

RURAL **HEALTH** WORKSHOP

A View from the Hill: Rural Health Updates from Washington, D.C.



Speaker

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A View from the Hill: Rural Health Updates from D.C.

2023 LRHA Rural Health Workshop

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June 20, 2023



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NRHA

Your voice. Louder.

NRHA is a national nonprofit membership organization with more than 21,000 members, made up of a diverse collection of individuals and organizations with the common goal of ensuring all rural communities have access to quality, affordable health care.

Our mission is to provide leadership on rural health issues.

What We Fight for on Behalf of Rural

- Investing in a Strong Rural Health Safety Net
- Reducing Rural Healthcare Workforce Shortages
- Addressing Rural Declining Life Expectancy and Inequality



The Rural Health Context

The Rural Context



Rural areas make up 80% of the land mass in USA

Rural areas have roughly 17% of the US Population

Rural areas provide the food, fuel and fiber to power our nation

Access to high-quality health care is a requirement to keep these important resources available

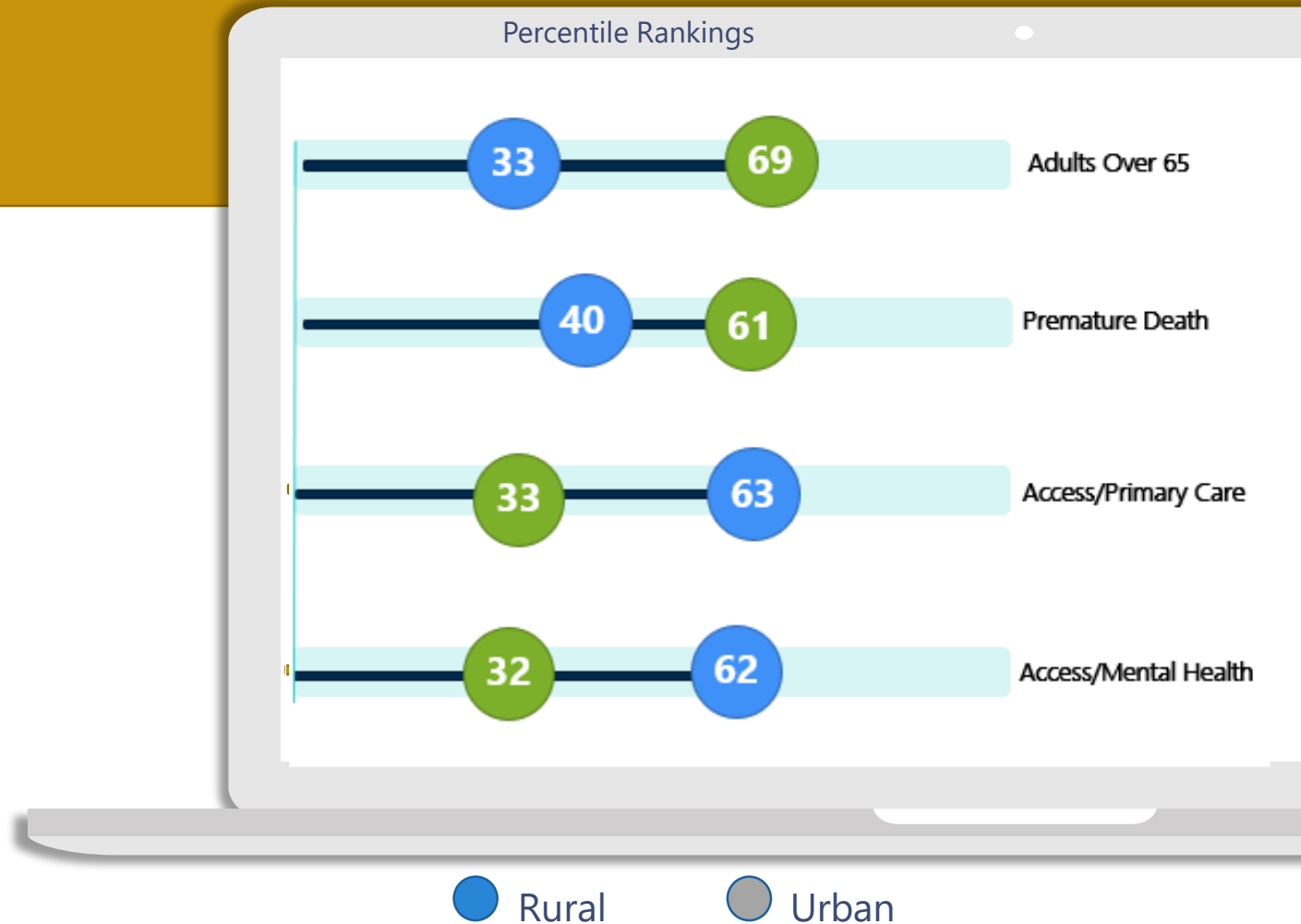
An exchange between urban and rural that must not be overlooked

