



THA
Texas Hospital Association

SMT

THA Executive Committee Meeting

Via Zoom

Friday, November 10, 2023

8:30 – 9:30 a.m.



PRESIDING OFFICER: ERIN S. ASPREC

			<u>PAGE</u>
8:30 a.m.	I. CALL TO ORDER		
	A. Call to Order and Certification of Quorum (Erin Asprec)		
	II. CONFLICT OF INTEREST (Steve Wohleb)		3
8:35 a.m.	III. OLD BUSINESS (Erin Asprec)		
	A. Approval of Sept. 7, 2023 THA Executive Committee Minutes	Action	4
8:45 a.m.	IV. RECOMMENDATIONS/REPORTS		
	A. Proposed 2024 THA Incentive Compensation Goals/ 2023 THA Strategic Objectives Update (Mitzi Ressmann)	Action/ Information	10 12
	B. Recommendation of the THA Nominating Committee to the Executive Committee (Erol Akdamar)	Action	14
	C. THA Special Committee on Medicaid Funding and Payment Options Update (John Hawkins)	Information	
	1. Directed Payment Proposals		
8:55 a.m.	V. ADJOURN TO EXECUTIVE SESSION		

MISSION: Serving Texas hospitals as the trusted source and unified voice to influence excellence in health care for all Texans.

VISION: Leading change to support all Texas hospitals to deliver accessible, affordable, high-quality health care.



CONFLICT OF INTEREST

Conflict of Interest Declaration and Management Process for Board Meetings

THA's Code of Conduct and Compliance Program describes generally THA's process for identifying and managing conflicts of interest. With regard to board meetings, at the appropriate time on the agenda of each meeting of the governing body of a THA Family of Companies entity, members of the governing body must declare any known conflict of interest or a potential conflict of interest with regard to any item on the agenda.

If a Board member indicates that he/she has a conflict of interest with respect to an agenda item, the conflict will need to be managed. The Board member must identify what agenda item is implicated and the nature of the conflict, and a management plan must be discussed and made at that time. If it is determined, after discussion, that no conflict of interest exists, no management plan is required. If it is determined that a Board member has a conflict of interest on any agenda item, when the agenda item comes up, that member must not vote or use his or her personal influence on the matter and should not be counted in determining the quorum during the discussion. This restriction on participation does not prevent a Board member from briefly stating his or her position on the matter or from answering pertinent questions from other Board members or staff. Depending on the nature of the issue, however, the Board member may be asked to recuse himself or herself from the discussion entirely. The management plan should address these issues if applicable.

If no Board member indicates that he/she has a conflict of interest with respect to an agenda item, the Chair may proceed with the remainder of the agenda. If a conflict with an agenda item is identified at any point during the meeting, the issue must be immediately raised with the Chair prior to any discussion on the item, and the process described above related to the management of the conflict should be followed.

Minutes of the meeting related to the declaration and management of conflicts of interest must accurately reflect that the process above was followed.

Board members are reminded that they must also declare any known conflicts of interest on the annual disclosure statement, and as potential conflicts of interest arise during the year.

Questions about these processes or any individual's obligations related to conflicts of interest should be directed to THA's Chief Compliance Officer, Steve Wohleb, at swohleb@tha.org.

**MINUTES
THA EXECUTIVE COMMITTEE
September 7, 2023**

The Texas Hospital Association Executive Committee met on Thursday, September 7, 2023, at the Texas Hospital Association headquarters in room 701. The following were in attendance:

OFFICERS

Erin Asprec, Chair
Brad Holland, Chair-Elect
Erol Akdamar, Immediate Past Chair
John Hawkins, THA President/CEO

MEMBERS

Sam Bagchi, M.D.
Jacob Cintron
Cris Daskevich
Peter McCanna

STAFF

Ignacio Zamarron
Mitzi Ressmann
Fernando Martinez
Jennifer Banda
Carrie Williams
Cesar Lopez
Heather De La Garza
Sharon Beasley

CALL TO ORDER

Chair Erin Asprec called the meeting to order at 10:28 a.m., welcomed everyone and certified a quorum.

CONFLICT OF INTEREST

Cesar Lopez, THA associate general counsel, referred to the Conflict of Interest statement included in the meeting materials and asked if any executive committee members had a conflict with any item on today's meeting agenda. No conflicts of interest were declared by executive committee members.

