

RICHARD J. POLLACK

OFFICE

800 10th Street NW
Two CityCenter – Suite 400
Washington, D.C. 20001
Phone: [REDACTED]
Mobile: [REDACTED]
E-mail: [REDACTED]

RESIDENCE

[REDACTED]
Phone: [REDACTED]

PRESIDENT AND CHIEF EXECUTIVE OFFICER
American Hospital Association
September 1, 2015 - Present

PRIMARY RESPONSIBILITIES

Serves as the principal voice of the Association to all constituencies, and assures the organization is viewed as a force within the health care field. Leads by creating a vision for the future that improves health care in America, while preserving a leadership role for hospitals and health systems, and managing member expectations in a vastly changing world. Develops and implements a strategic plan consistent with the mission, vision and values of the Association. Promotes hospitals and health systems to local, regional, national and international constituencies. Effectively advocates on behalf of hospitals at the federal level by maintaining strong external relationships with key policymakers, the media and other stakeholders. Manages a staff of over 550 and an annual operating budget of more than \$170 million that includes subsidiaries, such as the Healthcare Forum, which is a platform for delivering innovative products and services to the health care field.

MAJOR ACCOMPLISHMENTS

- As CEO, executed a vision to “Redefine the H” that acknowledges the multiple pathways that hospitals and health systems are on to chart their course for the future and care for the specific needs of the communities they serve. These pathways could include strategic alliances, participating in value-based payment programs, or creating a provider-led health plan, among other options, aimed at making care more convenient.
- In 2017, led the field’s advocacy initiative to successfully defeat efforts to repeal the Affordable Care Act, thus maintaining coverage for tens of millions of Americans, and critical resources for Medicaid expansion.
- Secured funding from the U.S. Department of Health and Human Services as the largest federal contractor for the second stage of the *Partnership for Patients*

Campaign to improve quality and patient safety through the use of Hospital Engagement Networks.

- Played a leadership role in organizing hospital field support in maintaining federal subsidies for uninsured individuals purchasing private health insurance plans in federal exchanges in the case of *King vs. Burwell* before the U.S. Supreme Court.
- Successfully created the AHA Physician Alliance Network and the Committee on Clinical Leadership, one of four specialty committees to the AHA Board of Trustees, to strengthen the relationships between physicians and hospital and health system leaders. The AHA Physician Alliance supports physician leaders in improving care for their communities and helps clinical and administrative leadership collaborate effectively. The Committee on Clinical Leadership (CCL) provides clinical input to the AHA advocacy and public policy process serving as a clinical resource on policy issues; guides the ongoing work of the AHA Physician Alliance; and consults on issues relating to standards and requirements for clinical education programs and activities.
- Guided AHA's efforts to improve quality by using data-driven models to reduce disparities in health outcomes, including a focus in improving maternal and child health care through AHA's Better Health for Mothers and Babies initiative. This supports public policy effort to eliminate preventable maternal mortality as well as provides tools and resources to improve care quality and access, particularly in rural settings.
- During the height of the COVID-19 pandemic, built and led a coalition including the American Medical Association, the American Nurses Association, state and regional hospital associations, and other leading health organizations to support efforts in following public health guidelines, promoting vaccination, with a focus on vulnerable communities. Successfully obtained the financial resources and regulatory flexibility to keep our hospitals open to care for their patients and communities during the most challenging public health crisis of our time. Spearheaded the effort during the pandemic recovery to secure the field's financial stability, helped redefine the "H" to care for patients in more efficient and convenient ways, and launched a comprehensive effort to address historic workforce challenges. This included working with key stakeholders, including the Atlas Health Foundation, on ways to recruit former military personnel into the health care workforce.
- Launched a partnership between the AHA, hospital and health system leaders and the U.S. Federal Bureau of Investigation (FBI) and other government agencies to address the growing and evolving threats that cyber crimes pose to patients and our health care system. Established association cyber security services to assist members, as well as a preferred vendor program to assist hospitals and health systems to safeguard technology and patient data.

- Led the efforts within the health care sector in response to the 2024 United Healthcare Change Healthcare cyber attack, which affected the continuum of health care providers, and created an inability to validate claims, secure prior authorization, and process claims, among other critical functions. The AHA team facilitated collaboration, provided input and secured support through immediate engagement with top contacts at the White House, Congress, FBI, the Department of Health and Human Services (HHS) and Cybersecurity and Infrastructure Security Agency (CISA).
- Led a cross-association team in a multi-faceted effort to secure a unanimous decision from the U.S. Supreme Court, reversing unlawful payment cuts to hospitals that participate in the 340B Drug Pricing Program, resulting in repayment to those hospitals that were underpaid from 2018-2022.
- Orchestrated cross-functional legal and policy teams to achieve a pivotal legal victory, safeguarding the use of online tracking technologies that enable providers to share essential health information with patients and the public.
- Successfully advocated with the Centers for Medicare & Medicaid Services to remove barriers to patient care by streamlining prior authorization for Medicare Advantage, alleviating significant burdens for patients and providers, and requiring more transparency and timeliness from payers for these prior authorization decisions.
- Launched the Next Gen@AHA, an internal leadership AHA development initiative with a cohort-style learning program that enables team members to expand their leadership skills, take part in cross-association activities and continue to build a strong culture of community across the organization.
- Strengthened the hospital field's advocacy efforts with the rebranding and expansion of the Coalition to Strengthen America's Healthcare, of which the AHA is a founding member, resulting in more than 2.6 million supporters; more than 200,000 grassroots messages to lawmakers; targeted TV and online advertising with more than 527 million views; and national news stories focused on telling the positive hospital story.

