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Hospital Group Rebrands as National Alliance of Safety-Net Hospitals

(Washington, D.C.) The National Association of Urban Hospitals, which was established in the 1990s as the National Association of Urban Critical Access Hospitals, is now the National Alliance of Safety-Net Hospitals (NASH), effective January 1, 2019.

NASH president Keith Hovan, who also serves as president and CEO of Southcoast Health, in Massachusetts, attributes the change to the recognition that private safety-net hospitals can be found serving communities across the country, not just in urban areas or not-for-profit settings.

“As we pursued our policy objectives in Washington, we saw that while the challenges we face are in many ways distinct, they are not necessarily unique to urban hospitals nor to non-profit hospitals,” Hovan explains. “We also saw that we have common cause with private safety-net hospitals located in suburban and rural areas as well. After careful consideration we concluded that we could be a more effective voice for the communities we serve by working cooperatively with similar private hospitals throughout the country.”

With the new collaboration, NASH members determined that rebranding and renaming the organization was necessary and would help further the public’s understanding of their mission.

NASH defines “private safety-net hospital” as an acute-care hospital, not owned by a government entity, that has more than 100 beds and is a major provider of Medicaid services, as demonstrated by receiving at least 25 percent of its patient revenue from Medicaid or providing at least 25,000 inpatient days of care a year to Medicaid patients.

The National Alliance of Safety-Net Hospitals advocates for adequate recognition and financing of private safety-net hospitals that serve America’s neediest communities. These private safety-net hospitals differ from other hospitals in a number of key ways: they serve communities whose residents are much older and poorer; they are far more dependent on Medicare and Medicaid for revenue; they provide far more uncompensated care; and unlike public safety-net hospitals, they have no statutory entitlement to local or state funds to underwrite their costs. NASH’s role is to ensure that when federal officials make policy decisions, they understand the implications of those decisions for these distinctive private safety-net hospitals. NASH pursues its mission through a combination of vigorous, informed advocacy, data-driven positions, and an energetic membership with a clear stake in the outcome of public policy debates.

Additional information about NASH can be found on the group’s web site at <https://safetynetalliance.org/>. NASH staff and members are available for information, analysis, and comment on health care legislation, regulations, proposals, and developments that affect private safety-net hospitals and the generally low-income communities they serve.

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