Historically, public policy has disadvantaged health care in rural communities

The Rural / Urban Divide

Health Disparities **widen** during Pandemic

Rural populations are older, poorer, sicker, have less access to care and suffer worse outcomes than their more urban peers.



Workforce Shortages



Nearly a third of nurses recently surveyed say they will *likely* leave nursing, suggesting nursing shortages may be a major challenge for years.



1

Number of Open Bedside Nurse Positions

56% have 1 to 5 open positions
16% have 6 to 10

V-26



2

Patient Admissions

36% said staffing issues prevented patients from being admitted in last 60 days



3

Suspension of Services

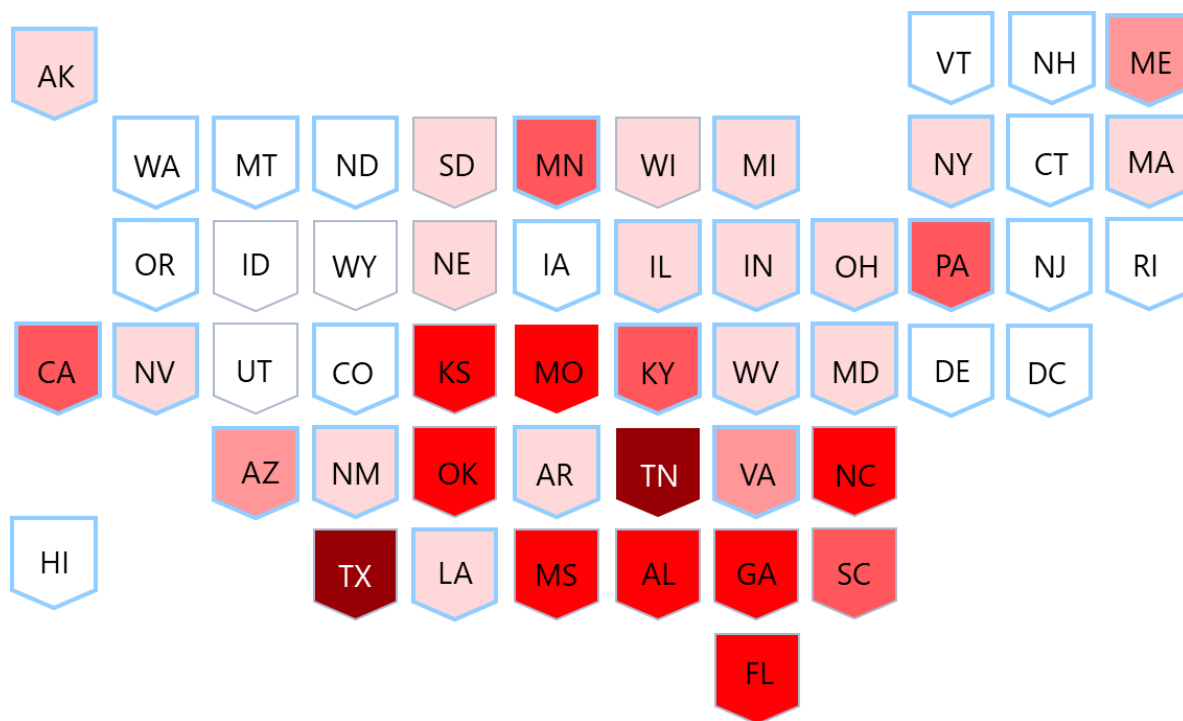
17% said staffing issues resulted in suspension of services