EXECUTIVE VICE PRESIDENT
American Hospital Association
Washington, D.C.
July 1991 – August 2015

PRIMARY RESPONSIBILITIES

Plans, organizes, directs and coordinates the advocacy, representation and member relations activities to advance the association's strategic plan. Serves as a primary voice

on behalf of AHA before the United States Congress, executive branch agencies, the media and other entities involved in health policy. Provides leadership and maintains unity within the membership through management of the association's policy development process, collaborative approaches with other national organizations, as well as with state, regional and national hospital associations. Builds coalitions of diverse stakeholders to further the best interests of the hospital field. Along with the chief executive officer, serves as a member of AHA's leadership and executive management teams, which work directly with the Board of Trustees in providing strategic direction for all association activities. On an annual basis, responsible for institutional membership dues and related revenues of more than \$85 million, and an expense budget of over \$50 million.

MAJOR ACCOMPLISHMENTS

- Drove the hospital and health system field's advocacy successful efforts with the Administration and the U.S. House and Senate to enact the Patient Protection and Affordable Care Act (ACA), which has resulted in providing health coverage to more than 30 million Americans through premium subsidies for eligible individuals. In addition, the ACA imposed a moratorium on physician-owned hospitals from participating in the Medicare and Medicaid programs, as well as limit existing physician-owned hospitals from expanding services.

The ACA also ensured a shift in payment and quality, which enabled hospitals and health systems to transition from a fee-for-service model to a value-based model that rewards providers for quality and cost-effective care.

Moreover, the ACA expanded the 340B Drug Pricing Program to include children's, rural, and cancer facilities, and broadened it to include Critical Access Hospitals (CAHs), Sole Community Hospitals, Rural Referral Centers, and free-standing cancer hospitals, along with certain children's hospitals that already had some prior coverage. This enables hospitals and health systems to stretch limited federal resources to reduce the price of outpatient pharmaceuticals for patients and expand health services to the patients and communities they serve.

- Provided the leadership in late 1999 to create the Coalition to Protect America's Healthcare (Coalition), a separate 501(c)(4) organization with an independent governing board comprised of hospitals and business groups dedicated to ensuring hospitals receive adequate reimbursement from government payers, which, on average, provide 50 percent of their revenues. For the first time, on behalf of the hospital field, employed the use of television, radio and print advertising on a national basis and in targeted media markets to supplement traditional lobbying efforts to achieve this objective. The Coalition also includes the major national hospital organizations, as well as state, regional and metropolitan hospital associations.

The Coalition played a significant role in supporting efforts to successfully restore a series of budget cuts enacted in the Balanced Budget Act of 1997. Restoration of

about \$25 billion to hospitals in two separate efforts in 1999 and 2000 were successfully enacted. A third effort in 2001 passed the House, and was reported out of the Senate Finance Committee, but failed to be approved by the Senate because national attention was diverted to dealing with the tragic consequences in the aftermath of September 11, 2001.

In addition, the Coalition's efforts have helped prevent billions of dollars in funding reductions proposed by the President and Congress. The Coalition also played a significant role in multiple budget battles involving various "fiscal cliffs" to both limit payment reductions to hospitals, and to include key elements of the hospital advocacy agenda on these legislative platforms such as: delaying cuts to physicians' Medicare payments; postponing cuts in the Medicaid hospital disproportionate share program enacted under the Affordable Care Act (ACA); reforming long term care hospital payment policy; and extending important rural health programs.

In 2013, led the launch of the Coalition's strategy to undertake social/digital media strategies to broaden the political base of hospital support by creating an on-line community of nearly 1 million individuals. Built the association's political action committee (PAC) into one of the nation's largest PAC's through a series of multi-year plans that has resulted in the committee currently making contributions of over \$4 million for each election cycle with an ability to undertake significant independent expenditures on behalf of candidates for federal office.

- Author of numerous articles and columns on health care policy issues and the politics of health care. Speaker at numerous national, state and local forums. Frequently quoted by the media on behalf of the association, and consistently appears on a variety of different national and local radio and television programs. Testified before congressional committees on numerous occasions.
- Responsible for overall management of AHA's annual meeting in Washington which has involved personal appearances by virtually every significant national health policymaker over the past three decades including Presidents Bill Clinton and George W. Bush.
- Created the Hospital Affiliated Lobbying Organization (HALO) Coalition providing a formal structure to coordinate activities, and identify joint projects, among the key national hospital organizations involved in advocacy and representation activities at the federal level, in order to maximize the political capital of the hospital field. [1991-present]
- Organized the association's strategy to respond to the Ebola crisis. Involved working to help prepare the field to detect, isolate and safely treat suspected cases of Ebola, and acting as a conduit for information from the Centers for Disease Control and Prevention (CDC) and other government agencies. Involved intensive coordination with allied hospital associations given the key role played by state and local public

health authorities. Also required the use of crisis communication techniques to manage news media inquiries and to tell the hospital story. Successful in securing supplemental funding for hospital emergency preparedness in the Consolidated and Further Continuing Appropriations Act for FY 2015. [2014]

