National Rural Health Association:

*Rural Health Care Access - A National Policy Perspective*

Alan Morgan
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National Rural Health Association
The State of Rural America

- Workforce Shortages
- Vulnerable Populations
- Chronic Poverty
Ways & Means:

- Rural Health Task Force; Reps. Arrington (R-TX), Wenstrup (R-OH), Davis (D-IL), Sewell (D-AL)

Agriculture:

- Focusing on expanding broadband.
Senate Appropriations:
• Markup begins

Finance:
• Prescription Drug Pricing Reduction Act (PDPRA) of 2019
• S. 1037 - Rural Health Clinic Modernization Act of 2019 (Sen. John Barrasso)
• S. 2157 – Rural Hospital Sustainability Act of 2019 (Sen. Robert Casey)

HELP:
• S. 1895 – Lower Health Care Costs Act of 2019 ('Surprise Billing')
• S. 2373 – Rural MOMS Act re-introduction (Sen. Tina Smith)
  *Requested NRHA send them a list of programs that could be expanded to improve rural health
Senate Finance Committee Chairman Chuck Grassley stated that his goal is for the Finance Committee to pass a rural health care package before the end of the year.

NRHA Requests:

Stop the Rural Hospital Closure Crisis
Stop the Rural Health Clinic Closure Crisis
Support Legislation to Ease Health Workforce Shortages in Rural America
Support Telehealth and Reduce Regulatory Burdens for Rural Providers
Future Model: Community Outpatient Model

• 24/7 emergency Services

• Flexibility to Meet the Needs of Your Community through Outpatient Care:
  • Meet Needs of Your Community through a Community Needs Assessment:
    • Rural Health Clinic
    • FFQHC look-a-like
    • Swing beds
    • No preclusions to home health, skilled nursing, infusions services observation care.

• TELEHEALTH SERVICES AS REASONABLE COSTS.—For purposes of this subsection, with respect to qualified outpatient services, costs reasonably associated with having a backup physician available via a telecommunications system shall be considered reasonable costs.”

• “The amount of payment for qualified outpatient services is equal to 105 percent of the reasonable costs of providing such services.”
Global Budgeting

• CMMI published White Paper on Global Budgeting and rural providers

• Maryland All-Payer Model
  • Fixed global budgets based on historical cost trends

• Pennsylvania initiated Global Budgeting demonstration
  • In progress now

• Concerns:
  • Variations in cost due to seasons and epidemics
  • Services covered under budget and for what populations/payers?
Why Rural Matters?

- Rural drives national politics/policy
- Innovation hubs/ clearly defined service areas and populations
- Workforce shortage/resource shortages/health disparities
- National tech/populations shift
U.S. Census show that after a modest four-year decline, the population in nonmetropolitan counties remained stable from 2014 to 2019 at about 46 million. (2014-2019 rural adjacent to urban saw growth.)
Although some rural areas are indeed declining in population, this figure obscures the larger overall trend: **The number of students in rural school districts is steadily growing**, according to data compiled by the National Center for Education Statistics (NCES).
THE IMPORTANCE OF TODAY

Rural healthcare is critical for rural patients and the rural economy:

• You can’t have a healthy rural economy without a healthy rural community.

• Quality rural healthcare saves lives, provides skilled jobs, attracts businesses, and reinvests millions back into rural communities.
The Rural Health Safety Net is Under Pressure

Closed Rural Hospitals

113 Rural Hospital Closures Since 2010

1 Closed Rural Hospitals
2 Rural Hospitals with Negative Margin
Advocacy Points

113 rural hospitals have closed since 2010; >46% of rural hospitals are operating at a loss.

388 Rural Health Clinics have closed between 2012 & 2017.

Rural life expectancy is decreasing.
Go Rural!

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