Persistent Pressure Points on Rural Providers

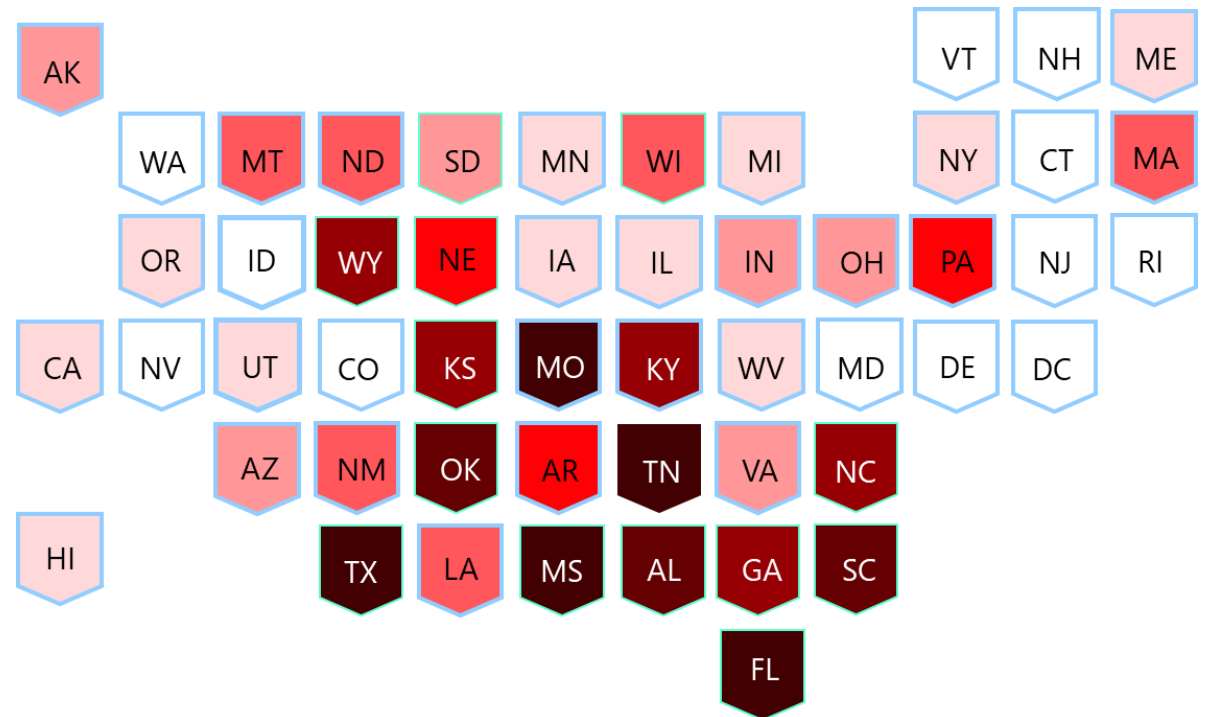


Rural Hospital Status

Rural Hospital Closures



Vulnerable Rural Hospital



Source: Sheps Center, UNC

Source: The Chartis Center for Rural Health, 2021.

Percentage of State Rural Hospitals Determined to be Vulnerable

Updates from the Administration

Recent Activities

- CY 2024 Policy & Technical Changes to Medicare Advantage [proposed rule](#).
- SAMHSA Medications for Opioid Use Disorder [proposed rule](#).
- CMS Advancing Interoperability and Improving Prior Authorization [proposed rule](#).
- DEA Expansion of Induction of Buprenorphine via Telemedicine [proposed rule](#).
- FCC Rural Healthcare Program [proposed rule](#).
- FY 2024 Skilled Nursing Facility Prospective Payment System [proposed rule](#).
- FY 2024 Inpatient Prospective Payment System [proposed rule](#).

Recent Activities

CY2024 Medicare Advantage Policy and Technical Changes

- Prior authorization
 - Can only be used to confirm diagnosis, determine medical necessity
 - MA plans must comply with coverage and benefit conditions in traditional Medicare, national & local coverage determinations
 - When Medicare coverage criteria are not established, MA plans:
 - Must make publicly accessible coverage policies based upon widely used treatment guidelines or clinical literature
 - MA plans cannot revise its medical necessity determinations
 - 90-day transition period for ongoing course of treatment

Recent Activities

- Network adequacy
 - MA plans must arrange for out-of-network medically necessary items and services that are not available in-network
- Behavioral health
 - Clinical psychologists and social workers now subject to time, distance, and minimum number requirements – can receive 10% credit
 - Did not finalize MOUD-waivered providers for network adequacy requirements
 - Primary care appointment wait times apply to behavioral health care
 - Emergency services: immediately
 - Not emergency but requires medical attention: within 7 business days
 - Routine/preventive: within 30 business days
 - Emergency medical services include mental health services. MA plans must cover emergency services without regard for prior authorization

