



Despite that - - the problem in rural health care is **ACCESS**

- Health reform that expands health care coverage is necessary - - rural Americans lack insurance at a higher rate than their urban counterparts - - but there is a greater crisis in rural America: **access** to health care. Coverage does not equate to access.
 - Over 50 million Americans live in areas where there are too few providers to meet their basic primary care needs.
 - Yet these rural patients face the most daunting of health care challenges: per capita, rural populations are older, poorer and sicker.
- For health reform to be a success, the access crisis in rural America must first be resolved.



The NRHA Solution:

- To resolve the health care crisis in rural America, the rural health care safety net must be prevented from crumbling.
- Two reforms are crucial:
 - **The workforce shortage crisis must be abated; and**
 - **Equity in reimbursement must occur.**



Important for Rural Patients the Rural Economy



- Healthcare is the fastest growing segment of rural economy.
- Each rural physician can generate numerous other jobs in the local rural economy
- In most rural communities hospitals are the largest or second largest employer
- Health care can represent 20% of a rural community's employment and income.





Workforce Shortage

- Expand National Health Service Corp
- Title VII and Title VIII improvements
- Improve Residency Training Programs
- Medical School Rural Training Tracks
- Lift Caps on Rural Residency Programs
- Meet the Needs of Emergency Medical Services in Rural America
- More...





Equitable Reimbursement

- Rural Medicare Protections/Legislation
 - Important CAH provisions
 - RHC cap increase
 - Medicare Dependent and Sole Community Hospital Provisions
 - GPCI
 - MedPAC Rural Representation
 - 340B drug program expansion
 - and much, much more...



CAHs: What NRHA is fighting for...

- Reinstatement of “Necessary Provider” for CAHs;
- Extension of the Flex grant program;
- Expansion of the 340B drug program to CAHs;
- Equity for CAHs in Medicare stimulus dollars for health information technology;
- Flexibility in stringent bed count requirements for CAHs;
- Improving a CAH’s access to capital;
- Elimination of CAH “Isolation Test” for ambulance reimbursement;
- Ability for a CAH to negotiate reimbursement rates of a “public plan” health care option;
- Greater ability for a CAH to recruit and retain physician residents and physicians; and
- Ensuring equitable reimbursement for CAHs for anesthesia services.