MINUTES FOR APPROVAL

Upon motion duly made and seconded, the following minutes were unanimously approved:

- May 5, 2023 THA Executive Committee

RECOMMENDATIONS/REPORTS ON ASSOCIATION BUSINESS

Recommendation of the THA Nominating Committee

Erol Akdamar, chair of the THA Nominating Committee, presented the recommendations of the committee. Upon motion duly made and seconded, the following recommendation was unanimously approved:

RECOMMENDATION: That the THA Executive Committee approve the following recommendations to the THA Board of Trustees for approval:

2024 THA Board of Trustees Candidates for Election by the THA Membership

The THA Nominating Committee nominated one candidate for chair-elect and 10 trustee positions for election by THA institutional members. Officer terms are for one year and terms for trustees are for three years. The ballot will be sent to members in early September.

2024 THA Board of Trustees Candidates		
Position	Name	Facility
Chair-Elect	Jim Kendrick	Community Hospital Corporation, Plano
Trustees	Sam Bagchi, M.D.	CHRISTUS Health, Irving
	Cory Edmondson	Peterson Health, Kerrville
	Eric Hamon	Driscoll Children’s Hospital, Corpus Christi
	Allen Harrison	Medical City Healthcare, Dallas
	Holly Holcomb, RN	Childress Regional Medical Center
	Peter McCanna	Baylor Scott & White Health, Dallas
	Charles (Chuck) Stark	South Texas Health System, Edinburg
	Matthew (Matt) Stone	Baptist Health System/Texas Tenet Group, San Antonio
	Susan Turley, CPA	Doctors Hospital at Renaissance, Edinburg
	Adam Willmann	Goodall-Witcher Healthcare, Clifton

2024 THA Executive Committee Members for Election by the THA Membership

The THA Nominating Committee nominated members of the THA Executive Committee to be elected by THA institutional members. Once elected, they will serve with the THA Officers (Chair, Chair-Elect, Immediate Past Chair and Secretary) as members of the 2024 THA Executive Committee for a one-year term.

2024 THA Executive Committee Members	
Name	Facility
Sam Bagchi, M.D.	CHRISTUS Health, Irving
Jacob Cintron	University Medical Center of El Paso
Cris Daskevich	The Children’s Hospital of San Antonio
Allen Harrison	Medical City Healthcare, Dallas
Kirk King	Texas Health Resources, Arlington
Peter McCanna	Baylor Scott & White Health, Dallas
Terry Scoggin, CPA	Titus Regional Medical Center, Mount Pleasant
Susan Turley, CPA	Doctors Hospital at Renaissance, Edinburg

Council on Policy Development

The THA Nominating Committee annually recommends a slate of individuals to the Council on Policy Development representing the Association’s institutional members for election by the THA Board of Trustees. Membership on the COPD consists of 54 voting members, 37 hospital/hospital system executives/administrators; three emerging leaders; three physicians; three attorneys; three chief financial officers; three chief nursing officers; and two Texas Healthcare Trustees representatives. Ex-officio members include appointed chairs of THA policy councils and policy committees.

Council on Policy Development Members		
Council Position	Name	Facility
Members	Mario Garner	CHI St. Luke’s Health – The Vintage Hospital, Houston
	Benson Chacko	Methodist Southlake Hospital
	Andy Davis (Vice Chair)	Ascension Texas
	Doug Dippel, RN	Rolling Plains Memorial Hospital, Sweetwater
	Curt Junkins	Lake Granbury Medical Center, Granbury
	Chris Glenney	CHRISTUS TMFHS, Tyler
	Jerry Jasper	Solara Hospital Harlingen
	Malisha Patel	Memorial Hermann Southwest Hospital, Houston
	Kathy Mechler	Preferred Management, Austin
	Terry Scoggin, CPA (Chair)	Titus Regional Medical Center, Mount Pleasant
	Stephanie Madrid	Scion Health (Kindred), Louisville, KY
	Zelia Baugh	JPS Health Network, Fort Worth (Behavioral Health)
	Amy Thompson, M.D.	Covenant Childrens Hospital, Lubbock
	Todd Senters	HCA Healthcare, Nashville, TN
	Bryan Sisk, DNP	Memorial Hermann, Houston
Member THT Representative	Winfred Parnell, M.D.	Parkland Health, Dallas
Member Physician Representative	Michael (Mike) Ragain, M.D.	University Medical Center, Lubbock
Member Physician Representative	Karen Duncan, M.D.	JPS Health Network, Fort Worth
Member Attorney Representative	Brad Nitschke, J.D.	Parkland Health, Dallas
Member Attorney Representative	Lisa Havens, J.D.	Baylor Scott & White Medical Center, Temple
Member CFO	Michael Nunez	University Medical Center of El Paso

