

2026

ADVOCACY AGENDA





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INTRODUCTION

America's hospitals and health systems are the backbone of American health care, providing essential care and services 24/7/365 and serving as trusted community anchors. Hospitals are not only places of caring for the sick and injured and centers for promotion of wellness and prevention, but also hubs of innovation and education.

However, hospitals and health systems face mounting challenges, including severe workforce shortages, rising costs of care, inadequate government reimbursement and overwhelming regulatory burden. These pressures and others threaten the ability of hospitals to sustain access to essential services and meet the needs of the communities they serve.

In 2026, the American Hospital Association (AHA) will work closely with Congress, the administration, regulatory agencies and the courts to advance policies that protect patient care, ensure affordable access to services and strengthen the health care system. At the same time, we also must recognize hospitals' responsibility — as well as other stakeholders' — to offer more creative and innovative care transformation approaches to address these issues.

Our advocacy agenda focuses on four critical priorities:

- ◆ **Ensure Access to and Affordability of Care.** Ensure access to essential health care services, which includes making care more affordable while also providing hospitals and health systems the financial support they need to continue serving patients and communities 24/7.
- ◆ **Strengthen and Support the Health Care Workforce.** Address workforce shortages and invest in recruitment, retention and training to build a resilient health care team to meet today's care needs, as well as those in the future.
- ◆ **Reduce Burdensome and Unnecessary Regulations.** Eliminate outdated and excessive administrative requirements that stifle hospitals' ability to innovate, burn out the workforce, and divert resources away from patient care.
- ◆ **Spearhead Innovation to Advance Health.** Lead the development of innovations that transform health care delivery today to shape a healthier future in America.

By tackling these challenges head-on, the AHA is committed to safeguarding the future of hospital and health system care, ensuring they remain strong pillars of health and wellness in every community across America.



KEY HIGHLIGHTS

- ◆ Support a more **affordable health care system** by reducing excessive administrative costs, addressing the unsustainable cost of drugs, investing in prevention, reducing avoidable utilization and supporting patient engagement in their health.
- ◆ Ensure essential health care services are available in all communities by **safeguarding federal funding for Medicare, Medicaid, the Children’s Health Insurance Program and the Health Insurance Marketplaces**.
- ◆ **Reject additional payment cuts** that do not recognize legitimate differences among provider settings (**so-called site-neutral or facility-fee payment policies**).
- ◆ **Ensure adequate Medicaid payments** to allow hospitals to continue to serve the Medicaid, uninsured and underserved populations in their communities, including through support of the current FMAP rates, the Medicaid Disproportionate Share Hospital program, Upper Payment Limits and Directed Payments, and the financing sources that sustain them.
- ◆ **Protect the 340B Drug Pricing Program** to ensure hospitals can maintain vital patient services and expand access to care.
- ◆ **Extend the recently expired Enhanced Premium Tax Credits** to ensure millions of Americans can continue to access health care coverage and prevent hospitals from shouldering an even greater financial burden.
- ◆ **Hold commercial health insurers accountable** for ensuring appropriate patient access to care, including reducing the excessive use of utilization management programs, ensuring adequate provider networks, reducing accounts receivable and limiting inappropriate denials for services.
- ◆ **Bolster the health care workforce** by enacting important protections against violence in health care settings, eliminating federal restrictions that limit the ability of providers to practice at the top of their license, and increasing funding for clinical training programs.
- ◆ **Enact regulatory and administrative relief** from burdensome policies that take caregivers away from providing patient care and increase costs for patients and the health care system.
- ◆ **Support artificial intelligence policy frameworks** that foster continued innovation while ensuring privacy and patient safety.
- ◆ **Ensure dependable, affordable access to pharmaceuticals, medical devices and other critical supplies** by limiting the imposition or increase of tariffs.
- ◆ **Advance policies that assist in protecting health care services, data and patients from cyberattacks.**
- ◆ Bolster support for hospitals and health systems so they can **prepare for and respond to natural and man-made disruptions, including natural disasters, cyberattacks and supply chain failures.**

