
Miller Wenhold Capitol Strategies, LLC
GOVERNMENT AFFAIRS AND GRASSROOTS ADVOCACY
Surviving the Swamp
What Comes Next For AAHAM
December 2019

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Going to Work Used to Feel Like This

Going to Work Now Feels Like This (Gangs From NY)

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Washington's Real Life House of Cards

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Rules for today

- Fasten your seatbelts. This is going to be a ride like you've never experienced.
- We are entering a new world in Washington and why your efforts are even more important than ever before.
- We have never seen anything like this. Trump continues to change the game both on how we make policy and how today's campaigns are run.
- Word of the day: Impeachment.
- We've been through impeachment before. This is going to be nothing like the Clinton circus in 1998 (December 19, 1998).

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Rules for today

- 2019 not about an intern. At this point, not sure we know what it's about or where this is going.
- 1998 it was Bill Clinton, an Intern, and blue dress. The facts were indisputable and there was real evidence.
- 2019 it's Trump, Ukraine, Russia, Taxes, Trump hotel, and a million other claims.
- Wild card in 2019 (that Clinton didn't have in 1998) Joe Biden.
- Trump has done what he does, change the narrative and blame someone else. Joe and Hunter Biden are as big in this impending impeachment ordeal as Trump.
- Trump has turned impeachment into treason charges he wants against Rep. Adam Schiff.
- I mention this today because its about to change how we operate and go forward with AAHAM's policy agenda in 2019 and all of 2020.

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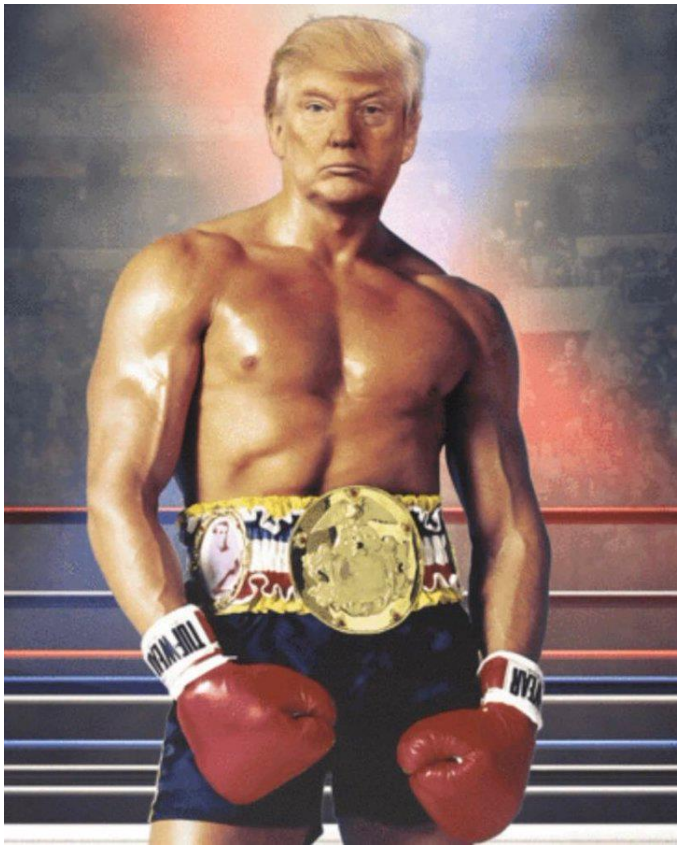
Trump Tweets this image out November 27th after House Intel Committee completed its hearing process.

When have you ever seen a President Tweet something like this out. The man has confidence.



Donald J. Trump
@realDonaldTrump

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"*To grasp and hold a vision, that is the very essence of successful leadership.*"

-- President Ronald Reagan

This is how I describe AAHAM today!

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Raising the Level the AAHAM Way

John Currier
President

Vicki Di Tomaso
Chairman of the Board

Laurie Sickelbaugh
First Vice President

Kenny Koerner
Treasurer

Amy Mitchell
Second Vice President

Rick Rogers
Secretary

Rich Lovich
Counsel

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From humble beginnings to seat at the policy-making table

You started with a newsletter and have grown to becoming the voice of the revenue cycle on Capitol Hill

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POLICY

POLITICS

Policy used to drive our politics.
Today politics drives our policy.

Public policy and politics have always been intertwined.
Today it's hard to see where one starts and the other stops.

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- Raising the level is such a simple phrase that packs a huge punch.
- No where more than with Legislative Day.
- This is one area where AAHAM excels and truly has raised the level the past four years.
- You've had some visionaries in this area starting with Linda Shaeffer to today's President John Currier.

