FAH Membership At-A-Glance

For 60 years, the Federation of American Hospitals (FAH) has been the leading national advocate for tax-paying hospitals and health systems around the country. FAH represents nearly 20 percent of U.S. community hospitals and leads the way in providing patients with innovative, integrated, and quality care.

FAH Membership is Your Seat at the Table

As hospitals face ever-changing regulatory, political and economic pressures, FAH membership offers access to the resources, relationships, and opportunities that advance and protect your interests.

With FAH, you gain a **direct voice in federal policymaking**—engaging with Congress, the White House, and key agencies to champion priorities and block harmful proposals. Together, we promote a unified message, so tax-paying hospitals and their patients are heard at the highest levels of government.

FAH Fast Facts

1,000	475,000	143,590	46
facilities	total employees	beds	states + D.C. and Puerto Rico

Facilities include teaching, acute, inpatient rehabilitation, behavioral health centers, and long-term care hospitals. Tax-paying hospitals account for **20%** of all hospitals.

How We Drive Impact:

Advocacy & Communications
Federal advocacy campaigns shape the environment for legislative and regulatory outcomes critical to hospitals, leveraging targeted and tested communications that reinforce the value of hospitals in the communities where you operate.

Government Relations
Experienced political and policy professionals represent our members by engaging influential policymakers on Capitol Hill, in the White House, and in the executive agencies, effectively demonstrating the impact of health care policies on their patients in their communities.

Regulatory Intelligence
Policy experts influence, monitor, and help shape key rules and regulations to more appropriately reflect hospital operations, workflow, and financing trends, while helping to mitigate regulatory impact.

Industry Connectivity
Strategic partnerships and membership events facilitate networking and policy agenda-setting, providing access to executive peers, the latest industry trends, and off-the-record conversations with key health care executives, government officials, and thought leaders.

Political Engagement
Participating in FedPAC, FAH's political action committee, provides unique opportunities for member executives to engage directly with lawmakers and develop champions for the hospital industry and your company.

How Our Members Engage:

Executive Leadership

The FAH Board of Directors is comprised of the CEOs of our member companies, ensuring executive leadership, alignment with key industry priorities, and data-driven results.

Strategic Guidance

Board members appoint a Corresponding Officer to coordinate member company engagement, provide guidance on FAH activities, recommend issues for Board consideration, chair committees and assign committee membership, attend FAH and FedPAC events, and other strategic activities.

Committees & Task Forces

Shape FAH's legislative and policy agenda, share best practices, and connect with peers through committees and specialized task forces focused on hospital finance, legal and operations, quality, managed care, public relations, rural health, emergency preparedness, and more.

Conferences & Events

Membership provides access to FAH's meetings and conferences featuring policy and legislative briefings, networking opportunities, and hearing from key federal officials and thought leaders throughout the year.

FAH Leadership Team

Charlene MacDonald, President & CEO

As President and CEO, Charlene leads the Federation's strategic advocacy, champions its membership, and advances pragmatic policy solutions that align with the interests of tax-paying hospitals and the millions of patients they serve. A nationally recognized health policy and public affairs executive, Char provides executive leadership across the organization, guiding its mission and strengthening its voice in national health policy debates.

Tilithia McBride, Chief Operating Officer

Tilithia oversees all organizational operations – finance, human resources, and administrative services – while driving organization strategy related to key issues. With over 25 years of experience across the health sector, she also serves as FAH's leading expert on quality, patient safety and public health, directing the Federation's regulatory and legislative work to strengthen hospital quality, patient safety, public health, and value-based care.

Adam Broder, Chief Strategy Officer

Adam leads member and external stakeholder engagement, ensuring strategic alignment, financial stability, and long-term growth across the organization. He brings years of experience in public affairs, crisis communications, and multi-stakeholder advocacy in support of hospitals, health systems, and other leading organizations.

Alyssa Keefe, Senior Vice President, Head of Policy

Alyssa leads FAH's policy efforts to shape health care policies and strengthen engagement with federal agencies. A distinguished health policy expert, Alyssa has deep expertise in state and federal legislative processes, as well as Medicare and Medicaid payment and coverage policies.