2026

— DETAILED —

ADVOCACY AGENDA



Ensure Access to and Affordability of Care



AFFORDABILITY OF CARE

- ◆ Ensure essential health care services are available and affordable in all communities **by safeguarding federal funding for Medicare, Medicaid, the Children’s Health Insurance Program and the Health Insurance Marketplaces**. Government reimbursement is not keeping pace with and is significantly less than the cost of delivering care.
- ◆ Ensure patient access to critical care and other outpatient services by **rejecting additional payment cuts** that do not recognize legitimate differences among provider settings (also known as so-called site-neutral or facility-fee payment policies) and policies that restrict patient access to certain sites of care (also known as site-of-service policies).
- ◆ **Ensure adequate Medicaid payments** to allow hospitals to continue to serve the Medicaid, uninsured and underserved populations in their communities, including through support of the current FMAP rates, the Medicaid Disproportionate Share Hospital program, Upper Payment Limits and Directed Payments, and the financing sources that sustain them.
- ◆ Preserve the gains in health coverage made over the past decade, including by **extending the Enhanced Premium Tax Credits** for coverage through the health insurance marketplaces.
- ◆ **Protect the 340B Drug Pricing Program** to ensure hospitals can maintain vital patient services and expand affordable access to care by protecting upfront discounts and reversing policies that restrict discounts through partnerships with community pharmacies.
- ◆ Ensure the **Federal Emergency Management Agency follows through on its commitment to reimburse hospitals** appropriately and timely for the resources they provide during public health emergencies and other disasters.
- ◆ **Protect Medicare payment for physicians to ensure access to care and services.**
- ◆ **Enhance the effectiveness and lower the burden of the Physician Quality Payment Program** by advocating for more accurate and meaningful cost measures and appropriately pacing the implementation of new program approaches, such as the Merit-based Incentive Payment System Value Pathways.
- ◆ Support proposals that would **address rising drug costs.**
- ◆ **Protect access to and Medicare payment for clinical laboratory services in hospital-based laboratories.**

AFFORDABILITY OF CARE (CONTINUED)

- ◆ Continue to support legislation that would **place a floor on the area wage index, effectively raising it for hospitals below that threshold with new money.**
- ◆ Reduce unnecessary costs in the system by pursuing **medical liability reform.**

ACCESS TO CARE

- ◆ Work to ensure **affordable health care coverage** to allow for patient access to care.
- ◆ **Ensure patients do not face financial barriers to care because of unaffordable deductibles or inadequate coverage.**
- ◆ **Ensure dependable, affordable access to pharmaceuticals, medical devices and other critical supplies** by limiting the imposition or increase of tariffs, while continuing to engage multiple stakeholders on making the supply chain for these goods more resilient and, when feasible, less dependent on international sources.
- ◆ Address **the root causes of medical debt**, such as lack of insurance, as well as skyrocketing deductibles and other health insurance benefit designs that push excessive costs onto consumers.
- ◆ **Support price transparency efforts by ensuring patients have access to the information they seek when preparing for care** and creating alignment of federal price transparency requirements to avoid patient confusion and overly burdensome duplication of efforts.
- ◆ Protect access to care by **preserving the existing ban on the growth and expansion of physician-owned hospitals.**
- ◆ **Advocate for the reauthorization of and funding in the annual appropriations for the Hospital Preparedness Program** to ensure that the health care infrastructure is ready to respond to crises.
- ◆ Support other federal incentives and investments to improve **hospitals' disaster preparedness and operational resiliency.**
- ◆ **Ensure access to care for veterans** by working with the Department of Veterans Affairs as it implements the next generation of comprehensive community care for veterans.
- ◆ Pursue strategies and support public policies aimed at **improving maternal and child health access and outcomes.**
- ◆ Support policy and federal oversight changes that **ensure safe and timely organ transplantation.**
- ◆ **Advocate for measures that matter in advancing quality and patient safety** and that help hospitals and health systems identify important opportunities to ensure all patients achieve the best possible outcomes for their conditions.
- ◆ Prevent and address shortages of critical medical drugs, devices, blood and blood products, and supplies to bring about policy changes that will **avert future shortages by strengthening the medical supply chain.**

ACCESS TO CARE (CONTINUED)

- ◆ **Advance policies that assist in protecting health care services, data and patients from cyberattacks** while supporting efforts to deliver broader gains in computer security by shifting the burden of cybersecurity away from individual health systems.
- ◆ **Advocate for consistent data privacy and liability standards for third-party entities** that collect, hold or transmit personal health information.

