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Robert A. Malson
President

July 1, 2010

The Honorable Muriel Bowser
Chair, Committee on Public Services and
Consumer Affairs
Council of the District of Columbia
1350 Pennsylvania Avenue, NW, Suite 108
Washington, DC 20004

The Honorable David Catania
Chair, Committee on Health
Council of the District of Columbia
1350 Pennsylvania Avenue, NW, Suite 115
Washington, DC 20004

Dear Madam Chair and Mr. Chair:

I am writing on behalf of the District of Columbia Hospital Association (DCHA) to provide comments relative to yesterday's hearing on the implementation of federal health care reform in the District. DCHA is a non-profit organization with 17 member hospitals and 36 Associate Members whose mission is to provide leadership in improving health care in the District of Columbia. DCHA members employ approximately 30,000 people who are on the front lines for delivering quality health care and for responding to any medical emergency in the District of Columbia. We provide over 720,000 days of patient care annually with an annualized occupancy rate of approximately 75 percent. The emergency room visits exceed 410,000 and, collectively, we provide over \$220 million in unsponsored care annually. Clearly, we play a critical role in the District's health care delivery system.

We were pleased to learn yesterday of the initial activity and plans for future conduct of the Mayor's Health Care Reform and Implementation Committee. We were initially concerned about the lack of information available about the Committee, its organization, its goals and its activities. The implementation of federal health care reform in the city is a massive undertaking. The Director of Health Care Finance, the Commissioner of the Department of Insurance, Securities and Banking, the Director of the Department of Health and the Director of the Department of Human Services are the right people to lead the effort, but they cannot do so successfully without input from the stakeholders that are the lynchpin of the District's health care delivery system.

The monthly public meetings and conference calls described by Commissioner Purcell at the hearings are crucial to the effective implementation of reform. The schedule of these meetings and conference calls should not only be listed on the agencies' web sites, but should be officially published in the *DC Register* to ensure an official and transparent process.

The Committee's structure must also include subcommittees that address both the function and the quality of the District's health care delivery system. The federal health care reform legislation will increase the insured rates among District residents, but as the District's already laudable insured rates have shown, increased insured rates do not necessarily translate to increased access or better health outcomes. Adequate hospital and physician reimbursement, a fair and balanced tort system, and a strong partnership between District agencies and health care providers are needed to ensure health care reform works for every District resident.

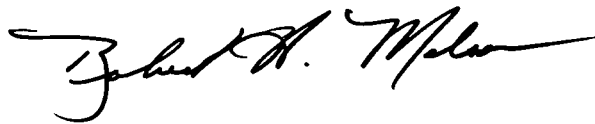
Children's National Medical Center • George Washington University Hospital • Georgetown University Hospital • Howard University Hospital
Malcolm Grow Medical Center, Andrews AFB, MD • National Naval Medical Center, Bethesda, MD • National Rehabilitation Hospital
Providence Hospital • Psychiatric Institute of Washington • Saint Elizabeths Hospital, D.C. Department of Mental Health
Sibley Memorial Hospital • Specialty Hospital of Washington - Capitol Hill • Specialty Hospital of Washington - Hadley
United Medical Center • Veterans Affairs Medical Center • Walter Reed Army Medical Center • Washington Hospital Center

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The Association recommends the District establish a subcommittee on Reimbursement and Quality to identify provisions within the new law that pose challenges to our current system and those that present opportunities for innovation and collaboration. We agree with the recommendation expressed at yesterday's hearing that the money the District saves from the implementation of federal health care reform must be reinvested into the health care delivery system, for example, by increasing reimbursement rates for outpatient services.

The Association looks forward to providing input as the Committee reviews its options, generates ideas and implements solutions. Thank you for the opportunity to provide comments on the formation and activities of the Health Care Reform Implementation Committee. Please feel free to contact me or Stefanie Jones, Government Relations Analyst, at DCHA at (202) 289-6212 if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert A. Malson". The signature is fluid and cursive, with a long horizontal stroke at the end.

Robert A. Malson
President