



NATIONAL RURAL HEALTH ASSOCIATION

2018 Rural Health Policy Institute Requests

Rebuild Rural Infrastructure

Health care infrastructure is more than just buildings and roads: it is the nurses, doctors, and other providers that care for patients; it's telehealth services that localize specialty care; and it is community resources that provide jobs and opportunities. Our rural communities are still grappling with the economic consequences of the Great Recession. Rural America has only see 5% of jobs that were lost returned since the end of the Recession. As a result, **749 non-metro counties are still experiencing increasing unemployment.** As Congress begins to construct their infrastructure package, it is critical that we build small rural health investments into this legislation.

Hospitals are often the first or second largest employer in the community... if the hospital can keep its doors open. Since 2010, 83 rural hospitals have closed. 674 additional facilities are vulnerable and could close—this represents over 1/3 of rural hospitals in the U.S. The rate of closures is steadily increasing, and on this trajectory, 25% of all rural hospitals will close in less than 10 years if Congress fails to act. If Congress allows 674 rural hospitals to shut their doors, 11.7 million patients nationwide will lose access to their nearest hospital and its emergency room, **236,000 rural jobs will vanish**, and \$277 billion in GDP will be lost over 10 years. Rural communities across the nation will erode – because when a rural hospital closes, the economy of a rural community collapses. The **Save Rural Hospitals Act will stop the flood of rural hospital closures** and provide an innovative, sustainable delivery model for the future of rural health care.

NRHA has developed a three-pronged approach to make rural Americans healthy and bring back jobs: **include provisions to keep rural hospitals open and co-sponsor the Save Rural Hospitals Act, maintain jobs, and ensure access to care; cut red tape by reforming existing programs to bring grants and funding to the communities that need them most; and improve telehealth and transportation services to increase availability and delivery of care.**

Keep Critical Rural Payment Commitments

Several important rural Medicare Extenders expired on October 1, 2017 without any Congressional intervention. Medicare Extenders include Medicare Dependent Hospitals, Low-Volume Hospital adjustments, rural ambulance payments, Medicare Therapy Caps, and the geographic index floor under the Medicare physician fee schedule. While we have encouraged Congress to reauthorize these programs, the House Ways and Means Committee's proposed legislation includes a pay-for that would adjust Critical Access Hospital (CAH) swing-bed reimbursement rates. The swing bed program is essential to hospitals located in underserved areas with high Medicare utilization and are crucial for the continuity of care for seniors and high medical need residents. The Senate Finance Committee's released legislation included a change to Low Volume Hospital (LVH) adjustments, one that would devastate LVH hospitals and force them to close their doors. **These extenders need to be renewed, but we cannot fund some rural hospitals at the expense of other rural hospitals.**

Congress also let funding for Community Health Centers (CHCs) expire on October 1, 2017. CHCs are community-based and patient-directed organizations that serve populations with limited access to health care. **Most CHCs are based in rural America, and they are a crucial part of core safety net providers meeting the need for care in underserved populations.** We need Rural Medicare Extenders and CHCs reauthorized in a long-term package that ensures their future.

Support Appropriations for Rural America

The federal investment in rural health programs is a small portion of federal health care spending, but it is critical to rural Americans. These safety net programs increase access to health care providers, improve health outcomes for rural Americans, and increase the quality and efficiency of health care delivery in rural America. NRHA supports strong funding for the rural health care safety net and encourages Congress to continue funding these important programs in FY 2018 and beyond.

Join Senate Rural Health Caucus or House Rural Health Coalition

Join your colleagues in the Senate and House of Representatives as part of the Senate Rural Health Caucus or House Rural Health Care Coalition. The Caucus and the Coalition are a collection of rural health champions and have passed significant legislation improving the lives of 60 million rural Americans. Stand up for rural health care in the 115th Congress by joining these important groups!

Chair of the Senate Rural Health Caucus:

Sen. Pat Roberts (R-KS), Emily Mueller, emily_mueller@roberts.senate.gov

Sen. Heidi Heitkamp (D-ND), Megan DesCamps, megan_descamps@heitkamp.senate.gov

Co-Chairs of the House Rural Health Care Coalition:

Rep. Cathy McMorris Rogers (R-WA), Megan Perez, megan.perez@mail.house.gov

Rep. Ron Kind (D-WI), Alex Eveland, alex.eveland@mail.house.gov