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- Your annual fly-in has been critical to AAHAM's success.
- I've been around a number of groups who do it the wrong way – it becomes nothing more than a paid vacation.
- AAHAM's fly-in comes with two-days of policy focus.
- AAHAM's fly-in is focused on a solutions driven agenda – not complaining about Washington's failures.
- AAHAM's fly-in doesn't end after the two-day session like a lot of other organizations.

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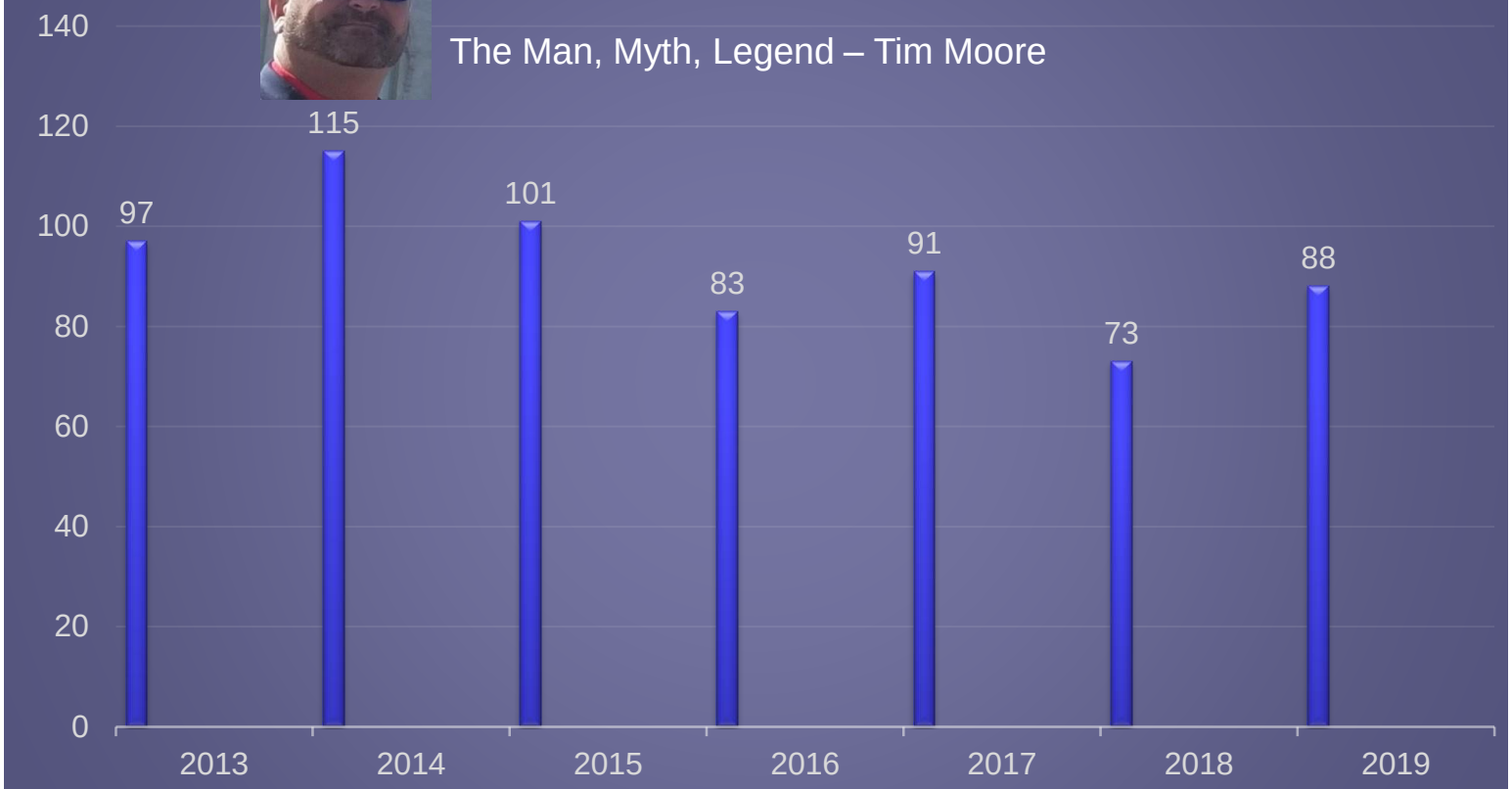
AAHAM's Legislative Day Get's Results

Legislative Day Attendance

The Man, Myth, Legend – Tim Moore



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AAHAM's Legislative Day Get's Results

Legislative Day Gets You

John Currier and Amy Mitchell
Meet with Sen. Mitt Romney

Ken Koerner and the CGH Hospital
Team Meet with Rep. Cheri Bustos

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AAHAM's Legislative Day Get's Results

Legislative Day Gets You

Rep. Bustos meets with Secretary Azar to discuss healthcare issues impacting hospitals in her district, like CGH.