- Developed and implemented strategy to allow civilian hospitals to provide services to certain veterans under the Veterans Access, Choice, and Accountability Act of 2014 which was passed by the Congress and signed into law by the President.
- Coordinated implementation of strategy to successfully convince the Centers for Medicare and Medicaid Services (CMS) to revise many outdated Conditions of Participation (COP) for hospitals and critical access hospitals (CAHs). The improvements included allowing a multi-hospital system with multiple Medicare provider numbers to operate with a single governing board. The rule also permitted CAHs to provide certain services (diagnostic, therapeutic, laboratory, radiology and emergency services) under service arrangements; previously, CAHs were required to provide these services directly. In addition, the regulation rescinded a previous requirement requiring hospital governing boards to include a medical staff member. This was necessary because many hospitals have boards that are elected or appointed. [2012]
- Designed and implemented multi-dimensional strategy that involved litigation, legislation, media strategies, and regulatory actions to address hospital concerns with recovery audit contractors (RACs). Included the introduction of bipartisan legislation in the House and Senate (The Medicare Audit Improvement Act), with over a majority of the House as cosponsors. Resulted in the Centers for Medicare and Medicaid Services making an offer to provide immediate financial relief on a voluntary basis—which was accepted by thousands of hospitals—to eliminate the backlog in RAC appeals pending review by administrative law judges. [2013-2014]
- To provide increased member value, designed and implemented a segmentation strategy to offer opportunities for more intensive membership engagement on those advocacy issues that were considered their highest individual priority. Involved the creation of “*Advocacy Alliances*” focused on graduate medical education, 340B drug discounts, rural issues, coordinated care, and state provider assessment programs. Alliance activities include special briefing calls and e-mails to keep members up-to-date on key developments, break-out sessions at “*Advocacy Days*,” direct member outreach, and opportunities for alliance members to participate in congressional briefings and media activities.
- Played a critical role in developing and seeking field support to position AHA for providing leadership in the health care reform debate by putting forth its own framework entitled “*Health for Life*.” The objective was to identify critical areas for discussion, create innovative ideas for change, and build a launching pad for collective action at the national, state and local levels. Armed with this framework,

the AHA engaged in the debate which eventually led to its support of the Affordable Care Act (ACA). Coordinated AHA advocacy activities in ACA negotiations with Congress, the executive branch, national hospital organizations, allied hospital associations and other stakeholder. The law which expanded coverage to 32 million people through a combination of private and public sector insurance expansions. It included several other important provisions supported by AHA such as: insurance reforms with no lifetime limits on coverage; non-exclusions based on pre-existing conditions; no discrimination based on health status; no annual limits; no cancellation of insurance when someone becomes sick; requirements for coverage of preventive services; simplified administrative standards to cut down on red tape; various delivery reforms that promote clinical integration; expansion of the 340B drug discount program for outpatient services to children's hospitals, cancer hospitals, critical access hospitals, and certain sole community hospitals and rural referral centers; elimination of self-referral for new physician-owned hospitals, and limits the growth of existing ones that were grandfathered; and creation of a public-private institute to provide continued funding for comparative effectiveness research. Significantly, the legislation did not include: a new public option for insurance; regulation of payment rates for providers participating in exchanges; or specific charity care requirements to qualify for tax-exempt status. In addition, the law did not contain any budget reductions in the indirect medical adjustment or for CAHs. [2009-2010]

- Designed and implemented AHA strategies to influence provisions in the “American Recovery and Reinvestment Act” that provided relief to shore up our fragile health care system, and, at the same time, laid the foundation for more comprehensive efforts to make significant improvements and reforms to health care. Key provisions included: \$86 billion in temporary Medicaid Federal Medical Assistance Percentage (FMAP) funding with two-thirds of the funds allocated to states with high unemployment; a \$486 million temporary increase in state allotments for disproportionate share hospital (DSH) payments; \$25 billion to help the recently unemployed maintain “COBRA” coverage by subsidizing 65 percent of their health care premiums for up to nine months; \$19 billion in grants for loans for infrastructure and incentive payments under Medicare and Medicaid for providers who adopt and use information technology; and \$500 million in funding to train health care providers. [2008]
- Led AHA efforts to establish a Special Advisory Committee on Improving Hospital Care for Minorities that involved hospitals and other stakeholders. The purpose of the group was to provide a forum for AHA to identify and prioritize key issues of concern to leaders of minority groups, as well as providing a vehicle for the association to receive feedback on its health care reform proposals. In addition, the effort launched an initiative to identify, train and place individuals from minority communities on hospital boards of trustees. These efforts evolved into a more formal approach with the creation of the Equity of Care Committee, and the launch of a “*Call to Action*,” supported by several national organizations designed to achieve measurable outcomes in: increasing collection and use of race, ethnicity and language

(REAL) preference data; increasing cultural competency training; and increasing diversity in governance and leadership. [2007- 2008]