Recent Activities

- Targeting misleading marketing and advertising
 - MA ads must include specific plan name
 - Superlatives prohibited without supporting documentation
 - Prohibited from advertising benefits not available in a service area
 - Must provide annual notice that beneficiaries may opt out of business calls
 - Pre-enrollment checklist must include “effect on current coverage” item
 - Scope of appointments, business reply cards, and other contact mechanisms are valid for 12 months
 - Prohibited from using Medicare name, CMS/HHS logo in misleading way

Recent Activities

- Health equity
 - Health Equity Index is added to the Star Ratings program to encourage MA plans to focus on improving care for enrollees with social risk factors.
 - MA plans must develop procedures to identify and offer digital health education to help enrollees access medically necessary telehealth benefits

Recent Activities

DEA Telemedicine Prescribing Rules

- Drug Enforcement Administration [temporary rule](#) on prescribing controlled substances via telemedicine.
 - Includes buprenorphine.
 - Extending PHE flexibilities through Nov. 11, 2023.
 - Patients that established a telemedicine before Nov. 11, 2023, maintain flexibilities through Nov. 11, 2024.
 - DEA will pursue further rulemaking for final policy.
- Different from [proposed rule on opioid treatment programs](#) from SAMHSA.
 - No final rule yet.
 - More flexible.

Recent Activities

RHC guidance from CMS on urbanized area

- Census definition of “urbanized area” used in RHC statute and regulations for eligibility.
- In 2022, Census finalized a policy to remove “urbanized area” definition and replace with “urban area.”
 - Urban area is any area with population of >5,000. Rural is 5,000 or less.
- CMS interim [guidance](#) for RHCs re: “urbanized area” definition
 - Using 2010 and 2020 Census for eligibility determinations.

Recent Activities

Hospital price transparency enforcement update

- CMS [press release](#).
- Updates include:
 - CMS will not issue warnings to hospitals that have not complied, will move straight into requesting corrective action plan (CAP).
 - CMS will require hospitals to comply within 90 days of receiving a CAP request.
 - Timeline for submitting CAP remains 45 days.
 - CMS will automatically impose civil monetary penalties on hospitals that do not submit CAP by submission deadline or did not comply within 90 days.
- CMS conducting over 200 reviews per month.

Recent Activities

FY 2024 Skilled Nursing Facility Prospective Payment System Proposed Rule

- Key proposals include:
 - 3.7%, or \$1.2 billion, increase in payments
 - Health equity adjustment in SNF Value-Based Purchasing Program
 - Streamlined procedure for SNFs facing civil monetary penalties
 - Does not include minimum staffing levels; in future proposed rule
- [NRHA comment.](#)



Recent Activities

CMS COVID-19 Health Care Staff Vaccination Requirements **Final Rule**

- Interim final rule from November 2021 required all health care staff at CMS-certified facilities be vaccinated against COVID-19.
- This final rule removes this policy.
- Moving forward, CMS will encourage vaccination through quality reporting measures.

Recent Activities

FY2024 Inpatient Prospective Payment System (IPPS) Proposed Rule

- Continuation of low-wage index policy
 - Pending appellate court review; lower court said Secretary did not have authority to implement the policy
- Extension of low-volume hospital payment adjustment and Medicare-dependent hospital designation thru FY24



Recent Activities

- Rural Emergency Hospitals
 - Treated similarly to CAHs for GME
 - Nonprovider site
 - Incur costs of training residents, receive 100% reasonable costs
 - REH action plans for converting
 - CMS guidance from January 2023 will be codified
 - Plan for provision of services, transition plan, list of other outpatient services, use of additional facility payment

Recent Activities

- Health equity:
 - Changing severity designation of homelessness (Z59.0) from non-complication or comorbidity to CC
- Request for information:
 - Safety net hospital
 - How to define/identify, challenges faced, how to address challenges
 - Geriatric measures and hospital designation

Current Activities

Ensuring Access to Medicaid Services proposed rule.

- [NRHA summary](#).
- Comments due **July 3, 2023**. Key provisions:
 - Medicaid Advisory Committee and Beneficiary Advisory Group.
 - Changes to 1915(c) waivers for home and community-based services, including payment adequacy for direct care workers.
 - States must publish Medicaid FFS rates on website.
 - Conduct and publish comparative analysis between Medicaid/Medicare rates for primary care, OBGYN, and outpatient behavioral health.