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AAHAM's Legislative Day Get's Results

Legislative Day Gets You

Staff in Rep. Bustos and Rep. LaHood present AAHAM with 50th Anniversary Proclamation

John and Amy meet with Republican Minority Leader Kevin McCarthy

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AAHAM's Legislative Day Get's Results

Just don't let Rena near your hot pretzel and mustard.

- Rena Wiley and Chris Bryant (IL AAHAM) are my **Legislative Heroes**. These two ladies attended Legislative Day this year and paid their own way.
- They came because of the issues and the impact they have been making each year visiting their elected officials.
- They came because what AAHAM is doing in DC impacts their hospital and their jobs.
- You don't see this often in any organization. Rena and Chris are raising the level and AAHAM brand.

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AAHAM's Legislative Day Get's Results

- AAHAM's legislative efforts have turned into a year round effort and these two have been everywhere.
- I have had the chance to work with some amazing Legislative Chairs from Tanja Twist, Charlie Myers, Tim Moore, and Rick Rogers. **Under Amy Mitchell's leadership, AAHAM has moved its agenda to a whole new level.**

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AAHAM Declares September National Healthcare Month

AAHAM created weekly social media messages around various topics like surprise billing and the TCPA.

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AAHAM Letter Writing

- AAHAM members have been VERY good about writing their members of Congress when asked.
- Chapters like Illinois, Maryland, Florida, Pennsylvania send lots of letters.
    - Yes, these are larger chapters, but we get great response from all chapters.
    - Last “contest” we had Utah Chapter edged out the Twin States Chapter for most letters sent.

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AAHAM has drowned out the noise and is focused on results

GIT
-R-
DONE

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President Trumps FY'20 Budget

Dead on Arrival

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Trump Budget – Healthcare Highlights

- Cuts HHS budget by 12%
  - $99.5 billion in FY'19
  - $87.1 billion in FY'20
- Cuts $845 billion over the next 10 years from Medicare.
- The Trump budget also proposes to slow spending on Medicare by limiting fraud and abuse and payments to hospitals.
- Removes $241 billion from Medicaid, the health-care program for low-income Americans, over the next decade as part of an overhaul that shifts more power to states.
- Cuts $220 billion from the Supplemental Nutrition Assistance Program (SNAP) over the next decade, with proposed reforms including mandatory work requirements and food box delivery service in lieu of cash benefits for low-income families.

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Trump Budget – Healthcare Highlights

- Cuts the National Institutes of Health's funding by about 12 percent, and Centers for Disease Control and Prevention by about 10 percent.
- Funding for pediatric cancer research, however, would increase by $50 million for the next fiscal year.
- Under the new arrangement, states would gain far more freedom to set their own rules about how to cover the poor.
- Budget also would eliminate funding for Medicaid expansion under the Affordable Care Act, which has gone to about three dozen states over the past five years.
- The budget would devote $291 million as the first installment of a presidential commitment to stop the spread of HIV within a decade, and would continue investment in curbing the opioid epidemic.
- **This year's proposed budget would reduce the growth of various Medicare provider payments, including for care after hospitalizations, graduate medical education and hospital-owned physician clinics.**

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Healthcare By Regulation, Not Legislation

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Healthcare By Regulation, Not Legislation

- President Trump has been looking to do more in all areas using the regulatory process versus relying on Congress to pass legislation.
- This includes healthcare.
- What happens when you repeal and replace and don't have the votes to replace.

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Where it all started for AAHAM

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- The TCPA was signed into law in 1991. Congress designed TCPA to protect consumers from receiving unsolicited telemarketing calls.

- The TCPA restricts the use of “automatic telephone dialing systems,” broadly limited the use of pre-recorded voice messages, and prohibited outreach to mobile phones without **“prior express consent”** from the call recipient.

