

Federal Executive, Legislative and Regulatory

# AGENDA



## Access to Care, Strengthening & Stabilizing the Individual Insurance Market

This year, many individuals throughout the Midwest have been left without an affordable insurance offering through the Health Insurance Marketplace (Exchange) and are uninsured. **To change the market situation in 2019, UnityPoint Health supports modification to the Employee Retirement Income Security Act (ERISA) that will allow for the formation of Association Health Plans in which employers and organizations, large and small, are underwritten as one large group.** These off-Exchange, reasonably priced insurance products would not have the restrictions associated with the Affordable Care Act (ACA)-compliant individual health insurance plans, and would be able to potentially offer an insurance option for thousands of employees in the hospitality, farm and medical industries, among others. *Further, the failure to fund Community Health Centers and other rural extenders is causing severe disruption in our communities.*

**UnityPoint Health makes a plea to Congress to work in a bipartisan manner to resolve these important funding issues.**

## Address and Prevent Critical Drug and Fluid Shortages

Nationwide, hospitals are facing potentially life-threatening shortages of the most basic medical supplies, such as IV fluids. Weaknesses in the supply chain have been exposed through a combination of natural disasters, U.S. Food & Drug Administration (FDA) regulatory practices and insufficient pricing oversight. **UnityPoint Health is committed to working with Congress to develop long-term legislative solutions to strengthen access to critical drugs and fluids, including increased transparency from the drug manufacturing industry, expedited approval of additional manufacturing facilities and production lines to mitigate drug shortages, and increased regulatory flexibility.**

Because drug shortages continue to threaten the ability of hospitals to provide care for patients, **UnityPoint Health supports efforts by the FDA to streamline and expedite the approval of drugs when three or fewer manufacturers exist.**

## Preserve Access to Low-Cost Medications for Vulnerable Patients (340B)

As one of the largest nonprofit, nondenominational health systems in the country, the UnityPoint Health network of Disproportionate Share Hospitals, Sole Community Hospitals, Critical Access Hospitals and Rural Health Clinics provide vital access to health care services. The 340B Drug Pricing Program has served as a critical federal resource for our safety-net providers and the patients we serve in Iowa, Illinois and Wisconsin.

**UnityPoint Health opposes any efforts to redirect resources from or place moratoriums on safety-net providers, but supports initiatives to strengthen manufacturer and covered-entity transparency.**

## Preserve Funding for Our Nursing Colleges

UnityPoint Health colleges of nursing and health sciences graduate over 650 nurses and medical professionals each year. For many years, Medicare has shared in the costs of these health education programs. Medicare pass-through funding has allowed our accredited colleges to operate and help alleviate the pressures of a workforce shortage in the health care professions. The viability of our colleges is threatened by changes in accreditation standards that require educational activities be independent of sponsoring hospitals. The accreditation standards conflict with the Medicare rules for “provider-operated” nursing schools, which require our hospitals to retain control over significant aspects of the day-to-day operations and administration of the program. This Catch-22 situation created by the conflicting rules of two different agencies puts our eligibility for pass-through funding at risk.

**UnityPoint Health seeks legislation “grandfathering” hospital-affiliated nursing schools in to the new accreditation standards of the Department of Education.**

## Accountable Care Organizations

Accountable Care Organizations (ACOs) tied to the Medicare Shared Savings Program generated nearly \$1 billion in savings during their first three years of operation. The ACOs are responsible for the care of 10.5 million Medicare beneficiaries, including more than 40 percent of beneficiaries in Iowa. UnityPoint Health is a participant in the Next Generation ACO Model, which operates under the Centers for Medicare & Medicaid Services (CMS).

