospital Members

The Section and AHA ensure that the unique needs of this constituency are a national priority. Working side-by-side with state and regional associations and with advice from its governing council, the Section represents, advocates, educates, and communicates with and on behalf of its membership. With input from its [18-member Governing Council](#), the Section identifies the issues and challenges facing its constituents, tackles public policy priorities, develops strategies, and designs solutions to members' most pressing problems. Visit the [AHA Section for Small or Rural Hospitals'](#) web site for details.

Communications, Education, and Member Relations

Expanding Knowledge through Dialogue and Instruction

The AHA is the field's primary resource for timely communication on the most vital information affecting CAHs. Through its [CAH Update](#) newsletter, [CAH web resources](#), and site visits, the AHA reaches out and connects with CAHs across rural America. In addition, its biweekly *AHA News* and daily electronic *AHA News Now* publications deliver in-depth coverage of the issues that matter most to the hospital field.

The AHA is preeminent in educating its member CAHs. The AHA sponsors the [Health Forum Rural Hospital Leadership Conference](#) and cosponsors other national educational programs targeting CAHs. The AHA provides faculty for national and state association meetings and offers educational programming through webinars and teleconferences. Each year the Section honors a CEO for innovation and service with the [Shirley Ann Munroe Rural Hospital Leadership Award](#).

Inter-Organizational Relations

Influencing Change through Collaboration

The AHA works closely with its many partners, including the state hospital associations, American Academy of Family Physicians, Federal Office of Rural Health Policy, The Joint Commission, National Rural Health Association, and others to combine resources to support and achieve change. By partnering with related organizations, the AHA has expanded its sphere of influence to improve the status of CAHs across the country.

Become a Member

Strength in Numbers

CAH program stability and improvement is a priority for the AHA. Securing the future of CAHs and the essential role they play in caring for rural America is of paramount importance. The AHA is vigilant in the face of legislative, regulatory, and policy proposals that threaten the local delivery of care and rural community health status. The AHA will continue to advocate on behalf of CAHs for fixes to payment and administrative limitations that constrain the efficiency and effectiveness of these essential health care providers.