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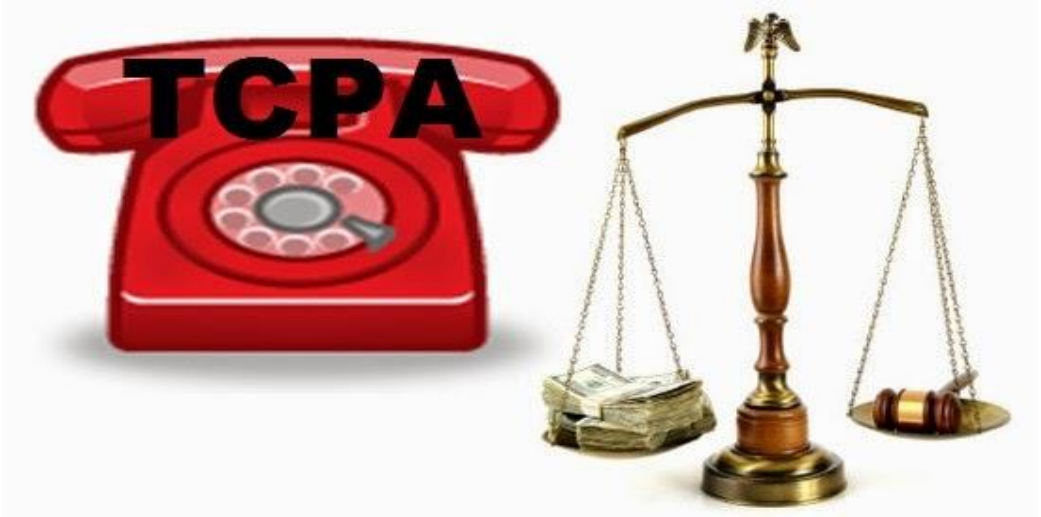
Problem for us is the FCC has never defined PRIOR EXPRESS CONSENT, which has been a trial lawyers dream.

(AAHAM has had TCPA champions like Deb Kelly, who fought every lawsuit out of principle.)



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- Enacted in an era before most Americans had mobile phones.
  - As such, the TCPA is outdated and has now exceeded its original goals of preventing telemarketing calls to now preventing wanted calls.
- TCPA restricts Americans from receiving healthcare appointment reminders, follow up treatment information, and the like.
- TCPA prevents people rom receiving these communications on the devices they prefer – their mobile phones.
  - People more dependent on technology today than at any other time and will only get worse.
  - People WANT information via their phones today.
  - ACA and 502(r) created unfunded mandates, which require you to follow-p with patients, but prohibit you from doing it effectively.

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- TCPA isn't keeping up with the speed at which technology is driving our economy.
- 46% of households today do not have landline phones.
- Young congressional staffers never had a landline.
- I have been in at least 2 meetings with young congressional staffers who said flat out we shouldn't care if people pay their medical bills and companies should be fined for trying to get them to do so.
- The everything is free generation.

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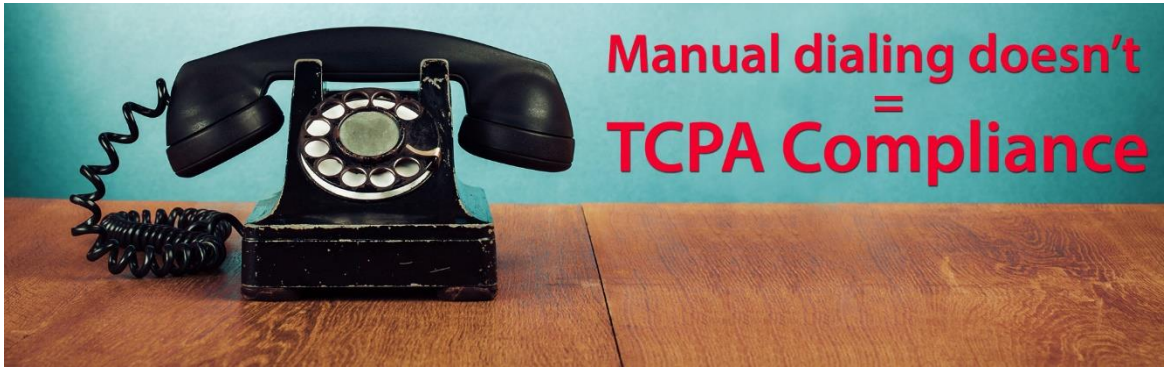
- **We're not looking for telemarketing loopholes.**
- **We simply want commonsense changes.**



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AAHAM has been a leading voice over the past 6-years seeking significant changes to the TCPA.

- Such a simple common-sense issue packed with so much political punch.
- Has not been an easy fight as many of you can attest.
- We have made progress.

- October 2014 AAHAM filed a petition with the FCC seeking declaratory relief on two issues:

1) Clarify what ***Prior Express Consent*** means - Specifically, we wanted an exemption for calls placed by or on behalf of healthcare providers - For purposes of the Petition, “healthcare provider” includes hospitals, emergency care centers, medical physician or service offices, poison control centers, **and other healthcare profe**ssionals; and

2) AAHAM asked the FCC to exempt third parties from “prior express consent” requirement – they are an extension of the hospital.

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AAHAM's healthcare provider members **(or entities acting on their behalf)** may contact patients by telephone regarding matters including, but not limited to:

- Appointment and exam confirmations and reminders;
- Wellness checkups;
- Hospital pre-registration instructions;
- Pre-operative instructions;
- Lab results;
- Post-discharge follow-up intended to prevent readmission;
- Home healthcare instructions;
- Available payment options;
- **Account reminders and payment notifications;**
- Insurance coverage outreach and eligibility (*e.g.*, to notify a patient that insurance coverage or payment is available for a service that has been provided);
- Social Security disability eligibility; and
- "Health care messages" as defined by HIPAA.