RURAL HOSPITALS

- ◆ Protect rural communities' access to care by **supporting critical programs, including the Medicare-dependent Hospital designation, Low-volume Adjustment and ambulance add-on payment.**
- ◆ **Improve rural health programs** by reopening the necessary provider designation for CAHs, reversing cuts to Rural Health Clinic payments, removing the 96-hour condition of payment for CAHs and further strengthening Medicare-dependent and Sole Community Hospitals by allowing participating hospitals to choose from an additional base year when calculating payments.
- ◆ Advance rural health care alternatives to ensure care delivery and affordability by **supporting and refining the Rural Emergency Hospital model.**
- ◆ **Support Medicare Advantage payment parity for CAHs** to ensure the long-term health of providers and facilities that care for patients in rural areas, considering the volume of Medicare Advantage enrollment in those communities.

POST-ACUTE CARE

- ◆ **Provide stability under the long-term care hospital prospective payment system** through legislative and regulatory reforms that provide adequate reimbursement for the high-acuity nature of these patients.
- ◆ Obtain **relief from reductions in reimbursement for home health agencies** to ensure hospitalized patients continue to have safe and efficient options following discharge from the hospital.
- ◆ **Bolster patient access to post-acute care by establishing appropriate network adequacy requirements** for long-term care hospitals, inpatient rehabilitation facilities, skilled nursing facilities and home health agencies, with a particular focus on the Medicare Advantage program.
- ◆ **Ensure Medicare Advantage beneficiaries have access to the same post-acute care benefits as Traditional Medicare beneficiaries** by holding plans accountable to the same coverage criteria used in the Traditional Medicare program.
- ◆ Ensure effective and fair **oversight mechanisms for long-term care providers** that both enhance patient safety and protect access to care.

BEHAVIORAL HEALTH

- ◆ **Implement policies to better integrate and coordinate behavioral health services with physical health services**, including developing alternative payment models and bundled payments that incorporate behavioral and physical health services and financially supporting the implementation of team-based care models.
- ◆ **Eliminate Medicare’s 190-day lifetime limit for inpatient psychiatric admissions.**
- ◆ **Make permanent the Certified Community Behavioral Health Center demonstration program.**
- ◆ **Remove remaining requirements under 42 CFR Part 2** that hinder care team’s access to important substance use disorder health information.
- ◆ **Repeal the Medicaid Institutions for Mental Disease exclusion**, which prohibits the use of federal Medicaid funds to cover inpatient mental health services for patients aged 21 to 64 in certain freestanding psychiatric facilities.
- ◆ **Support targeted funding for facilities that provide specialty mental health services** (including pediatric, geriatric and multi-substance use disorders) and **invest in the behavioral health workforce** by creating dedicated Medicare-funded graduate medical education slots for these specialties.
- ◆ Protect and expand payment parity for behavioral health services with physical health services through significant **penalties for health plans that violate the Mental Health Parity and Addiction Equity Act and subsequent rules.**