Council on Policy Development Members		
Council Position	Name	Facility
Member CNO	Susan Greenwood, RN	Hendrick Health, Abilene
Member Emerging Leader Hospital Administration	Veronica Villareal	Doctors Hospital at Renaissance, Edinburg
Member Emerging Leader Hospital Administration	Kevin Greene	Cook Children’s Medical Center - Prosper

Successor Trustees, Texas Hospital Association Retirement Plan for Member Hospitals (THARPMH)

The Successor Trustees of THARPMH serve two-year terms. The Nominating Committee recommends the following members for election.

THA Retirement Plan for Member Hospitals Successor Trustees		
Position	Name	Facility
Chair	Sharon Clark	JPS Health Network, Fort Worth
Vice Chair	Ignacio Zamarron	THA, Austin (Per Bylaws)
Trustees	Adam Apolinar, RN	Uvalde Memorial Hospital
	Nancy Cooke, CPA	Martin County Hospital District, Stanton
	Kody Gann	Guadalupe Regional Medical Center, Seguin
	Melissa Wilson	Dimmit Regional Hospital, Carrizo Springs
	Sharon Clark	JPS Health Network, Fort Worth

THA Foundation Board

The Texas Hospital Association Foundation Board of Trustees may have up to fifteen members. Each Trustee’s term shall be for a two-year term. Term limits do not apply to those serving as ex-officio members. The Secretary-Treasurer is the THAF CEO, and the THA President or designee serves as the Vice Chair of the THAF Board. The Nominating Committee recommends the following for election.

THA Foundation Board of Trustees		
Position	Name	Facility
Chair	Susan Turley	DHR, Edinburg
Chair-Elect	Geoffrey Christian	Baylor Scott & White Medical Center, College Station
Vice-Chair	John Hawkins	THA, Austin (Per THAF Bylaws)
Past Chair	Christopher (Chris) Sandles	University Health, San Antonio
Secretary-Treasurer	Fernando Martinez, Ph.D.	THA, Austin (Per THAF Bylaws)
Trustees	Candi Constantine-Castillo	Harlingen Medical Center
	Kevin Greene	Cook Children’s Medical Center – Prosper

THA Foundation Board of Trustees		
	Thomas McKinney	CHRISTUS Santa Rosa Hospital, San Marcos
	David S. Lopez	Houston
	Brenda McKinney	Reeves Regional Health, Pecos
	Marie Alvarez	Rio Vista Behavioral Health, El Paso

THA Management Corporation d/b/a Member Solutions Board of Directors

The THA Management Corporation shall have no more than fifteen Directors. The Directors shall be elected to three-year terms. The President of the Texas Hospital Association shall serve as Chairman of the Board and the Chair-Elect of the THA Board shall serve as Vice Chair. The President and Chief Executive Officer of the Corporation shall serve as Secretary-Treasurer. Additional designated members include three ex-officio members (THA Chief Operating Officer, THA Chief Financial Officer, and THA General Counsel). The THA Nominating Committee recommends the following.

THA Management Corporation d/b/a Member Solutions Board of Directors		
Position	Name	Facility
Chair	John Hawkins	Texas Hospital Association
Vice Chair	Jim Kendrick	Community Hospital Corporation, Plano
Secretary-Treasurer	Fernando Martinez, Ph.D.	Texas Hospital Association
Directors	John H. Everett	Cogdell Memorial Hospital, Snyder
	Art Garza	Del Sol Medical Center, El Paso
	Dustin Anthamatten	Methodist Charleton Medical Center, Dallas
	Mario Herrera	Rio Vista Behavioral Health, El Paso
	Todd A. Senters	HCA Gulf Coast Division, Houston

Texas Hospital Insurance Network (THINK) Board

The Texas Hospital Insurance Network (THINK) Board oversees the activities of the Attorney-in-Fact function of the Texas Hospital Insurance Exchange, and other THA insurance and employee benefit programs. The Board includes nine members. Directors include the President/CEO of THINK as Secretary-Treasurer, and the THA President or designee as a member. At least three members must be from the THIE Board, one from the THA Board, and one Successor Trustee of the retirement plan. The Nominating Committee recommends the following for election.

