



December 11, 2024

Christina Crooks Bryan

Vice President of External Affairs

The Honorable Lisa Blunt Rochester
1724 Longworth House Office Building
Washington, DC 20510

The Honorable Tom Carper
513 Hart Senate Office Building
Washington, DC 20510

The Honorable Chris Coons
218 Russell Senate Office Building
Washington, DC 20510

Beebe Healthcare

David A. Tam, MD, MBA
President & CEO
DHA Board Chair

ChristianaCare

Janice E. Nevin, MD, MPH
President & CEO
DHA Board Vice Chair

Bayhealth

Terry Murphy
President & CEO
DHA Board Secretary & Treasurer

Nemours Children's Health

Mark Marcantano
President
Delaware Valley Operations

TidalHealth Nanticoke

Penny Short, MSM, BSN, RN
RN President

Saint Francis Hospital

Marlow Levy RN, MBA, FACHE
President

Delaware Healthcare Association

Brian W. Frazee
President & CEO

Congresswoman Blunt Rochester, Senator Carper, and Senator Coons,

On behalf of Delaware's hospitals, health systems, and related health care organizations, thank you for your ongoing support of policies that enable Delaware hospitals to better serve their patients and communities.

As the 118th Congress comes to a close, **we respectfully request your support for the following Delaware hospital priorities in a year-end legislative package:**

- **Extend Telehealth and Hospital-at-home Waivers.** Telehealth provides a tremendous ability to leverage geographically dispersed provider capacity to support patient demand. Congress should permanently adopt telehealth waivers and expand the telehealth workforce. In addition, hospital-at-home programs are a safe, innovative way to care for patients in the comfort of their homes. With over 300 hospitals with hospital-at-home programs, many other hospitals and health systems indicate they are interested in developing programs for their communities but are reluctant to do so without congressional action. We urge Congress to pass the Hospital Inpatient Services Modernization Act (H.R. 8260/S. 4350), extending the hospital-at-home waiver for five years through 2029.
- **Reject Site-neutral Payment Proposals.** We strongly oppose efforts to expand site-neutral payment cuts to include essential drug administration services furnished in off-campus hospital outpatient departments (HOPDs). Current Medicare payment rates appropriately recognize that there are fundamental differences between patient care delivered in HOPDs compared to other settings. HOPDs have higher patient safety and quality standards, and, unlike other sites of care, hospitals take important additional steps to ensure drugs are prepared and administered in a safe manner for both patients and providers. HOPDs provide care for Medicare patients who are more likely to be sicker and more medically complex than those treated at physicians' offices. This is especially true in rural and other medically underserved communities. Additional cuts will directly impact the level of care and services available to vulnerable patients in these communities.



We also call on Congress to reject legislative efforts requiring each off-campus HOPD to be assigned a separate unique health identifier from its provider as a condition of payment under Medicare or group health plans. Hospitals are already required to be transparent about the location of care delivery. This requirement would be duplicative and impose unnecessary and onerous administrative burdens and costs by needlessly requiring the overhaul of current billing practices and systems.

- **Prevent the Statutory Pay-As-You-Go sequester, which would result in 4 percent cuts to hospital providers in fee-for-service Medicare.** In previous years Congress has stepped in to pass legislation to avoid triggering PAYGO. Congress once again needs to waive these cuts, to prevent them from taking effect in 2025 and avoid significant impact to providers and patients.
- **Prevent Reimbursement Cuts for Physicians.** Congress should take action to mitigate the scheduled physician reimbursement cuts for 2025 and to continue its work on broader reform for sustainable physician payment. Physicians have dealt with over two decades of conversion factor decrements, as well as significant staffing shortages and rising inflation in recent years. The scheduled 2.8% payment reduction in the 2025 Physician Fee Schedule would result in a significant risk to patients' access to care.
- **Protect Rural Communities' Access to Care.** We urge Congress to continue the Medicare-dependent Hospitals and Low-volume Adjustment programs. These programs provide rural, geographically isolated and low-volume hospitals additional financial support to ensure rural residents have access to care. These programs expire on Dec. 31, 2024.
- **Address the Medicaid Disproportionate Share Hospital (DSH) Payment Reductions.** The Medicaid DSH program provides essential financial assistance to hospitals that care for our nation's most vulnerable populations. The fiscal year 2025 Medicaid DSH payment reductions are scheduled to be implemented on Jan. 1, 2025, when \$8 billion in reductions take effect. Congress should continue to provide relief from the Medicaid DSH cuts.
- **Enact a Temporary Fix for Certain 340B Hospitals.** The 340B program is critical to helping hospitals across the nation and in Delaware provide care and community benefit services to those that need it most. Unfortunately, some hospitals that currently qualify for the program are facing disqualification due to factors including the Medicaid



redeterminations and increases in non-Medicaid long-stay patients impacting the calculation that triggers inclusion in the program. Congress should enact a temporary two-year fix for these 340B hospitals that are facing disqualification from the program due to such factors.

- **Hold Commercial Health Plans Accountable.** Certain health plan practices, such as inappropriate care denials and delayed payments, threaten patient access to care. These practices also contribute to clinician burnout and add excessive administrative costs and burdens to the health care system. We urge Congress to pass the Improving Seniors Timely Access to Care Act (H.R. 8702/ S. 4532), bipartisan legislation supported by more than half of the members of the House and Senate. The bill would streamline the prior authorization process in the Medicare Advantage program by eliminating complexity and promoting uniformity to reduce the wide variation in prior authorization methods that frustrate both patients and providers.
- **Protect America's Health Care Workers.** Congress should enact the Safety from Violence for Healthcare Employees (SAVE) Act (H.R. 2584/S. 2768). This bipartisan bill would provide federal protections from workplace violence for hospital workers, similar to the protections in current law for airport and airline workers.

Thank you for your continued support for Delaware's hospitals, health systems and the patients and communities they serve. Please don't hesitate to let us know if you have any questions.

Sincerely,

A handwritten signature in blue ink that reads 'Christina Bryan'.

Christina Crooks Bryan
Vice President of External Affairs
Delaware Healthcare Association