For purposes of our Petition, these calls were referred to collectively as "healthcare calls."

- We have met with the FCC more than I can count and had very good dialogue with them. At the end of the day this issue became political with consumer groups and several members of Congress weighing in opposing all Petitions, regardless of what they were asking for.

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What AAHAM Achieved

- FCC granted AAHAM's petition to exempt calls for which there is exigency and that have a healthcare purpose, specifically:
  - Appointment and exam confirmations/reminders;
  - Wellness checkups;
  - Hospital pre=registration instructions;
  - Pre-operative instructions;
  - Lab results;
  - Post-discharge follow-up intended to prevent readmission;
  - Prescription notifications;
  - Home healthcare instructions.
  - Did not exempt billing or debt collection calls.

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Telephone Consumer Protection Act

Then Congress met this guy!

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Telephone Consumer Protection Act

- In 2016 U.S. Senate held a hearing on the TCPA and invited AAHAM to testify.
- For those who watched this, you saw Rich destroy Sen. Claire McCaskill (D-MO), who spent the time complaining how her adult son, who is on her phone plan, was angry about receiving robocalls to his cell phone. This got mommy upset (wish we all had a parent in Congress to fight our battles.)

Lovich

vs

McCaskill

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Telephone Consumer Protection Act

Sen. Roy Blunt

Sen. Bill Nelson

Sen. John Thune

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Telephone Consumer Protection Act

- I bring Rich up to show you the importance of what you're doing in DC as well as Legislative Day.
- John, Amy, and Kenny came back to DC in September and one of the issues we were meeting on is the TCPA. When we called to set the meeting with Senate staff, first comment was "didn't Rich Lovich testify before our Committee in the past on this?"
- Rich testified in 2016 and this call was in 2019. Three years later staff still remember Rich and what AAHAM brings to the table on this issue.

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Telephone Consumer Protection Act

- In 2016 AAHAM was asked by Anthem, Wellcare, and Blue Cross Blue shield Association to join them in another petition.
- We asked the FCC to clarify their 2015 ruling. Specifically:
  - That providing a number to a "covered entity" or "business associate" (as those terms are defined under HIPAA), whether by an individual, another covered entity or a party engaged in an interaction constitutes prior express consent for non-telemarketing calls allowed under HIPAA for the purposes of treatment, payment, or **health care operations**.
  - That the prior express consent clarification in paragraph 141 and the non-telemarketing health care message exemption granted in paragraph 147, both in the *2015 Declaratory Order*, be clarified to include HIPAA "covered entities" and "**business associates**."

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Telephone Consumer Protection Act

- We were hopeful that we would get a ruling on this join petition in 1st quarter of 2019. This obviously hasn't happened.
- Again, politics getting in the way with the other robocall rules handed down by FCC earlier this year.
- Now impeachment is another obstacle that will slow the system down.

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Robocalls Catch Fire

- Spoofing becomes big focus on Capitol Hill.
  - Recent House hearing focused on robocalls (spoofing)
  - AAHAM was asked to testify
- Drumbeat getting louder for more regulatory actions.
  - Bi-partisan support from key lawmakers
  - Senate bill S. 151, the TRACED Act introduced by Sen. John Thune (R-SD) and has the support of 77 bi-partisan co-sponsors. House has similar bill H.R. 946 introduced by Rep. Frank Pallone (D-NJ).
- TRACED Act: Will become law.
  - Would authorize the Federal Communications Commission (FCC) to levy additional civil penalties on people who intentionally violate restrictions on the use of automated telephone equipment (that is, illegal robocallers and spoofers).
  - Would extend the period in which intentional violators are subject to enforcement, and the FCC would be required to report to the Congress annually on its enforcement.
  - Would direct the FCC to require voice service providers (VSPs) to implement—within 18 months of enactment—to authenticate caller ID in their Internet protocol networks.
  - Would impose an additional private-sector mandate by removing a private right of action. The bill would limit the right of plaintiffs to file suit against certain VSPs for unintended or inadvertent blocking of calls.

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First and Goal for the TCPA

1) Will AAHAM's Joint Petition get resolution?

2) Will the new call for new robocall regulations politicize our petition?

3) Will the FCC's ruling on autodialers and reassigned numbers prompt new legal challenges, thus moving AAHAM's petition to the bottom of the review pile?

4) Will Congress find the floor time needed to pass comprehensive robocall legislation?

5) Does the 2020 elections impact our petition?