Texas Hospital Insurance Network (THINK) Board		
Position	Name	Facility
Chair	Christy Francis	Hemphill County Hospital District, Canadian
Vice Chair	Thalia Munoz, RN	Starr County Memorial Hospital, Rio Grande City
Secretary-Treasurer	Tess Frazier	Texas Hospital Insurance Exchange, Georgetown
Members	Paul Burke	Shamrock General Hospital
	Jason Menefee	McCamey County Hospital District

AHA Regional Policy Board Delegates

The American Hospital Association Regional Policy Boards meet three times a year to foster communication between the AHA, its members, and state hospital associations. Texas currently has six state RPB7 delegates. AHA Bylaws require that one of a state’s delegates be a member of the state association’s executive committee or its board of trustees, whichever is the policy-making body. Only one individual from any hospital and its component members may serve in the RPB. This restriction does not apply to individuals associated with a health system or integrated delivery system members or to at-large members of the AHA Board of Trustees. Delegates that have served one full term of three years shall be considered ineligible for reelection until one year has passed. Delegates having served less than a full three-year term can be reelected to a full term.

AHA State RPB7 Delegates		
Position	Name	Facility
Delegates	Sally Deitch	Ascension Health, El Paso
	Terry Scoggin, CPA	Titus Regional Medical Center, Mount Pleasant
	Brad Holland	Hendrick Health, Abilene
	Russell Tippin	Medical Center Health System, Odessa

The THA Nominating Committee approved the following nomination to the THINK Board to fill a vacancy.

- Paul Burke, Administrator, Shamrock General Hospital, (term expires Dec. 31, 2023)

ADJOURNMENT

There being no further business, the THA Executive Committee adjourned to executive session at 10:50 a.m.

Kirk King
Secretary

Erin Asprec
Chair of the Board

THA 2024 Strategic Objectives

As of October 30, 2023

Pillars	Strategic Objectives	Balanced Scorecard Measures	2023 Actual	2024 Goal	IC%	Bonus IC	Comments
Government Affairs	<ul style="list-style-type: none"> Ensure the economic sustainability of hospitals through Advocacy. Monitor, evaluate and influence legislative and regulatory activities to the advantage of THA members and the patients they serve 	Achievement of Federal / State Goals*	100%	100%	60		See Below for Detail
Member Engagement, Communications, and Governance	<ul style="list-style-type: none"> Maximize member knowledge, experience, and engagement. Advance public image and credibility of the hospital industry. 	THA Board Satisfaction	92%	90%	5		
		LinkedIn Audience Reach	917K YTD	1.1 million Impressions			
		Email Open Rates	25%	27%	5		A deeper reflection of member engagement (than straight web page views)
		The Scope	98K YTD	105,000 Page Views			
Programs, Products & Services	<ul style="list-style-type: none"> Serve as a resource and catalyst for transformation of hospital performance. 	Non-dues Revenue over Baseline	Baseline: 2023 - \$2,800,000	15% - 10% over Baseline 10 % - 5% over Baseline	15		
Workforce	<ul style="list-style-type: none"> Attract and retain a highly engaged, capable workforce. 	Employee Engagement Score	77%	75%	5		2023 Top Workplaces Benchmark – 75%
Finance & Operations	<ul style="list-style-type: none"> Ensure THA financial and operational sustainability through organizational excellence and innovation. 	Return on Designated Reserves	3%	3%	5		Board Goal
		Current Ratio	1.5:1	1.5:1			Board Goal
		Months in Reserves	12	12	5		Board Goal
		Meet / Exceed consolidated budget	Meet/Exceed	Exceed			Threshold Goal
		Collect 90% of amount billed for Type 1 & 2 membership	100%	>90%			Threshold Goal
					5		75% THA Board participates in health plan data Collection
					5		Increase Member Engagement in Core PPS by 3%
				Total	100	10	