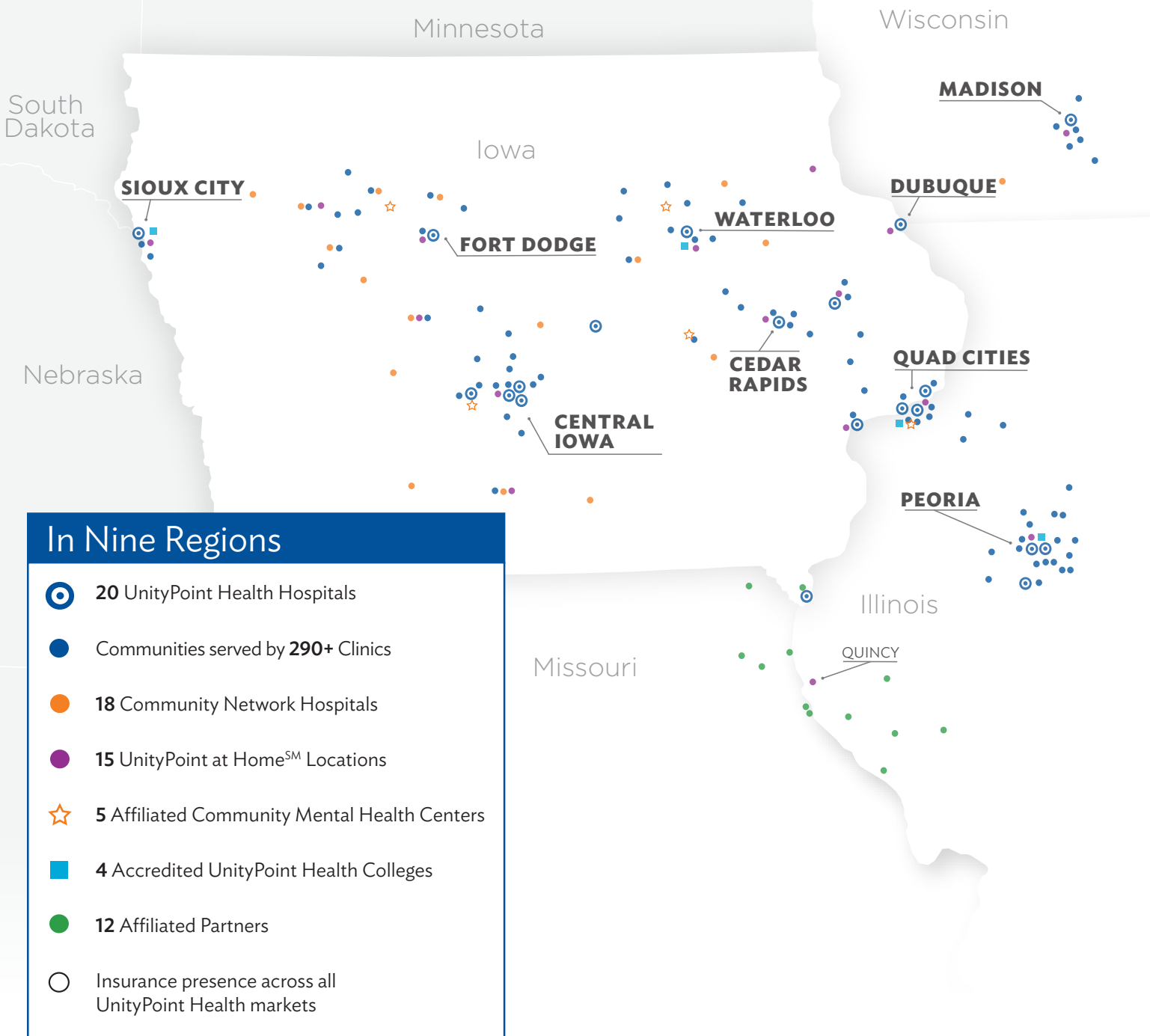
### We seek:

**To have the Next Generation ACO Model gain permanent status as a Medicare payment program.** ACOs have shown to be key in shifting providers away from a fee-for-service system toward a system that rewards providers more for the quality of care they provide while giving our physicians a format to participate in Advanced Alternative Payment Models under the Medicare Access and CHIP Reauthorization Act (MACRA);

**To make inclusion of rural health care entities in the permanent ACO model possible** by recognizing that the higher payments for rural access should not count against ACO benchmark calculations; and

**To permanently modify the Stark Law** so providers who are in significant risk-bearing contractual relationships under a CMS-approved Advanced Alternative Payment Model, and other payment models approved by CMS as applicable by law, are exempt from application of Stark Law prohibitions with regard to both ownership and compensation arrangements.





For more information, contact:



**Sabra Rosener, JD**  
*Vice President,  
 Government & External Affairs*  
 (515) 205-1206  
 sabra.rosener@unitypoint.org



**UnityPoint Health**

1776 West Lakes Parkway, Suite 400  
 West Des Moines, IA 50266

[unitypoint.org/govaffairs](http://unitypoint.org/govaffairs)