

**Congressman Chuck Edwards Remarks - LHHS Member Day: HCA Mission Hospital  
Oversight**

Chairman Aderholt, Ranking Member DeLauro, and Members of the Labor-HHS Subcommittee, thank you for the opportunity to testify today.

I represent North Carolina's 11th District in Western North Carolina. Over the past five years, the largest hospital in my district, Mission Hospital in Asheville, owned and operated by HCA Healthcare, has received four Immediate Jeopardy citations from the Centers for Medicare & Medicaid Services. To put this in perspective of how atrocious this designation is, nationwide, fewer than one percent of hospitals receive one such citation any given year — reflecting HCA's repeated failures.

An Immediate Jeopardy designation is the most serious enforcement finding CMS may issue. It means that a provider's noncompliance has placed patients at risk of serious injury, serious harm, serious impairment, or death.

The people of WNC are demanding corrective action. The question is whether CMS has adequate tools to enforce accountability in our hospitals.

Under current law, CMS has limited options short of terminating Medicare and Medicaid participation. Termination must remain an option in extreme cases. But due to hospital consolidations in recent years, terminating Medicare and Medicaid participation is just not an option because it would leave countless patients with no option for healthcare, and threatens their access to essential services. and can destabilize the only hospital network serving thousands of families.

We should not have to choose between accountability and access. I am introducing the *Healthcare Accountability, or HCA, Mission Act*. This legislation would give CMS immediate and effective enforcement tools when Immediate Jeopardy is identified.

Currently, when a nursing home is cited for Immediate Jeopardy, CMS may impose civil monetary penalties, require directed training, mandate plans of correction, appoint temporary management, or implement state monitoring. This framework allows CMS to compel compliance and protect patients without immediately terminating federal program participation.

Hospitals, however, operate within a far more limited enforcement structure. My proposal would extend similar authorities to hospitals—whether for-profit or nonprofit—when Immediate Jeopardy conditions are found.

The goal is correction, patient protection, and sustained access. By equipping CMS with intermediate remedies, Congress can address serious deficiencies while maintaining continuity of care in rural communities.

As my office reviewed hospital Immediate Jeopardy findings nationwide, we found that it wasn't consistently tracked in a centralized, publicly accessible manner. If Immediate Jeopardy represents the highest level of patient safety concern, it warrants full transparency.

Without consolidated data, congressional oversight becomes reactive rather than proactive. Policymakers, patients, and communities should be able to find how often citations occur, how quickly they are resolved, and what corrective actions are taken.

For that reason, I believe the Fiscal Year 2027 Labor-HHS appropriations bill should include report language directing CMS to systematically collect and publish data related to hospital Immediate Jeopardy findings.

Finally, we must ensure adequate resources.

With a requested \$28 million budget increase in the State Survey and Certification line item, CMS needs the capacity to conduct timely inspections — the foundation of effective hospital oversight.

Regular inspections are the foundation of the enforcement system. These surveys identify deficiencies, determine whether Immediate Jeopardy conditions exist, and initiate corrective action. If survey backlogs grow or staffing levels fall short, oversight weakens.

My goals are clear:

- Improve hospital enforcement practices without compromising rural access to care.
- Strengthen oversight by requiring systematic data collection and public reporting on hospital Immediate Jeopardy findings.
- And ensure CMS and state survey agencies have the resources necessary to carry out patient safety.

Rural communities across the country deserve safe and reliable hospitals that protects its patients.

I look forward to working with the Subcommittee on these reforms.

Thank you. I yield back.