Katie Tenoever, Senior Vice President & General Counsel

Katie serves as lead counsel on complex legal, regulatory and legislative policy issues affecting FAH members. She is a trusted advisor on regulatory compliance, fraud and abuse, antitrust, hospital accreditation, privacy and security, Medicare billing, and other matters.

For more information, please contact Christine Choi, Director of Membership Services, cchoi@fah.org.

Membership subject to Board approval. Dues are based on hospital revenues.

HOLDING MEDICARE ADVANTAGE PLANS ACCOUNTABLE

ISSUE:

Medicare Advantage (MA) was intended to introduce private sector efficiency and innovation to the federal Medicare program, and plans are required to provide the same benefits and services to beneficiaries as those covered in Medicare Parts A and B. In reality, MA plans are increasingly using narrow networks, excessive prior authorization, and other tactics that delay and deny patients' access to needed health care services they would appropriately receive in Traditional Medicare. Furthermore, there's no accountability for insurers when they arbitrarily delay or deny access to treatment that a doctor and patient agree is most appropriate. Given the extent to which denials are overturned, it is evident that insurers are intentionally using practices that slow the system down or enable them to avoid payment for necessary care. Unfortunately, there is no reporting or measurement of the initial delay or denial of care, so there is no transparency on the effects of these insurance practices.

ACTION:

To expose problematic insurance practices, and hold plans accountable, FAH developed a performance measure focusing on the percentage of initial MA plan denials that are upheld and overturned. The measure — entitled "Level 1 Upheld Denial Rate Measure" — reveals the percent of Level 1 appeals where a plan's determination was "upheld" by the plan out of all the reconsiderations made by the plan (upheld, overturned, and partially overturned determinations). FAH's measure was overwhelmingly supported when reviewed by experts on the Battelle-convened Clinician Recommendation Group and was included in the CMS Measures Under Consideration Final Report. FAH continues to advocate for adoption of this measure that will enhance CMS's oversight of MA plans' delay and denial of prior authorization and provide beneficiaries with needed insight to inform their decision-making. CMS can use the measure to address MA transparency, access to care concerns, payments related to Stars ratings.

FIGHTING SITE NEUTRAL MEDICARE CUTS

ISSUE:

Lawmakers on both sides of the aisle have entertained damaging site neutral Medicare cuts, backed by multi-million-dollar campaigns funded by insurers and billionaire activists. These policies cut Medicare payments for hospital care to match payment rates for ambulatory surgery centers (ASCs) and physician practices. Yet, unlike these other settings, hospitals provide 24/7 care, treat sicker patients, and have stricter compliance standards. If enacted, these policies would jeopardize access to care for patients and communities and undermine the safety net.

ACTION:

Despite bipartisan momentum and support, favorable committee consideration, and a desire for offsets, FAH's aggressive advocacy strategy has fended off these policies from becoming law. In addition to engaging lawmakers with the impact site neutral cuts would have on their constituents, FAH's leadership in the Coalition to Strengthen America's Healthcare strategy has produced a steady stream of advertising, research, and media coverage designed and deployed at critical moments to stop site neutral Medicare cuts from becoming law.

MAINTAINING THE BAN ON PHYSICIAN-OWNED HOSPITALS

ISSUE:

Physician-owned hospitals often treat healthier, commercially insured patients and siphon resources away from full-service hospitals. They are usually limited in their scope of services and have been found to increase costs through higher utilization. With full-service hospitals operating under financial and operational strains, POHs threaten full-service hospitals' ability to operate and provide the critical services on which communities rely, like emergency services.

ACTION:

During the negotiations on the Affordable Care Act (ACA), FAH secured a ban on new or expanded physician-owned hospitals. Since the ACA's passage, FAH has effectively opposed the yearly proposals introduced to overturn the ban and the routine exception requests that existing POHs make to expand. FAH has underscored for lawmakers and regulators the threat POHs pose to existing full-service hospitals, particularly in rural communities. In 2025, FAH's direct advocacy with CMS helped rolled back efforts of an existing POH in Idaho to expand and we released original research on the impact POHs have on local hospitals in rural communities.