



2022 Federal Policy Priorities

About Colorado Hospital Association

Colorado Hospital Association (CHA) is the leading voice of Colorado’s hospital and health system community. Representing more than 100 member hospitals and health systems throughout the state, CHA serves as a trusted, credible, and reliable resource on health issues, hospital data and trends for its members, media, policymakers, and the general public. Through CHA, Colorado’s hospitals and health systems work together in their shared commitment to improve health and health care in Colorado. Learn more at www.cha.com.

Workforce:

*Colorado’s health care and public health systems and their workforces have been pushed to their limits by this pandemic for over two years. Between 20-30 percent of health care workers have left the profession since the beginning of the pandemic, with another 20 percent considering leaving in the next few years. An analysis of Emsi data found that there will be a critical shortage of 3.2 million health care workers nationwide by 2026. **Colorado Hospital Association (CHA) requests that the Colorado Congressional Delegation support short, medium, and long-term holistic approaches to workforce development by:***

- **Taking Action on Price Gouging:** Address anti-competitive behavior from nurse staffing agencies that have doubled or tripled the rates they charge facilities across the state, exacerbating the critical workforce shortage.
- **Investing in Wellness and Support:** Build the resources necessary to support and retain the existing workforce, including through implementation and full funding of legislation like:
 - H.R. 1667, the *Dr. Lorna Breen Health Care Provider Protection Act* (Reps. Wild/McKinley) to support access to behavioral health care for health care workers.
 - H.R. 5963/S. 3611, the *Provider Relief Fund Improvement Act* (Reps. Spanberger/Gonzalez, Sens. Shaheen/Collins) to allow the usage of Provider Relief Fund dollars for workplace security and safety measures.
- **Pursuing Visa Relief for Foreign-Trained Health Professionals:**
 - Urge the State Department to continue to prioritize immigrant visas for health care professionals; and,
 - Explore long-term policy solutions, like S. 1024/H.R. 2255, the *Healthcare Workforce Resilience Act* (Sens. Durbin/Cornyn, Reps. Schneider/Cole).



continued

- **Prioritizing Training, Recruitment, and Retention:** Use data on educational pathways, existing utilization, and unmet needs to think creatively and differently about pipeline programs to build a health care workforce that is stronger and more diverse for the future.
 - Invest in Science, Technology, Engineering, and Math education for K-12 students, and Perkins Act Career and Technical Education programming;
 - Support the National Health Service Corps and the National Nurse Corps, which award scholarships and assist graduates of health professions programs with loan repayment in return for an obligation to provide health care services in underserved rural and urban areas and invest in apprenticeship programs for lower-wage scale positions;
 - Reauthorize nursing workforce development programs to support recruitment, retention, and advanced education for nurses; and,
 - Address faculty shortages that constrain the industry’s ability to meet nursing needs by investing in nursing schools, nurse faculty salaries, and hospital training time.



Behavioral Health:

According to 2021 data from the Department of Health and Human Services (HHS), only 34.69 percent of Colorado’s mental health care needs are currently being met. Additionally, deaths from despair are on the rise across the nation.

To address these concerns, CHA supports:

- **Making pandemic telehealth flexibilities permanent by:**
 - Eliminating the telehealth originating and geographic site restrictions to allow for the continued use and payment for telehealth services delivered in a patient’s home in any area of the country;
 - Allowing rural health clinics and federally qualified health centers to continue to serve as distant sites;
 - Allowing hospital outpatient departments (HOPDs) and critical access hospitals (CAHs) to bill for telehealth services; or, alternatively, clarify the HHS Secretary’s authority to enable hospitals to bill for outpatient psychiatry programs and other outpatient therapy services delivered through remote connection in order to provide increased access to those individuals in need of these services; and
 - Enabling providers to deliver Medicare telehealth services via audio-only communications when medically appropriate.
- **Mental Health Parity:** Improve enforcement of federal parity laws to ensure coverage for behavioral health benefits. This includes enhancing oversight of commercial plans, reducing administrative barriers, and increasing penalties for non-compliance.
- **Access to Inpatient Treatment:** Eliminate barriers to treatment for patients in critical need by:
 - Repealing the Medicaid Institutions for Mental Disease (IMD) 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.
 - Eliminating Medicare’s 190-day lifetime limit for inpatient behavioral psychiatric admissions.

COVID-19:

COVID-19 has had a devastating impact on health care workers, hospitals, and health systems. **As the health care system transitions into this next phase, Congress must act to ease the transition by:**

- **Protecting Against Medicaid Coverage Losses:** Ensure Colorado’s Medicaid program has the resources it needs to protect against loss of coverage as states adjust to reduced funding after the conclusion of the public health emergency.
- **Invest in health care infrastructure to ensure the long-term viability of hospitals:** *Communities with aging roads and utility systems also often struggle with aging health facilities, with decades-old physical structures and outdated digital and data infrastructures. CHA strongly endorses:*
- **S. 3105**, the *Hospital Revitalization Act*, sponsored by Sen. Michael Bennet, which would establish a grant and loan program to upgrade hospital infrastructure and expand capacity for rural hospitals.

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