- Led AHA efforts to successfully block legislation in the Senate that would have made it easier for unions to organize in hospitals and other businesses. The association was a major participant in the Coalition for a Democratic Workforce to oppose the Employee Free Choice Act (sometimes referred to as “card check”) that would have amended the National Labor Relations Act to strip away the right to a federally supervised private ballot election during union organizing. [2007]
- Successfully led AHA efforts to have the HHS Office of the Inspector General (IG) incorporate recommendations into final rules that allowed hospitals to donate information technology (IT) and related services to community physicians without violating the anti-kickback and physician self-referral, or “Stark” laws. This significant step toward enhancing patient care has allowed clinical information to be more readily shared among caregivers. It has also helped hospitals with physician recruitment and retention. [2006]
- Led AHA efforts to help enact the “Patient Safety and Quality Improvement Act of 2005, (Public Law 109-41).” This measure allows hospitals, physicians and other health care providers to create voluntary reporting systems for medical errors and “near misses” in a manner that is legally privileged and confidential when reported to “Patient Safety Organizations.” These reports will allow experts to analyze problems, recommend solutions and advance patient safety. These new protections will allow health care providers to voluntarily report medical mistakes without fear of these reports being used against them in litigation. [2005]
- Developed an agenda for regulatory relief presented to Tommy Thompson, Secretary of Health and Human Services (HHS) under President George W. Bush based on a study undertaken on behalf of AHA by Pricewaterhouse Coopers. This landmark study, entitled: “*The Regulatory Burden Facing America’s Hospitals*,” included time and motion studies documenting the ratio of patient care provided to paperwork required for a variety of services. It also included a series of recommendations which were considered by HHS. [2002]
- Provided leadership in forming the “*Value Group*” a unique coalition comprised of AHA, the Advanced Medical Technology Association, American College of Cardiology, Federation of American Hospitals, Health Leadership Council, National Pharmaceutical Council, and the Pharmaceutical Research and Manufacturers Association of America. The group released a ground-breaking study, and launched a series of other strategies designed to begin the process of reshaping the debate on health care spending, by demonstrating that advances in health care improve human lives and provide benefits that far outweigh its costs. [2004]

- Developed and managed the implementation of a strategy addressing hospital billing, charges and collections practices. Involved recommendations to federal agencies for regulatory clarifications needed to allow hospitals to provide discounts to the uninsured. At the same time, ensured that the major focus was on adoption of voluntary guidelines and standards developed by AHA to promote high standards for self-conduct by the field which was endorsed by other stakeholders. Provided tools to help the membership implement them at the organizational level. Created the “*Confirmation of Commitment*” campaign during which 4,720 hospitals pledged to adopt and follow the guidelines. This effort was updated in 2011 when the guidelines were revised to be consistent with provisions included in the ACA. Also supervised the coordination of the field’s response to an investigation being conducted by the House Energy and Commerce Committee’s Oversight and Investigation Subcommittee. [2003-2004]
- Developed and implemented successful strategy to ensure that the Medicare prescription drug legislation (Medicare Modernization Act) enacted by Congress and signed into law by the president in December 2003 included key elements of AHA’s advocacy agenda: \$28 billion in Medicare and Medicaid payment improvements to hospitals; provisions providing for regulatory relief; and a moratorium on the growth of physician-owned specialty hospitals. [2003]
- Played key role in the establishment of the first initiative to have hospitals publicly report performance data on health care outcomes in coordination with the Centers for Medicare and Medicaid Services, Joint Commission on Accreditation of Health Care Organizations, Association of American Medical Colleges and Federation of American Hospitals. Also worked to broaden support for the program by securing the support of 50 state hospital associations, the American Medical Association, AARP and AFL-CIO. [2002]
- Coordinated hospital support for health care liability reform legislation with the Bush Administration and Republican congressional leadership. Resulted in passage of legislation by the House on several occasions. However, the Senate was unable to ultimately enact these measures.
- In the aftermath of ‘911,” led efforts to create the “Partnership for Community Safety,” a coalition involving hospitals, physicians, nurses, emergency medical services, firefighters, public health and other first responders to coordinate efforts related to increasing federal funds for emergency readiness, and to identify effective models of collaboration among first responders at the community level to serve as best practices.
- Working with the Robert Wood Johnson Foundation, organized support in the hospital field for “Covering the Uninsured Week,” an annual effort involving a variety of stakeholders in the provider, consumer, labor, and business communities to ensure that the issue of expanding health care coverage to the uninsured continues to

remain on the political radar screen. Also involved efforts to enroll individuals that were eligible for Medicaid but not already enrolled in the program.

