

Protect Private Safety-Net Hospitals and the Communities They Serve in Upcoming Budget and Legislative Deliberations

December 11, 2019

Dear Chairman Pallone:

As Congress continues to work hard to address a full, ambitious end-of-the-year legislative agenda that includes appropriations bills needed before the current Continuing Resolution expires on December 20, the National Alliance of Safety-Net Hospitals urges you and your colleagues to protect Medicaid DSH and ensure that the decisions you make and the votes you cast protect private safety-net hospitals and the medically vulnerable residents of the low-income communities these hospitals serve.

First and foremost, NASH urges you to **retain and extend the current delay in the implementation of Affordable Care Act-mandated cuts in Medicaid DSH allotments to the states** that have been included in this fall's two Continuing Resolutions. If implemented, those cuts would be disastrous to the hospitals that participate in this program, depriving them of some of the resources upon which they have long relied to serve low-income, uninsured, and under-insured patients. Every state and every participating hospital would be harmed if this cut were to be implemented. We appreciate Congress's willingness on several occasions in recent years to delay this cut and hope you will do so again before year's end.

NASH also supports a number of proposals currently under consideration by Congress, including:

- continued dedicated funding for Community Health Centers, the National Health Service Corps, and the Teaching Health Center Graduate Medical Education Program;
- the continuing effort to find ways to reduce prescription drug costs for Americans; and
- ensuring that patients are spared financial responsibility for what are often devastating and almost always unexpected surprise medical bills.

At the same time, we hope you will **protect private safety-net hospitals and the communities they serve** from a number of potentially damaging proposals currently being considered, including:

- any attempt to give the federal government a rate-setting role as part of a broader effort to address surprise medical bills;
- legislation that would reduce Medicare payments to hospitals for prescription drugs administered in outpatient settings;
- any reduction of reimbursement for prescription drugs for hospitals that participate in the 340B prescription drug discount program; and
- any other proposals that would detract from the ability of private safety-net hospitals to serve their communities.





We appreciate your consideration of our concerns and welcome any questions you may have about NASH's views on these or any other health care policies or proposals Congress may be considering.

Sincerely,

Ellen Kugler
Executive Director

