NATIONAL ASSOCIATION OF URBAN HOSPITALS

Private Safety-Net Hospitals Caring for Needy Communities

For Immediate Release
May 13, 2009

Contact:
Ellen Kugler, Executive Director
703-444-0989

Urban Hospital Group Offers Health Care Reform Recommendations

(Washington, D.C.) Citing the special, distinct needs of selected private, urban hospitals, the National Association of Urban Hospitals (NAUH) has issued four recommendations that it would like to see included in national health care reform.

"Private urban safety-net hospitals are fundamentally different from the typical American hospital," explained NAUH executive director Ellen Kugler. "They serve different patients in different ways, face different challenges, and are paid differently for their services. If health care reform is to meet the needs of urban America, it will need to reflect the special needs of the hospitals that serve urban America."

NAUH's recommendations are included in a brief paper that addresses the role that private urban safety-net hospitals play in the American health care safety net, the manner in which those hospitals carry out that role, and the special challenges those urban safety-net hospitals face. A copy of that paper accompanies this news release and can be found on the NAUH web site at www.nauh.org.

NAUH's four health care reform recommendations are:

1. While NAUH enthusiastically supports reforms that make health insurance available to all Americans, it recognizes that such reforms, no matter how carefully crafted, will still leave some people behind. When they do, those people will continue to turn to urban safety-net hospitals for care. For this reason, health care reform policies should recognize the special role these hospitals will continue to play in the health care safety net – and the special financial challenges they will face because of this role. Those policies can do so by ensuring the adequacy of Medicare and Medicaid payments to providers and by preserving the current Medicare DSH and Medicaid DSH programs until such time as careful analysis shows that those programs are no longer necessary.
2. Private safety-net hospitals need to be included in Medicare demonstration projects that involve new approaches to the delivery of integrated care to test whether such models can be employed successfully in urban areas where access to medical and other support services may be limited.
3. Medicare should continue making supplemental medical education payments to teaching hospitals. Private safety-net hospitals should be given priority status for the distribution of new medical residency slots.
4. Any attempt to limit Medicare payments for patients readmitted to hospitals within a specified time of their discharge should be risk-adjusted to reflect the distinct nature of the patients served by private safety-net hospitals. This risk adjustment should encompass the age of patients, the severity of their illness, the community resources available to serve them after their discharge, and their socio-economic status.

NAUH has shared these recommendations with all 535 members of Congress, the staffs of the congressional committees involved in health care reform, and key health care reform and health care officials in the Obama administration.

###