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340B Update

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340B Update

- **The 340B program allows qualified hospitals to buy certain outpatient drugs at or below cost in an effort to extend scarce federal resources.**

- HHS complained that the 340B program has created a large profit margin between the price that hospitals pay for 340B drugs and the reimbursement paid by Medicare. As a result, HHS said hospitals would be incentivized to overprescribe the discounted drugs.

- That concern was validated by a Government Accountability Office report in 2015 which showed that Medicare Part B drug spending was substantially higher at 340B hospitals.

- On November 1, 2017, the US Department of Health and Human Services released a Final Rule implementing a payment reduction for most covered outpatient drugs billed to Medicare by 340B-participating hospitals from the current Average Sales Price (ASP) plus 6% rate to ASP minus 22.5%, which represents a payment cut of almost 30%.

- **Effective January 1, 2018, the 30% slash in reimbursement rates became reality, but only for locations physically connected to participating hospitals. CMS is expected to broaden the 30% reduction to all 340B-participating entities in the future.**

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340B Update

- On Dec. 27, 2018, U.S. District Court for the District of Columbia issued an order in favor of the American Hospital Association (AHA) to stop CMS' nearly 30 percent reduction in the reimbursement rate for 340B drugs as exceeding the statutory authority of the Department of Health and Human Services.

- Congress once again turned its attention toward hospitals participating in the 340B drug prescription program, following a series of studies that have raised concern the program's incentives are skewed.

- **In 2018 Republicans on the Senate HELP Committee lined up to criticize 340B for what they described as lack of accountability and oversight for the program. Democrats appeared more sympathetic to the program, which they say helps the underserved, but also seemed open to transparency reforms.**

- **Sen. Alexander (R-TN), chairman of the Senate Health, Education, Labor & Pension Committee worked in a bi-partisan way with Ranking Member Patty Murray (D-WA) on several hearings looking at issues raised.**

- **Sen. Bill Cassidy (R-LA) has been outspoken critic of the program. He understands the need for the program, but the key figure looking at future reforms.**

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340B Update

- 340B isn't going away. This is the message we've heard from both R's and D's.
- Senate had hoped to pass bi-partisan legislation before they adjourned for the 2018 election, but Kavanaugh got in the way. Now the issue has died down, so has the criticism.
- Issue is still on the congressional radar. Sen. Chuck Grassley (R-IA) has gotten back on the 340B kick. He has been critical of the program in the past but had moved over to chair the Judiciary Committee and this issue seemed to be put on the sidelines for him. He is now back chairing the Senate Finance Committee and 340B is once again on his radar.
- This issue seems to have lost congressional steam. Talked about, but not the push it had in 2018. Congress has moved on to prescription drug pricing.
- Administration hasn't given up on reform. Elements of the president's 2020 budget includes several policies that would impact certain characteristics of the 340B Program even though the underlying structure and purpose of the 340B Program remain fundamentally unchanged.

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340B Update

Bills to watch out for:

- S. 2543, the Prescription Drug Pricing Reduction Act **r**equires hospitals to report to HHS both the prices they pay to drug manufacturers for the 340B-discounted drugs as well as all revenues received for the drugs from private insurers, Medicare, Medicaid, the Children's Health Insurance Program and patients. (Sen. Grassley)

- In 2018, Sen. Bill Cassidy (R-La.), who sits on the Senate health committee, another vocal critic of the 340B program operations had introduced that would put a moratorium on new 340B hospitals or registration of associated sites, with an exception for rural providers. Has not re-introduced in 2019.

- A lot of other bills out there, but none with traction.

- **Credit to AAHAM for playing an active role on this issue, especially with Sen. Cassidy. We have made a difference with his staff.**

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Price Transparency Update

Not “Surprise Billing”

Really Out-of-Network Costs

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Price Transparency Update

- Transparency when it comes to a person's healthcare costs has been an issue growing in momentum over the past several years. The issue has risen to a level big enough for Congress now to begin "legislating."
- Initiatives to make charge and price data available to the public are emerging on several fronts.
- Currently, 42 states already report information on charges or payment rates, and make that information available to the public.
- January 1, 2019 every hospital was required to post on its website its charge master.
- The problem with CMS' rule is that it gave no specifics on how to do this to ensure patients get the full picture of any and all costs associated with their care.