2024 Government Affairs Strategic Objective and Measures in Detail:

- **Increased advocacy and funding for behavioral health coverage and access:** Engage in behavioral health legislative interim studies and agency policy development (2%-evidence of engagement incl. testimony, letters, staff visits); Develop BH strategic policy and budget priorities with THA BH Council (3%-Strategic priorities developed for 2024 and 2025).
- **Ensure funding stability for Medicaid payments by maintaining hospital payment strategies:** Advocate for consistent funding for hospitals in supplemental payments (CHIRP, UC) and base rates during HHSC rebasing exercise (5%-engage THA BCCs, HHSC, legislative leadership on funding changes proposed including CHIRP and UC resizing, inpatient rebasing, and EAPGs); Advocate for consistency and continuation of 1115 waiver and consistent financing; postponement or repeal of DSH cuts; and against site neutral payments (5%-track advocacy engagement with congressional delegation on waiver and LPPF financing, site neutral cuts and postponement or repeal of DSH cuts).
- **Increase Hospital Workforce and Address Workforce Retention:** Engage with THECB and TWC on workforce funding implementation to increase workforce pipeline (2%-outline work with THECB, TWC, legislature to ensure outflow of funding); Identify THA member feedback loop for workforce issues (2%-evidence of THA member engagement); Identify next steps in workforce strategic priorities with TNA (3%-evidence of priority issue development with TNA).
- **Ensure policies and legislation improve health care coverage for Texas patients:** Twelve-month postpartum Medicaid coverage implemented (3%-plan implemented to communicate next steps to THA members).
- **Ensure policies to support access to rural health care:** Aggressive advocacy on Medicare Advantage accountability, including push for CAH fix (4%-evidence of engagement with congressional and regulatory leaders).
- **Ensure HOSPAC engagement by THA members and with key endorsed officials:** Host Get Out the Vote events with at least two state legislators in advance of the March primary (2%-evidence of GOTV events); PP - Develop plan to identify and educate new potential hospital legislative champions (2%-evidence of increased and joint engagement with THA members and legislators); PP -Ensure state and federal HOSPAC endorsement process involves extensive member feedback (2%-feedback solicitation documented).
- **Project Pushback / Increase Hospital Leadership Engagement on Priority Advocacy Efforts:** Develop interactive web-based THA Advocacy Engagement Roadmap with to-do items for hospital CEOs including engagement with elected officials, local leadership, staff, and THA engagement (5%-Develop roadmap, Distribute roadmap, Track results and hospital leader engagement /usage).
- **Project Pushback / Proactive Development of Legislation to Increase Scrutiny and Oversight of Health Plans:** Develop and push legislative package regulating health plans and addressing adverse health plan actions (5%-Development of Legislation and Development of Supporting Materials).
- **Project Pushback / Develop and implement repository of insurance data and billing data:** Review and refine existing hospital data tools (5%-Develop and implement work plan on data acquisition including hospital engagement and develop and implement work plan on hospital data submission and cost tools).
- **Project Pushback / Establish and Develop Plan for Aggressive Response Messaging and Advocacy:** Manage oversight of third party to support legislative package on health plans and response to negative hospital rhetoric (5%-Develop engagement options, adopt plan, implement and oversight as directed).
- **Project Pushback - Hospital Self-Assessment to Negate Instances of Negative Coverage:** Develop priority issues list of hospital compliance issues for self-assessment tool to address perception and regulatory issues (5%-Identification of priority issues, development of self-assessment tool for use and feedback to THA).

THA 2023 Strategic Objectives

As of October 25, 2023

Pillars	Strategic Objectives	Balanced Scorecard Measures	2022 Actual	2023 Goal	Progress YTD	IC%	Bonus IC	Comments
Government Affairs	<ul style="list-style-type: none"> Ensure the economic sustainability of hospitals through Advocacy. Monitor, evaluate and influence legislative and regulatory activities to the advantage of THA members and the patients they serve 	Achievement of Federal / State Goals*	100%	100%	See Details Below	60		See Below for Detail
Member Engagement, Communications, and Governance	<ul style="list-style-type: none"> Maximize member knowledge, experience, and engagement. Advance public image and credibility of the hospital industry. 	THA Board Satisfaction	90%	90%	92%	5		
		LinkedIn Audience Reach	84,000/month	1 million impressions	917,822			91% to goal/Averaging 92,000 impressions/month
		Website Engagement	389,221	400,000 page views	340,287	5		85% to goal
		The Scope	N/A	45,000 page views	98,040			Surpassed goal x 2
Programs, Products & Services	<ul style="list-style-type: none"> Serve as a resource and catalyst for transformation of hospital performance. 	Non-dues Revenue over Baseline	Baseline: 2022 - \$2,600,000	15% - 10% over Baseline 10 % - 5% over Baseline	Projected to achieve 10% level	15		Currently evaluating NDR programs and strategies. Concentrating on NDR enhancement.
Workforce	<ul style="list-style-type: none"> Attract and retain a highly engaged, capable workforce. 	Employee Engagement Score	79%	75%	77%	5		2023 Top Workplaces Benchmark - 75%
Finance & Operations	<ul style="list-style-type: none"> Ensure THA financial and operational sustainability through organizational excellence and innovation. 	Return on Designated Reserves	3%	3%		5		Board Goal
		Current Ratio	1.5:1	1.5:1				Board Goal
		Months in Reserves	12	12		5		Board Goal
		Meet / Exceed consolidated budget	Meet/Exceed	Exceed	Projected to exceed			Threshold Goal
		Collect 90% of amount billed for Type 1 & 2 membership	100%	>90%	Met			Threshold Goal
					14		5	5 New hospital members - 2022-2023
					43%		5	Member Visits – 50% unique members visited Yr. 2 On track to exceed.
				Total		100	10	

