



Beyond the ER: What Resources Can a Hospital Provide to Your Community, and How Can You Direct the Process

The Affordable Care Act requires non-profit hospitals to follow new rules that will improve access to care and encourage collaboration with community partners to address the issues that affect health. Here are some questions to help you think through how you may use the law to help your community.

Q: What role do hospitals play in keeping communities healthy?

A: Hospitals can be critical partners in making sure that communities remain strong, vibrant, and healthy. Some fill a crucial role as safety net providers by seeing patients who wouldn't otherwise be able to afford care for free or at a reduced cost. Often, hospitals are important allies in addressing some of the underlying issues that impact community health besides access to hospital care, such as healthy behaviors, environmental and socioeconomic factors.

“Community benefit” programs are one way in which hospitals can support and promote community health. Non-profit hospitals—which make up the majority of hospitals—have an additional obligation. Because they generally don't pay federal, state, or local taxes, they are expected to provide programs and services that benefit their communities.

Q: What are some examples of hospital programs that improve community health and access?

A: One very common way hospitals can improve access is to offer financial assistance (also called “charity care” or “free care” in some states) to patients who can't afford to pay for hospital care on their own. This helps people get the care they need, when they need it, without having to worry about falling into debt. Here are some other creative ways hospitals have used community benefit programs to improve community health and access:

- Providing funding and staff to community health clinics so uninsured and low-income patients with chronic illnesses can get preventive care and avoid the emergency room
- Sponsoring food banks and farmers' markets in communities without grocery stores
- Supporting community coalitions to reduce youth violence or substance use
- Reducing traffic congestion and air pollution by sponsoring bike lanes and other forms of alternative transportation for employees, patients, and community members
- Linking low-income patients to free dental or vision services, or to prescription drug access programs
- Training community leaders to advocate for changes in policies that affect communities
- Holding needle exchange, mercury, and prescription drug take-back programs
- Offering programs that encourage healthy behaviors and lifestyles

Q: How does the Affordable Care Act change what's expected from non-profit hospitals?

A: The Affordable Care Act clarifies the rules about billing practices and community benefit programs in non-profit hospitals. Until now, non-profit hospitals have had a lot of discretion over these areas. The Affordable Care Act sets some new, basic expectations for *all* non-profit hospitals:

- Non-profit hospitals are now required by law to have a written financial assistance policy that clearly states who is eligible and describes how to apply.
- Before taking aggressive actions to collect outstanding patient debts, non-profit hospitals have to make an effort to see whether patients qualify for financial assistance.
- Non-profit hospitals must use fair prices for patients who qualify for financial help (historically, uninsured patients have been charged much more than insurance companies for care).
- **Non-profit hospitals must consult with community members and public health experts to assess their communities' health needs and develop an implementation plan to address priority issues.**

Q: How can community members and leaders get involved in the local hospital's community health needs assessment process?

A: The law says hospitals must involve public health officials and other community representatives in the assessment. Community members and organizations frequently have valuable relationships, information, and insight into the community that can help hospitals better understand the needs, strengths and priorities of the neighborhoods that hospitals serve. Incorporating community feedback and perspectives early in the assessment process can help hospitals create programs that communities truly want, need, and support. Here are some suggestions:

- ➔ Find out who oversees your hospital's community benefit program and request a meeting. Chances are high that this person is responsible for the community health needs assessment and planning now required by federal law. Consider starting at the hospital's office of government affairs; they may be able to help you find the right people to talk to.
- ➔ Ask where the hospital is in its assessment process. How are they planning to get community input and feedback along the way (e.g., public forums, community meetings, surveys)? Are they working with other community organizations or public agencies? What are the greatest needs and opportunities that they see in the community? How does the hospital decide what its community benefit priorities for the year will be? What kinds of data do they use to inform those decisions?
- ➔ Offer to be actively involved in the assessment and planning process, and share what you have learned about the strengths and needs of your community.
- ➔ Work with other groups in the community to make sure all community voices are heard. Consider approaching groups that also have relationships or knowledge of the community's strengths and needs that impact health. This list includes:
 - Faith-based organizations
 - Human services agencies
 - Senior service agencies and advocacy organizations
 - Immigrant organizations

- Disease-based advocacy organizations
- Mental health advocates and providers
- Legal services agencies
- Credit counseling agencies
- Student Groups
- Farmers and ranchers
- Organizations running first-time home-buyer programs
- Local public health departments
- Local public school systems
- State or local policymakers
- Other health care providers in your area

Q: When do hospitals have to comply with the law?

A: The new rules about financial assistance and billing went into effect in March 2010. The requirement for hospitals to complete their community health needs assessments and adopt a plan to address priority issues is being implemented on a rolling basis, based on when a hospital's fiscal/tax year begins. (Ask your local hospital to share this information with you, or find it on your hospital's federal Form 990 tax return on free websites like www.guidestar.org.)

The deadlines for the community health needs assessment and implementation plan will start as early as March 2013 for some hospitals; by February 2014, all non-profit hospitals will have to have met this requirement. Because community health needs assessments can take time to research and plan, many hospitals have already started the process.

Q: What if my local hospital isn't non-profit?

A: Some states have laws about financial assistance, billing, and community benefit that apply more broadly to for-profit hospitals and other health care institutions. Even if there aren't any laws or requirements that apply, it doesn't hurt to start a conversation about ways to partner to improve community health.

Q: Where can I go to learn more about using hospital community benefit programs to help my community?

A: The Hospital Accountability Project at Community Catalyst has additional information about hospital community benefit programs, including state requirements and tools for communities. Visit the Community Catalyst website at <http://www.communitycatalyst.org/projects/hap/> for more information.