- Directed successful strategy to change the behavior of the Department of Justice and the Inspector General of the Department of Health and Human Services by prevailing upon the Deputy Attorney General to send a memorandum to all United States Attorneys providing enforcement guidelines to bring balance and fairness to the use of the False Claims Act in the health care arena. Involved multi-dimensional campaign that included aggressive editorial board strategy and introduction of bipartisan legislation in the House, which had over 200 cosponsors. [1995]
- Worked to ensure that the Balanced Budget Act of 1997 limited Medicare and Medicaid payment reductions to hospitals, and included a variety of provisions that were part of the hospital advocacy agenda such as: provider sponsored organizations; expanded coverage and access to health care services for children and legal immigrants; payment improvements for rural hospitals; and changes in Medicare payments to health maintenance organizations that provided special assistance to teaching hospitals. [1995-1997]
- Developed and implemented the association's "*Campaign for Coverage*" which involved securing voluntary commitments from the hospital field to extend health care coverage to over one million uninsured Americans, and to expand access to services for nearly 1 million more individuals. Formed partnerships to support program that involved several national hospital organizations, all state, regional and metropolitan hospital associations, and a variety of other national groups such as the American Academy of Pediatrics, March of Dimes and National Council La Raza. The program was also used as the foundation for a national Medicaid/child health initiative program (CHIP) enrollment campaign that included the White House, Health Care Financing Administration, Department of Education, United Way, McDonald's, Safeway and ABC-TV affiliates. [1993-1994]
- Directed the successful development and implementation of the association's *Campaign '92* political action program that involved strategies for involvement in the 1992 presidential campaign during which health care was a major issue. As a result, the Democratic nominee's health reform position included concepts regarding restructuring the health care delivery system around provider-based networks at the local level. These positions were included in a book entitled: "Putting People First" by Governor Bill Clinton and Senator Albert Gore. In addition, the Republican platform included language outlining the need for antitrust policy changes responding to hospital concerns. AHA's *Campaign '92* program also included involvement in Iowa and New Hampshire primaries as well as high profile national convention activities that included a fitness run, and sponsorship of events on behalf of key health care leaders. These activities provided a framework that was successfully utilized in both the 1996 and 2000 presidential campaigns as well.

- Assisted in the development of AHA's health care reform approach involving restructuring the delivery system around community care networks. Managed the development and implementation of advocacy strategies to promote the concept. Influenced the development of major proposals sponsored by President Clinton, Congressman Jim Cooper (D-TN) and Senator John Chafee (R-RI) in a manner that included many of the association's key reform principles. [1991]
- Successfully led negotiations between the White House, Department of Justice, Federal Trade Commission and the Senate Judiciary Committee which resulted in the issuance of antitrust guidelines and an expedited review procedure to allow more effective mergers and consolidations in the hospital field. [1991]

VICE PRESIDENT AND DEPUTY DIRECTOR

WASHINGTON OFFICE

American Hospital Association

January 1987 – July 1991

PRIMARY RESPONSIBILITIES

Managed the legislative, regulatory, and political action activities of the association's Washington Office. Directed the identification of legislative goals and objectives, and developed and implemented specific strategies to meet such goals. Coordinated the federal legislative lobbying activities of state, regional and metropolitan hospital associations. Provided staff support and served as deputy to the executive vice president of the association's Washington Office.

MAJOR ACCOMPLISHMENTS

- Successfully managed negotiations with the executive branch, Congress and allied hospital associations on the incorporation of Medicare capital expenses into the prospective payment system, which resulted in achieving most of AHA's goals and objectives. [1990]
- Worked to include the following provisions in the Omnibus Budget Reconciliation Act of 1989/Public Law 101-239): further narrowed the urban-rural differential in Medicare hospital payment rates; improved the disproportionate share adjustment for those hospitals serving high volumes of low-income individuals; grandfathered rural referral centers for three years; improved payments to sole community providers; required that diagnosis-related group weight reductions be undertaken in a budget neutral manner; required annual updating of the area wage index; established an appeals and exceptions process under the prospective payment system; addressed hospital concerns in patient referral provisions; expanded eligibility under Medicaid; protected against cuts in graduate medical education; and blocked provisions that would have reduced capital payments and adjusted such payments based on occupancy levels. [1989]

- Reorganized staff of the Washington Office to streamline constituency services by combining several programs and establishing four operating divisions: congressional relations; regulatory and executive branch relations; political affairs and membership services. Also expanded policy analysis and legal advocacy capacity. [1987]
- Worked to include the following provisions in the Omnibus Budget Reconciliation Act of 1987/Public Law 100-203) further narrowed urban-rural differential in Medicare hospital payment rates; protected against cuts in graduate medical education; expanded swing-bed program; blocked the issuance of regulations

incorporating Medicare hospital capital payments into the prospective payment system; and blocked a House provision to establish a non-labor adjustment based on a labor proxy. Also worked to include a variety of provisions designed to address the special problems of rural hospitals and improve the operation of the Peer Review Organization program. [1987]

PRINCIPAL
Health Policy Alternatives, Inc.
Washington, D.C.
June 1986 – January 1987

PRIMARY RESPONSIBILITIES

Provided consulting services to clients in meeting their health policy objectives by developing and creating strategies and initiatives. Designed and analyzed proposals for government policy relative to the financing, reimbursement and regulation of health services under Medicare, Medicaid, other federal health programs, and private health insurance. Analyzed legislative and regulatory issuances, policy statements, detailed specifications for legislation and regulation, testimony, and other materials for persuasive and credible policy positions. Monitored, analyzed and reported on current developments in health policy at the national level with special emphasis given to interpreting events from the unique perspective of each client. Services included comment on potential government actions and how clients might take effective steps to anticipate a changed environment. Provided insight into the changing nature of the health care marketplace in order to assist clients in the development of new products and services, pricing and other market strategies. Clients included physician and nursing organizations, other health professional organizations, hospital associations, insurance organizations, health delivery organizations, state and local governments, health policy centers, and health equipment suppliers and manufacturers.