COMMERCIAL INSURER AND MEDICARE ADVANTAGE ACCOUNTABILITY

- ◆ **Hold commercial health insurers accountable for ensuring appropriate patient access to care**, including by reducing the excessive use of prior authorization, ensuring adequate provider networks, limiting inappropriate denials for services that should be covered and prohibiting certain specialty pharmacy policies, like insurer-mandated “white bagging,” that create patient safety risks and limit patient access to certain medications in hospital settings.
- ◆ **Ensure stronger enforcement of federal rules related to Medicare Advantage** through increased oversight and insurer scrutiny.
- ◆ **Increase oversight and accountability of commercial health plans through increased data collection, reporting and transparency** on core plan performance metrics that are meaningful indicators of patient access, such as appeals, denials and grievances, and reporting on using algorithms and artificial intelligence in utilization management programs.
- ◆ **Apply guardrails to insurer algorithms and artificial intelligence use** to ensure these tools do not inappropriately create barriers for patients to access medical care.
- ◆ Ensure patients can rely on their coverage by **disallowing health plans from inappropriately delaying and denying care**, including by making unilateral mid-year coverage changes.

COMMERCIAL INSURER AND MEDICARE ADVANTAGE ACCOUNTABILITY (CONT.)

- ◆ **Prevent improper insurer manipulation of oversight tools** designed to ensure premium dollars are spent on patient care (e.g., medical loss ratio requirements).
- ◆ Advocate for regulatory and legislative solutions to **prevent health plans from enacting inappropriate fees for electronic payments.**
- ◆ **Establish a prompt payment standard for Medicare Advantage** to ensure timely claims payment.

Strengthen and Support the Health Care Workforce



- ◆ **Strengthen workplace safety by enacting federal protections for health care workers against violence and intimidation** and providing hospitals with grant funding for education and training programs, coordination efforts with state and local law enforcement, and physical plant improvements.
- ◆ **Reject additional federal workplace violence regulations that would be duplicative of the rigorous accreditation requirements hospitals already face** and that would add administrative burden.
- ◆ Support efforts to **allow non-physicians to practice at the top of their licenses.**
- ◆ Allow non-physician licensed practitioners to provide and be paid for certain clinical services, including behavioral health services, by **allowing for general rather than direct supervision and removing unnecessary practice restrictions as clinically appropriate.**
- ◆ **Promote medical licensure reciprocity to allow practitioners to work across state lines.**
- ◆ Advocate for streamlined credentialing and licensing processes across payers and regulators to reduce the administrative burden associated with these processes.
- ◆ **Address physician shortages,** by increasing the number of residency slots eligible for Medicare funding while rejecting cuts to Medicare graduate medical education.
- ◆ Encourage the **continuation of visa waivers for physicians in medically under-resourced areas** and the recapture of unused employment visas for doctors and nurses.
- ◆ Address nursing shortages by **reauthorizing nursing workforce development programs** to support recruitment, retention and advanced education for nurses and other allied health professionals and investing in nursing schools, nurse faculty salaries and hospital training time.
- ◆ **Reduce administrative burdens that take clinicians away from the bedside and contribute to burnout,** such as excessive and unnecessary prior authorization use and inappropriate coverage denials that require substantive clerical rework by staff.
- ◆ Support **apprenticeship programs for nursing assistants and other critical support staff** positions.
- ◆ **Adopt policies to expand loan repayment and other incentive-based programs to retain existing talent and attract new talent,** including through continued funding of the National Health Service Corps and National Nurse Corps.
- ◆ Work to ensure the Department of Education **includes critical staff in the definition of “professional degree programs.”**

STRENGTHEN AND SUPPORT THE HEALTH CARE WORKFORCE (CONTINUED)

- ◆ Encourage the **continuation and expansion of visa waivers for physicians in medically underserved areas and the recapture of unused employment visas for doctors and nurses.**
- ◆ Ensure the H-1B visa program can help hospitals and health systems address workforce shortages by **advocating for an exemption for health care workers from the \$100,000 H-1B filing fee and ensuring that any changes to the H-1B lottery selection process prioritize health care workers.**
- ◆ Minimize disruption to physician residency and fellowship training programs and support access to care by **retaining the duration of status as an authorized period of stay for physicians on J-1 visas.** The duration of status policy provides continual, rigorous oversight of J-1 physicians that minimizes the risk of overstays and ensures the visa is being used for its intended purpose.