*Federal and State Government Affairs Goals

- 10% - Increased advocacy and funding for behavioral health coverage and access.
- 15% - Increased funding for hospital workforce pipeline to reduce staffing shortages and identify workplace policy improvements to increase workforce retention.
- 10% - Funding/Financing. Ensure funding stability for Medicaid payments. Maintain or increase federal and state funding (Medicaid, Medicare, supplemental funds, trauma funds). Communicate and educate legislators about hospital finance and funding challenges, particularly post-COVID
- 10% - Coverage expansion/uninsured. Support and advocate for continued expansion of health care coverage
- 5% - Ensure continued access to care from COVID-enhanced technologies and COVID-waivers
- 5% - Ensure HOSPAC engagement by THA members and with key endorsed officials.
- 5% - Develop COVID-19 Impact Report.

Progress to Date below.

**Federal and State Government Affairs-Progress YTD*

- **10% - Increased advocacy and funding for behavioral health coverage and access.** (Pass and fund an IMD exclusion waiver directive to extend inpatient BH coverage. 5%; Include behavioral health policies in THA priority document, and behavioral health hospitals in THA boards, councils and committees. 5%)
IMD waiver was in House budget but not in final budget. THA did pass BH priorities on additional inpatient bed funding (\$306M), mental health loan repayment (new \$26M), state hospital enhancements (\$2B) and electronic EDO legislation secured. Extensive BH handouts created [separately](#) and incorporated into [overall priorities, funding, workforce](#) and [Facts](#) documents and BH priorities in THA public testimony for workforce and Medicaid funding; COPD added two BH leaders + BH Council chair; one BH hospital leader added to THA BOT. Very active BH Council. BH Members testified in support of legislative priorities.
- **15% - Increased funding for hospital workforce pipeline to reduce staffing shortages and identify workplace policy improvements to increase workforce retention.** (Engage in workforce coalition policy development and advocacy efforts. 5%; Increased funding in health care workforce funding streams. 5%; Support efforts to pass workplace violence prevention legislation per THA board approval (e.g., Draft legislation, testify). 5%)
THA + TNA + stakeholders formed a workforce coalition (two attachments) to advocate for nurse funding; In HB 1 there is an [additional new](#) \$133M for workforce (new = \$28M in NSRF, \$4M NFLRP, \$26M in MHLRP, \$25M nursing scholarships, \$34M for GME, PELRP \$6M, FPRP \$7M, RRPF \$3M) and working with THECB on implementation; [SB 240](#) WPV prevention legislation as negotiated by THA and testimony in both committees was FIRST BILL to pass legislature and is headed to Governor! THA developing WPV SB 240 toolkit. SB 840 enhances to third degree felony any assault on any hospital worker! THA serves on TX Community College and THECB councils. Held member discussion lunch with TWC on apprenticeship grant funding opportunities.
- **10% - Funding/Financing. Ensure funding stability for Medicaid payments. Maintain or increase federal and state funding (Medicaid, Medicare, supplemental funds, trauma funds). Communicate and educate legislators about hospital finance and funding challenges, particularly post-COVID.** (Track advocacy engagement with state legislative and budget leadership related to hospital funding priorities. 2.5%; Hospital funding in budget increased or maintained. 5%; Convene rural and independent hospital members and develop plan to assist in specific advocacy priorities. 2.5%)
THA lobby team met with House and Senate budget leadership and all article members, testified in SFC, HAC, Article II and III hearings; prepared budget handout asks and summaries for HAG. Trauma funds are maintained (plus \$3.3M for RACS); Medicaid add-ons maintained, Rural L&D add-on increased from \$500 to \$1500 per delivery, Rural cost-based inflation funded at \$213M AF, \$50M rural stabilization grants! THA convened rural and independent hospitals at Hot Topics (Abilene) and Rural Hospital Council (October) to identify issues for priority planning. THA submitted an extensive letter outlining rural issues to US Ways and Means committee RFI.
