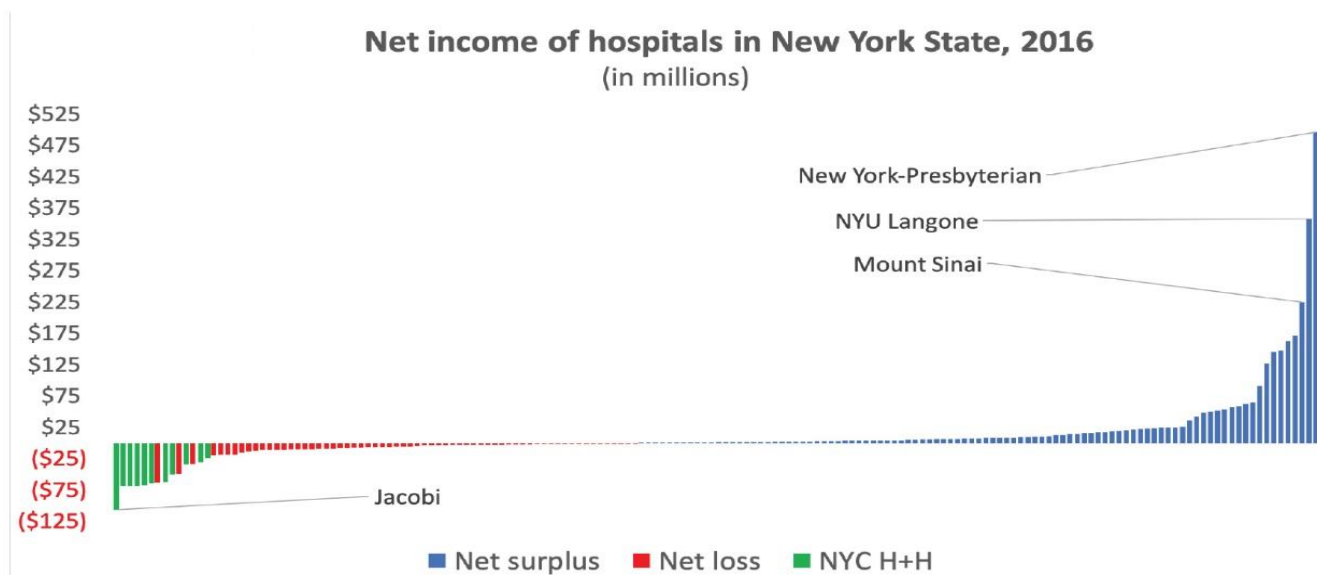


# Give Safety Net Hospitals their Fair Share of Funding!

Disproportionate Share Hospital (DSH) funds are under attack at the federal level and NYS must stop subsidizing profitable NY hospital systems that don't need the money. DSH is federal, state, and local funding that is intended to support hospitals providing a disproportionate share of health care services to low-income Medicaid and uninsured patients.

NYS distributes a total of \$3.6 billion in DSH funds: including a subset of \$1.1 billion called the Indigent Care Pool (ICP). The current ICP methodology only distributes 85% of the funds based on actual care provided to uninsured patients and Medicaid enrollees. The remaining 15% of funds (\$140 million) is spent under a "transition collar" which was intended to limit a hospital's exposure to losses. The old formula, is based on bad debt (patients' bills sent to collections), and continues to reward some hospitals that fail to serve uninsured patients.



The chart above depicts the disparities between the safety net and at risk/qualified hospitals and well-resourced hospitals.

## Adopting A.6677-A /S.5546 would:

- Eliminate the ICP transition collar;
- Increase Medicaid rates for safety net and at risk/qualified safety net hospitals;
- Dedicate funding for critical access and sole community hospitals;
- Expand existing programs for financially distressed hospitals to ensure no harm to safety net or at risk/qualified hospitals;
- Leverage public hospitals' access to federal DSH funds; and
- Provide a more fair distribution of hospital funding based on need, both upstate and downstate.

**Support A.6677-A  
Gottfried/S.5546 Rivera  
which will fix the inequities in  
hospital ICP and DSH funding  
by ending the ICP transition  
collar and allocating these  
funds to true safety net  
hospitals and the patients  
they serve.**

**SIGN ON AS A  
CO-SPONSOR TODAY!**



ONE BROOKLYN HEALTH SYSTEM