MAJOR ACCOMPLISHMENTS

- Drafted report on “Private Group Health Insurance Practices that Affect the Coverage of Emerging Medical Technologies” for the Health Industry Manufacturers Association.
- Developed background materials and agenda for legislative activities to be undertaken by the Premier Healthcare Institute for the 100th Congress. Included drafting of legislative specifications for a bill addressing concerns of rural hospitals.
- Assisted in the drafting of legislation establishing community nursing organizations on behalf of the American Nurses Association.

ASSOCIATE DIRECTOR, LEGISLATIVE AFFAIRS
American Hospital Association
Washington, D.C.
June 1982 – June 1986

PRIMARY RESPONSIBILITIES

Lobbyist representing the hospital field primarily before the House Ways and Means and Senate Finance Committees. Assisted in the development of legislative goals and objectives, and developed specific strategies and programs to meet such goals. Monitored and reported on legislation and congressional hearings affecting hospital field. Directed the preparation of testimony before congressional panels and briefed AHA witnesses. Initiated and maintained contact with pertinent representatives, senators, congressional staff and other professional associations and interest groups. Served as liaison with hospital associations in the middle Atlantic and southern states, and coordinated their federal lobbying efforts.

MAJOR ACCOMPLISHMENTS

- Assisted in the development of legislative strategies and drafting of provisions to fine-tune the Medicare prospective payment system which included: a disproportionate share adjustment for hospitals serving high volumes of low-income individuals; revisions in the area wage index; expansion of the Prospective Payment Assessment Commission for nursing and rural hospital representation; slowing the prospective payment system’s transition toward national rates; modifying payments for graduate medical education; and defining the responsibilities of hospitals in emergency cases. (Consolidated Omnibus Budget Reconciliation Act of 1985).
- Involved in efforts to provide special protections for Medicare and Medicaid programs under the Gramm/Rudman/Hollings balanced budget law. (Balanced

Budget and Emergency Deficit Control Act of 1985).

- Coordinated the development and advocacy of hospital field positions on tax-reform legislation, particularly in regard to preserving non-profit hospital access to tax-exempt bonds. (Tax Reform Act of 1985).
- Assisted in the development of legislative strategies and drafting of provisions to fine-tune the Medicare prospective payment system, which included: the establishment of rural referral centers; mandating provider representation in Peer Review Organizations; and correcting regional boundary problems. Also involved in efforts to preserve nonprofit hospital access to tax-exempt bonds, and exempting high-technology medical equipment from tax-leasing restrictions. Directed efforts to reauthorize provision exempting health professional student loan forgiveness from taxation. (Deficit Reduction Act of 1984).
- Assisted in the development of legislation establishing Medicare payment for inpatient hospital services on a cost per-case basis with incentives for efficiency. (Tax Equity and Fiscal Responsibility Act of 1982).
- Negotiated an agreement between the Kentucky Hospital Association, Health Care Financing Administration, and the Department of Labor on claims processing procedures for black-lung benefits. (1983)
- Involved in planning and execution of legislative strategies to enact the Medicare prospective payment system. Also involved in Social Security reform provisions concerning interfund borrowing and opt-out issues. (Social Security Amendments of 1983).
- Directed the preparation of the following testimony:
 - ✓ Impact of President's Proposal for Comprehensive Tax Reform on Tax-Exempt Financing for Nonprofit Hospitals before the House Ways and Means Committee, July 17, 1985.
 - ✓ Prospective Payment for Skilled Nursing Facilities before the Senate Finance Committee, Health Subcommittee, April 17, 1985.
 - ✓ Medicare Prospective Payment Issues before the House Ways and Means Committee, Subcommittee on Health, May 14, 1985.
 - ✓ Department of Housing and Urban Development's Fiscal Year 1986 Budget Proposals before the Senate Banking, Housing and Urban Affairs Committee, Housing and Urban Affairs Subcommittee, April 15, 1985.

- ✓ Department of Health and Human Services Fiscal Year 1986 Budget Proposals before the House Ways and Means Committee, Subcommittee on Health, April 15, 1985.
- ✓ Financing Graduate Medical Education before the Senate Finance Committee, Health Subcommittee, October 1, 1984.
- ✓ Distribution of Economics of Employer-Provided Fringe Benefits before the House Ways and Means Committee, Social Security Subcommittee and Select Revenues Subcommittee, September 19, 1984.
- ✓ Medicare Prospective Payment Implementation Issues before the Senate Finance Committee, Health Subcommittee, August 9, 1984.
- ✓ Implementation of Peer Review Organization program before the Senate Finance Committee, Health Subcommittee, July 31, 1984.
- ✓ Capital Financing Under Medicare before the Senate Finance Committee, Health Subcommittee, March 9, 1984.
- ✓ Implementation of Peer Review Organization program before the Senate Finance Committee, Health Subcommittee, February 10, 1984.
- ✓ Health Care Cost Control Act of 1983 before the House Ways and Means Committee, September 29, 1983.
- ✓ Technical Corrections Act of 1983 before the House Ways and Means Committee, September 22, 1983.
- ✓ Volunteer Mileage Deduction before the Senate Finance Committee, August 15, 1983.
- ✓ Governmental Lease Financing Reform Act of 1983 before the Senate Finance Committee, July 28, 1983.
- ✓ Tax Expenditures: Tax-Exempt Financing before the Senate Finance Committee, June 29, 1983.
- ✓ Fringe Benefits: Tax Cap on Employer-Paid Health Benefits before the Senate Finance Committee, June 22, 1983.
- ✓ Health Insurance for Jobless Workers before the House Ways and Means Committee, Health Subcommittee and Public Assistance Subcommittee, June 17, 1983.