Spearhead Innovation to Advance Health



- ◆ **Support policy frameworks for artificial intelligence that foster continued innovation while supporting privacy and patient safety.**
- ◆ **Support the shift to value-based care** by focusing on using resources more effectively to deliver better outcomes for patients.
- ◆ **Advocate for incentive payments** to support hospitals and health systems' transition to taking on higher levels of risk in value-based payment models.
- ◆ Advocate for implementing **new voluntary payment models** so hospitals are not forced to bear the expense of participation in these complicated programs if they do not believe it will benefit patients.
- ◆ **Create a pathway for the continuation of the CMS hospital-at-home program**, which has shown to be a safe and innovative approach to caring for patients in the comfort of their homes that leads to high patient satisfaction and, for some patients, results in shorter recovery times.
- ◆ **Make permanent coverage of certain telehealth services**, including lifting geographic and originating site restrictions, allowing Rural Health Clinics and Federally Qualified Health Centers to serve as distant sites, expanding practitioners who can provide telehealth and allowing hospital outpatient billing for virtual services, among others.
- ◆ **Implement a special registration process for telemedicine providers** to ensure access to telemedicine prescribing of controlled substances for practitioners who register with the Drug Enforcement Administration. Preserve pandemic-era flexibilities until the special registration process begins.
- ◆ Continue to support federal investments and cross-agency collaboration in **improving health IT infrastructure like broadband, Wi-Fi access and digital literacy**, especially in rural and underserved areas of the country.

Reduce Burdensome and Unnecessary Regulations

- ◆ **Enact regulatory and administrative relief** from burdensome policies that take caregivers away from providing patient care and increase costs for patients and the health care system.
- ◆ **Protect nonprofit hospitals' tax-exempt status** so they can continue providing community benefits tailored to their communities' unique needs, demographics and policy realities.
- ◆ Reduce administrative burden for post-acute care providers by **eliminating unnecessary data reporting requirements**.
- ◆ Halt the burdensome and unnecessary inpatient rehabilitation facility review choice demonstration to **safeguard continued access to intensive rehabilitation services**.
- ◆ **Eliminate or amend outdated and unnecessary Conditions of Participation for psychiatric facilities** related to emergency care and treatment planning documentation.
- ◆ **Advocate for streamlined Conditions of Participation** and other regulatory standards that promote safe, high-quality care without increasing administrative burden.
- ◆ **Advocate to discontinue measures** that either fail to provide meaningful, credible information to advance patient quality or safety or have administrative burdens that outweigh their value to improving care.
- ◆ **Remove barriers** to cross-sector and interagency coordination and support investments to provide accountable care.
- ◆ **Support the continued development of clinician burden reduction technologies** to help caregivers reduce administrative requirements to spend more time on direct patient care.
- ◆ **Repeal excessive and confusing information blocking disincentives** that would impose unjustified penalties on providers.
- ◆ Reduce regulatory burden by identifying and advocating for the **repeal of unnecessary and duplicative Conditions of Participation** that increase hospital inefficiency and reduce the time providers can spend caring for their patients.
- ◆ **Mitigate unreasonable proposed changes to the False Claims Act** and related enforcement practices.
- ◆ **Ensure public policies are aligned across government regulatory bodies** so hospitals are not held to conflicting regulations.
- ◆ **Reduce unnecessary survey activity** by adopting concurrent validation surveys, conducting low-risk complaint surveys virtually and allowing for same-day advance notice of survey activity.

REDUCE BURDENSOME AND UNNECESSARY REGULATIONS (CONTINUED)

- ◆ **Reduce the cost and burden caused by payer prior authorization processes** by developing standardized technology solutions and frameworks, and by pushing for legislation and regulations requiring payer use.
- ◆ Advocate for the adoption of **streamlined revenue-cycle processes** to enable providers to spend resources on patient care rather than administrative processes, including the adoption of streamlined claims attachments.



Advancing Health in America

Please visit aha.org/advocacy/action-center to get involved and learn more about the American Hospital Association's 2026 public policy advocacy agenda.

aha.org