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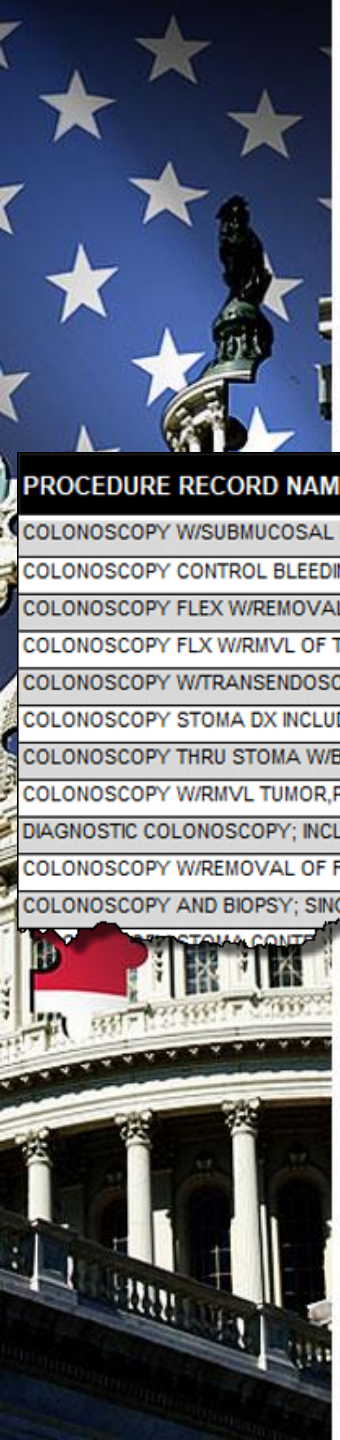
procedure master #	SFMC Average Charge
1100001	1679.00
1120001	1679.00
1180001	1679.00
1200001	1679.00
1200003	3719.00
1220001	1679.00
1280001	1679.00
1500001	1649.00
1710001	1437.00
1720001	2892.00
1730001	4073.00
1740001	5516.00
1900001	1000.00
1900002	1150.00
1900003	1300.00
1900004	1450.00
1900005	35.00
2000001	5474.00
2030001	5544.00
2060001	4241.00
2590001	118.00

How one hospital decided to list its prices.



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PROCEDURE RECORD NAME	STANDARD CHARGE
COLONOSCOPY W/SUBMUCOSAL INJ(S), ANY SUBSTANCE	$ 1,533.00
COLONOSCOPY CONTROL BLEEDING	$ 1,839.00
COLONOSCOPY FLEX W/REMOVAL LESION BY HOT BX FORCEPS	$ 1,248.00
COLONOSCOPY FLX W/RMVL OF TUMOR POLYP LESION SNARE TQ	$ 1,423.00
COLONOSCOPY W/TRANSENDOSCOPIC BALLOON DILATION	$ 1,407.00
COLONOSCOPY STOMA DX INCLUDING COLLI SPEC SPX	$ 966.00
COLONOSCOPY THRU STOMA W/BIOPSY	$ 1,072.00
COLONOSCOPY W/RMVL TUMOR,POLYP,LESION SNARE TECH	$ 1,469.00
DIAGNOSTIC COLONOSCOPY; INCLUDING COLLECTION OF SPECIMEN(S)	$ 1,422.00
COLONOSCOPY W/REMOVAL OF FOREIGN BODY(S)	$ 1,371.00
COLONOSCOPY AND BIOPSY; SINGLE OR MULTIPLE	$ 1,611.00

Type of Services for Diagnostic Colonoscopy	Charge
Hospital: Pharmacy	$401
Hospital: Anesthesia	$192
Hospital: Recovery	$74
Hospital: Procedure (CPT 45378)	$1,422
Professional: Procedure (CPT 45378)	$1,285
Total Charges	**$3,374**

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- Posting a facilities CDM does not account for co-morbidities, complications, additional services.
- Patients may not know all services that would be required for a given visit like radiology, pharmacy, supplies, facility, physician, labs, anesthesia, etc.
- Unable to account for specific benefits a patient may have contractually with their insurance company (covered vs non covered services deemed by payer policy).
- Can be substantial out of pocket difference based on where the service is performed.
- Need the help of insurers in this process.
- Patients really want to know their true out-of-pocket expenses.
- Current CMS rule does not provide that to consumers.

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House Takes First Step at “Surprise Billing” Legislation

- Washington has no idea what they are about to potentially regulate.
- Washington hears the drumbeat from consumers upset by these costs.
- Washington in its typical way of doing things reacts without understanding the issue.
- Washington needs to show voters they care, even if the outcome doesn’t solve the problem (as we saw with the chargemaster requirement).

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House Takes First Step at “Surprise Billing” Legislation

- House Energy & Commerce Committee put out its version of surprise billing:

- **Prohibit surprise medical bills and hold patients harmless in emergency si tuations:** Patients are at their most vulnerable when they experience a medical em ergency and simply have no ability to consider whether a provider is in-network or out-of-network.
- *No Surprises Act* prohibits balance billing for all emergency services and patients w ould only be held responsible for the amount they would have paid in-network.