- **10% - Coverage expansion/uninsured. Support and advocate for continued expansion of health care coverage.** (Advocate for a 12-month expansion of Medicaid post-partum coverage. 5%; Continue implementation of a plan to engage the public and hospitals in the transition for disenrollment at the end of the PHE. 5%)
[HB 12](#) (12-months post-partum coverage) PASSED, SPA to be submitted this fall, proposed effective date March 2024. THA staff has engaged routinely with stakeholders and HHSC on disenrollment plans and tracks state progress. THA has promoted a disenrollment communication plan to members and publicly, developed a [PSA](#), sent a THA member alert, routinely updated HAG on next steps, participated in an August 2 letter urging HHSC to consider “additional strategies to reduce the number of Texans losing Medicaid due to administrative denials” which resulted in HHSC adding 30 days to enrollment deadlines in cohort 3.
- **5% - Ensure continued access to care from COVID-enhanced technologies and COVID-waivers** (telehealth, Hospital at Home, scope of practice, etc.) (Documented advocacy for continuation and permanence of Hospital at Home waiver and for telehealth extension and permanence. 5%)
THA originated, filed and [supported HB 1890/SB 1156](#) making HaH permanent at HHSC; THA advocacy kept HaH emergency rules in place throughout pandemic when all other rules ended (including through 2023), convened HHSC and hospital members on rulemaking; strongly advocated for HaH extension granted for two years at CMS in congressional omnibus (through Dec. 2024). Supported permanent expansion of telehealth flexibilities in RFI letters to congressional Ways and Means and House Budget Committees. Assisting AHA with support for congressional CONNECT for Health Act (S. 2016 / H.R. 4189).
- **5% - Ensure HOSPAC engagement by THA members and with key endorsed officials.** (Develop a strategic plan to engage new donors in HOSPAC. 2.5%; Measure member engagement through metrics and donation levels. 2.5%)
The HOSPAC Board approved a strategic plan in early 2023 – it includes efforts to improve fundraising and contribution amounts. The board had three workgroups over the summer focused on implementing strategies of the plan to bring in new donors and increase dollars raised, including specifically: corporate contributions, suggested giving guidelines and the development of a HOSPAC ambassador program. HOSPAC is running its fall campaign in compliance with strategic plan. HOSPAC staff has retooled how financial and donor data is shared with the HOSPAC board to provide a more thorough look at month-to-month and annual progress. A quarterly newsletter is in development and will share the retooled metrics more widely. HOSPAC will prepare its second annual report at the end of the calendar year to outline these metrics and engagement levels.
- **5% - Develop COVID-19 Impact Report.** (Promote and distribute written COVID Impact Report for public and legislative dissemination. Distributed to 100% Lawmakers by 1st qtr 2023 - 5%)
[THA COVID Report](#) completed and [distributed](#) to every legislative office in Jan. 2023.

RECOMMENDATION TO THE THA EXECUTIVE COMMITTEE

November 10, 2023

THA Nominating Committee

The THA Nominating Committee recommends the following individual for the 2023 THA Board of Trustees to fill a vacancy.

THA Board of Trustees

- Jorge Leal, CEO, Laredo Medical Center, (term expires at the next annual election of the voting membership, Oct. 2024)

Respectfully submitted,

Chair Erol Akdamar, HCA Healthcare, Nashville

Erin S. Asprec, Memorial Hermann Health System, Houston

Sam Bagchi, M.D., CHRISTUS Health, Irving

Barclay Berdan, Texas Health Resources, Arlington

Marc L. Boom, M.D., Houston Methodist

Phyllis A. Cowling, CPA, United Regional Health Care System, Wichita Falls

Brad Holland, Hendrick Health System, Abilene

Terry Scoggin, CPA, Titus Regional Medical Center, Mount Pleasant