- ✓ Trends in Tax-Exempt financing before the House Ways and Means Committee, June 15, 1983.
- ✓ Health Insurance for Jobless Workers before the Senate Finance Committee, April 21, 1983.
- ✓ Social Security Reform before the House Ways and Means Committee, Social Security Subcommittee, February 8, 1983.
- ✓ Extension of the Exclusion from Gross Income the Cancellation of Certain Student Loans before the Senate Finance Committee, Taxation Subcommittee, December 10, 1982.
- ✓ Flat-Tax Rate Proposals before the Senate Finance Committee, October 14, 1982.

LEGISLATIVE REPRESENTATIVE
American Nurses Association
Washington, D.C.
January 1980 – May 1982

PRIMARY RESPONSIBILITIES

Lobbyist representing major professional/labor organization primarily before the House and Senate budget and appropriations committees. Assisted in the development of legislative goals and objectives, and developed specific strategies and programs to meet such goals. Directed the preparation of testimony and briefing of ANA witnesses before congressional committees. Coordinated federal lobbying efforts of state nurses associations. Kept executive director and Board of Directors informed of legislative plans and political activities of Congress that had implications for nursing and health policy. Planned and conducted legislative education conferences and workshops on nursing and health issues, and developed materials for use during these programs. Involved in executive branch relations as liaison with the U.S. Public Health Service on budget, appropriations and financial management issues. Provided staff assistance to the Board of Trustees of the ANA's Political Action Committee. Prepared congressional voting records and reports, and represented the committee at various political events and meetings.

MAJOR ACCOMPLISHMENTS

- Worked to prevent massive cuts in nursing and health programs requested by President for fiscal year 1982. Inclusion of language in Senate bill concerning participation of nurses on advisory panels at the National Institute for Mental Health. (Public Law 97-268).

- Directed the preparation of testimony before the Senate Finance Committee regarding the impact of block grant proposals on maternal and child health programs during the first session of the 97th Congress.
- Involved in the development and congressional consideration of health block grants. Successful in efforts to maintain a separate block grant for maternal and child health programs, and a specific set-aside for clinical training and research. (Public Law 97-35).
- Worked for the rejection of the Reagan Administration plan to place a cap on Medicaid expenditures. Involved efforts to prevent total repeal of Medicare nursing salary differential as proposed by the Administration. The differential was eventually lowered from 8.5 percent to 5 percent instead of being totally eliminated. Worked to moderate other spending reduction proposals that would impact most severely on the elderly, children, handicapped and poor. (Public Law 97-35).
- Extension of continuing resolutions on appropriations providing funding for nursing and health programs for fiscal years 1981 and 1982. (Public Laws 97-12 and 97-92).
- Directed the preparation of testimony before the House Ways and Means Committee, Health Subcommittee, on competitive health proposals during the second session of the 97th Congress.
- Assisted in efforts to increase funding for home health, comprehensive health grants to states, family planning, maternal and child health, and nurse training and research programs above the President's levels in the Fiscal Year 1981 Labor-HHS-Education Appropriations Bill. Also successfully included language in the committee report concerning the need for participation of nurses on advisory panels at the National Institutes of Health. (Public Law 96-536).
- Inclusion of provision under CHAMPUS health insurance program providing independent reimbursement for nurse practitioners and psychiatric nurses on a demonstration basis. Included in the Fiscal Years 1980 and 1981 Defense Appropriations Acts. Made permanent in the Fiscal Year 1982 Defense Appropriations Act. (Public Laws 96-154, 96-527 and 97-410).
- Directed the preparation of testimony before the House Education and Labor committee, Labor Management Subcommittee, regarding union-busting and pressures in the workplace during the second session of the 96th Congress.
- Worked successfully to defeat the McClure Amendment to the Fiscal Year 1981 State, Justice, Commerce Appropriations Bill (H.R.2313), which would have prevented the Federal Trade Commission from investigating professional associations

and economic questions regarding restraint of trade as it related to health care providers.

- Directed the preparation of testimony before the House Aging Committee on nursing shortages in long-term care facilities during the second session of the 96th Congress.
- Directed the preparation of testimony before the House and Senate Labor-HHS-Education Appropriations Subcommittees on nursing health issues for Fiscal Years 1981, 1982 and 1983.
- Organized lobbying activities that resulted in the rejection of most budget rescissions in nursing programs by the House and Senate that were requested by Presidents Carter and Reagan for fiscal years 1980 and 1981.
- Directed the preparation of testimony before the Senate Veterans' Affairs Committee in regard to S.2534, the Veterans' Administration Personnel Act of 1980.
- Included provision in Veterans' Administration Health Personnel Act of 1980 elevating the rank of the Director of Nursing to Deputy Assistant Chief Medical Director (Public Law 96-330).