- **Increase transparency and empower patient choice:**
  Even the most educated consumers have a hard time navigating our healthcare syst em. It is critical that providers, hospitals, and insurers all do a better job of helping patients understand their health insurance coverage.
- *No Surprises Act* requires that patients receiving scheduled care be given written and oral notice at the time of scheduling about the provider’s network status and potential charges they could be liable for if treated by an out-of-network provider.
- If a patient does not sign a consent form acknowledging that the provider is out-of-network the patient can not be balance billed.

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- Prohibit surprise medical bills from providers that patients cannot reasonably choose:
  - Patients receiving scheduled care should be fully notified about whether providers are in or out of their network; however, in some cases notice is not practical.
  - Far too many stories of consumers scheduling care with an in-network provider only to later get hit by a bill from a facility based provider they did not choose.
- The *No Surprises Act* prohibits balance bills from providers patients cannot reasonably choose.

- **Encourage the development of state all-payer claims databases:** State based all-payer claims databases have the potential to shine a light on healthcare costs and spur innovative policy solutions.

- *No Surprises Act* provides $50 million in grants for states looking to develop or maintain an all-payer claims database.

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- **Establish a market-based benchmark to resolve out-of- network payment disputes between providers and insurers:**
    - Payment disputes between providers and insurers must be resolved in a manner that takes the patient out of the middle, is transparent and does not increase federal healthcare expenditures.
- *No Surprises Act* establishes a minimum payment standard set at the median contracted (in-network) rate for the service in the geographic area the service was delivered. It also preserves a state's ability to determine their own payment standards for plans regulated by the state.
- *This was controversial and would have caused the bill to fail, but a compromise was struck that added ARBITRATION into the mix. Not the Baseball arbitration people want.*
- *Arbitration would allow providers or insurers to appeal to a neutral arbiter in circumstances when the median in-network rate paid to doctors or hospitals exceeds $1,250.*
- ***Sen. Cassidy (the guy who was critical of 340B to now is warmer to the issue) has been a true champion on this issue. AAHAM is working with Sen. Cassidy on ensuring that any bill that hits the Presidents desk includes baseball style arbitration.***

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Observation Stays

Background: Medicare beneficiaries are being denied access to Medicare's skilled nursing facility (SNF) benefit because acute-care hospitals are increasingly classifying their patients as outpatients receiving observation services, rather than admitting them as inpatients.

- Patient status is determined by physician/provider order. Those orders are subject to multiple regulations and cannot simply be changed by the hospital.
- Patients are called outpatients despite the fact that they may stay for many days and nights in hospital beds and receive medical and nursing care, diagnostic tests, treatments, medications, and food, just as they would if they were inpatients.
- Under the Medicare statute, however, patients must have an inpatient hospital stay of three or more consecutive days, not counting the day of discharge, in order to meet Medicare's criteria for coverage of post-acute care in a SNF. As a result, although the care received by patients in observation status is the same as the care received by inpatients, outpatients who need follow-up care in a SNF do not qualify for Medicare coverage.
- Hospital stays classified as observation, regardless of their length and the type of number of services provided, are considered outpatient. These hospital stays do not currently qualify patients for Medicare-covered care in a SNF; only inpatient time counts.

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Observation Stays

Status:

- Bi-partisan legislation introduced recently would create a full and permanent solution.
- The Improving Access to Medicare Coverage Act (S. 568 and H.R. 1421), introduced by Senators Sherrod Brown (D- OH), Susan Collins (R-ME), Shelley Moore Capito (R-WV) and Representatives Joe Courtney (D-CT) and Joe Heck (R-NV) would help Medicare beneficiaries who are hospitalized in observation by requiring that time spent in observation be counted towards meeting the three-day prior inpatient stay.
- These bills have not moved and unless there are vehicles to attach them too, they likely will not move this year. The Coalition AAHAM belongs to is looking at potential vehicles, like any 340B drug bill or “surprise billing” legislation that moves to try and attach the observation stay legislation to it.
- Unlikely to pass this year.

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Mr. President Healthcare's All Yours

"I look forward to seeing what the president is proposing and what he can work out with the speaker."

"I am focusing on stopping the 'Democrats Medicare for none' scheme."

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What Does This All Mean?

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What Does This All Mean?

- Congress will focus on targeted approaches going forward:
  - Drug pricing
  - Surprise billing
  - 340B
- No stomach or votes to try and push comprehensive overhaul.
- Democrats will make this a priority in 2020 elections.
- Republicans will push back and blame Democrats for not fixing ACA.
- Republicans will argue the ACA was supposed to bring costs down, but instead drove them up. This is a bit of smoke and mirrors. Costs do keep increasing, but some of its because of the repeal of the ACA pieces.

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Thank you Mr. President for all you have done to *Raise the Level* both within AAHAM and in Washington.

Proud to say you are my President!

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