



National
Association
of Public
Hospitals
and Health
Systems

Entitlement Reform Principles

Reform Must Preserve Access to Quality Health Care for Vulnerable People

National Association of Public Hospitals and Health Systems (NAPH) members are committed to caring for the nation's most vulnerable people and dedicated to excellence for all, regardless of social and economic circumstances. Through their work with underserved populations, NAPH members have seen first-hand the benefits health insurance coverage provides, including through Medicaid and Medicare. NAPH members recognize that our nation must find innovative solutions to rising health care costs that also improve health care quality. These are our guiding principles for transforming the nation's health care system without jeopardizing access to quality care for vulnerable populations:

1. **Eligible individuals should continue to receive guaranteed access to Medicaid and Medicare.**
2. **Reform proposals must ensure all necessary services remain available to beneficiaries. This includes, but is not limited to, primary and specialty care; services across the care continuum; critical care services, such as trauma and intensive care services; and critical enabling services, such as translation and social services.**
3. **Proposals must strive to continually enhance quality of care for patients and reduce health disparities.**
4. **All stakeholders, including providers; insurers; purchasers; and local, state, and federal governments, should share responsibility for preserving the long-term viability of the safety net. Any new proposal must preserve the safety net's ability to care for the remaining uninsured and underinsured and provide essential community services, such as critical care services, emergency preparedness, public health services, and health care workforce training.**
5. **Providers must have the resources to support the delivery of high-quality, efficient care for all. To the extent that reform entails new payment systems, it must be recognized**

that a transition to a new payment system will impact providers in different ways and such a transition should occur incrementally over several years.

6. **Any program to pay hospitals based on quality of care or efficiency should be developed collaboratively, involving all stakeholders, and should recognize differences among hospitals and the patients they serve.**
7. **Any reform should promote the continued innovation of health care delivery and consider both public- and private-sector solutions. Changes should be rigorously monitored and evaluated to reveal any unintended adverse consequences to beneficiaries' access to services or quality of care.**
8. **Proposals should support the provision of integrated, seamless, patient-centered care, particularly for vulnerable patient populations, such as the elderly, the poor, those with complex medical or behavioral health or long-term care needs, the newly eligible, and the remaining uninsured.**
9. **Proposals for change should consider the roles states and the federal government play in managing Medicaid. Proposals should account for differences between states and balance state flexibility in program design with minimum federal standards.**
10. **Any reform must recognize the counter-cyclical nature of the Medicaid program and avoid shifting higher costs onto states, local governments, and providers.**

In the upcoming discussions to tackle the financial challenges of preserving the long-term viability of a high-quality health care system, NAPH urges policymakers to consider these principles when developing and evaluating proposals that could substantially alter Medicaid and Medicare. For more information, please contact Xiaoyi Huang, Esq., assistant vice president for policy, at (202) 585-0127 or xhuang@naph.org.