***LEGISLATIVE ASSISTANT TO CONGRESSMAN
DAVID R. OBEY (WISCONSIN)
U. S. House of Representatives
Washington, D.C.
August 1976 – December 1979****

PRIMARY RESPONSIBILITIES

Involved in appropriations and budget activities pursuant to Congressman Obey's assignments on the Labor-House, Education and Welfare Appropriations Subcommittee and the Budget Committee. Specific emphasis on Department of Labor's budget for Employment and Training Administration, and the Department of Health, Education and Welfare's budget for the Office of Education. Involved budget review and analysis for programs administered by these agencies. Evaluated the effectiveness of organizational structures and management policies. Identified and developed key issues to be pursued by the congressman. Planned and coordinated legislative strategy on labor and education issues. Prepared questions to be used by Congressman at various hearings and meetings.

Principal legislative assistant monitoring certain issues where congressman did not serve on a relevant committee. These areas included banking, finance, economic development, insurance, small business, urban affairs, tourism and Indian affairs. Included research, policy and program analysis of proposed legislation and regulations in those areas.

Prepared recommendations and offered advice to the Congressman on key floor votes in these areas. Drafted press releases, articles and speeches on these issues.

Responsible for management of the legislative mail process, including supervision and training of personnel. Planned and coordinated tours for Congressman in congressional district in legislative areas covered. Consisted of scheduling, preparation of briefing materials and coordination of press contacts to ensure maximum media coverage. Performed a variety of special assignments including “trouble-shooting” activities regarding district problems and federal grant coordination.

* August 1976 – December 1976 served as congressional intern representing the SUNY Washington Semester Program.

MAJOR ACCOMPLISHMENTS

- Drafted several amendments in the areas of education for the handicapped, and employment and training that were approved in subcommittee, full committee and by the House as part of the Fiscal Year 1980 Labor-HEW Appropriations Bill (H.R.4389).
- Drafted report language that was approved by the House regarding the administration of student assistance loan and grant programs as part of the Fiscal Year 1980 Labor-HEW Appropriations Bill (H.R.4389).
- Assisted in the planning of legislative strategy and drafting key amendments in the reauthorization of the Comprehensive Employment and Training Act. (Public Law 95-524).
- Developed a computer analysis of congressional voting records to assist in planning legislative strategy for passage of the Fiscal Year 1979 Foreign Assistance Appropriations Bill. (Public Law 95-481).
- Planned, developed and implemented a computer system for management of legislative mail process which included integration of Washington and district office operations. Used the system to track constituent interests in order to send targeted mailings to individuals and interest groups.
- Represented the Congressman at meetings of the Institute for Educational Leadership and the Vice President’s Task Force on Youth Unemployment.
- Assisted in the management of the Congressman’s successful campaign for election as Chairman of the Democratic Study Group for the 96th Congress.

EDUCATION

May 1979

AMERICAN UNIVERSITY, Washington, D.C.

School of Government and Public Administration
Masters in Public Administration (MPA)

May 1977

STATE UNIVERSITY OF NEW YORK, Cortland, New York

Bachelor of Arts (BA)
Major in Political Science
Minor in Speech Communications

COMMITTEES AND BOARDS

- 2015 – present Member, Board of Trustees, American Hospital Association
- 2015 – present Member, Board of Directors, Coalition to Strengthen America’s Healthcare
- 2022 – present Member, Steering Committee, Action Collaborative on Clinician Well-Being and Resilience, National Academy of Medicine
- 2022 – present Member, Steering Committee, Action Collaborative on Decarbonizing the U.S. Health Care Sector, National Academy of Medicine
- 2022 – 2023 Chair, Association Leadership Circle, International Hospital Federation
- 2017 – 2022 Member, Special Medical Advisory Group, U.S. Department of Veterans Affairs

HONORS, AWARDS AND RECOGNITIONS

- June 2024 Richard L. Clarke Board of Directors Award
Healthcare Financial Management Association
- December 2024 ASHP Award of Honor
American Society of Health System Pharmacists (ASHP)
- October 2015 Annual Recognition Award for Achievement
Medicare Rights Center
- 2012 & 2015 In multiple surveys conducted by National Journal magazine evaluating the effectiveness of national trade associations based on the 15 dimensions of lobbying, AHA ranked in the top ten.
- July 2005 Distinguished Alumnus Award
State University of New York
College at Cortland
- 2004 - Present Named on numerous occasions as one of Washington’s “Top Lobbyists” by the publication The Hill which covers the U.S. Congress.
- 2002 - Present Consistently nominated and periodically selected as one of the “Top 100 Influential Persons in Healthcare” by Modern Healthcare magazine.

June 2000 - 2001 Based on periodic surveys of legislators, congressional staff, and the media, Fortune Magazine has cited the American Hospital Association as one of the top 25 most influential and effective lobbying organizations in Washington.

October 1984 American Hospital Association Service Leadership Award

July 1984 Georgia Hospital Association Commendation of Legislative Achievement

June 1976 Lyndon B. Johnson Congressional Fellowship Award

April 1976 Elected to the National Political Science Honorary Society

MEMBERSHIPS

American College of Health Care Executives
American Society of Association Executives
American Association of Government Relations Professionals
Committee of 100, U.S. Chamber of Commerce
Economic Club of Washington
Society for Health Service Administrators
Washington Golf and Country Club, Arlington, Virginia

PERSONAL INFORMATION

Born: [REDACTED]

Married: [REDACTED]

Children: [REDACTED]

[REDACTED]