Current Activities

- **Medicaid and CHIP Managed Care Access, Quality, and Finance [proposed rule](#).**
 - [NRHA summary](#).
 - Comments due **July 3, 2023**.
 - Key provisions:
 - Access:
 - Appointment wait times: 10 days for outpatient behavioral health/SUD, 15 days for primary care and OBGYN. State must choose an additional provider type and max wait time.
 - Quality:
 - States must conduct annual enrollee surveys.
 - Secret shopper surveys to ensure compliance.
 - Finance:
 - Plans must provide payment analyses for some E/M CPT codes for primary care, OBGYN, behavioral health
 - Must show how much plan paid for E/M CPT codes compared to Medicare

Looking Ahead

- Minimum staffing standards for nursing homes
- Outpatient Prospective Payment System
- Medicare Physician Fee Schedule
- OPPS Remedy for 340B Drugs Purchased in CYs 2018 – 2022

Updates from Congress

Debt Ceiling Agreement

- May 31 – House passed [“Fiscal Responsibility Act”](#)
- June 1 – Senate passed the bill
- June 3 – President signed bill into law
- What’s included?
 - Limits on non-defense discretionary funding for at least next 2 years:
 - Level funding in FY 2024
 - 1% increase in FY 2025
 - Rescinds unspent COVID-19 funds – Provider Relief Funds, USDA Distance Learning & Telemedicine Program
 - Changes to SNAP:
 - 18-49 y/o able-bodied adults without dependents can only participate in SNAP for 3 months every 3 years → changed to 54 y/o
 - Exemption for veterans, persons experiencing homelessness, and youth aging out of foster care
 - States lost flexibility to waive up to 12% of recipients from time limit → 8%

2024 President's Budget

- Key rural elements of [President's 2023 budget](#) released March 28, 2022:
 - **New!** Rural Health Clinic behavioral health initiative for \$10 million.
 - **New!** Rural Hospital Stabilization Pilot Program for \$20 million.
 - **New!** Financial and Community Sustainability for At-Risk Rural Hospitals Program for \$10 million.
 - Increases in funding for rural opioid response, rural residency development, National Health Service Corps, telehealth, and 340B.
 - Level funding for most critical rural health programs (Flex, SHIP, SORH).

FY 2024 Appropriations

NRHA FY 2024 Requests (dollars in millions)

Program	FY23	NRHA Request	PB Request
Rural Hospital Flexibility Grants	64	73	64
New! Rural Health Clinic Behavioral Health	-	10	10
Rural Maternity & Obstetrics Management Strategies Program	8	24	10
Rural Residency Planning and Development	12.5	14.5	12.7
CDC Office of Rural Health	5	10	5
Rural Hospital Technical Assistance Program	2	5	0
Rural Health Research & Policy	11	12.1	11
New! Financial and Community Sustainability for At-Risk Hospitals	-	10	10
Rural Communities Opioid Response	145	165	165
State Offices of Rural Health	12.5	18	12.5

Support the Rural Health Infrastructure

- Support the rural safety net hospitals
 - [S. 1571: Rural Hospital Closure Relief Act of 2023](#)
 - Reopens necessary provider status
 - [H.R. 833: Save America's Rural Hospitals Act](#)
 - Marker bill for rural hospital fixes
 - [H.R. 1565: Critical Access Hospital Relief Act](#)
 - Removes 96-hour physician certification condition of payment
 - [S. 803: Save Rural Hospitals Act of 2023](#)
 - Creates area wage adjustment floor for Medicare hospital payments
 - [S. 1110: Rural Hospital Support Act of 2023](#)
 - Make MDH/LVH permanent, readjusts SCH/MDH payments
- Bills in progress:
 - Reintroduction of Hospital Revitalization Act ([S. 3105](#) in 117th)

Support the Rural Health Infrastructure

- **New!** [H.R. 3730](#): Rural Health Clinic Burden Reduction Act
 - Modernizes the RHC program, fixes Census definition issue
 - [S. 198](#) is Senate companion bill
- Ensure the 340B Drug Pricing Program remains a viable lifeline
 - [H.R. 2534: PROTECT 340B Act of 2023](#)
 - Targets discrimination by PBMs and payers
- Extending authorization for CHC and NHSC
 - [H.R. 2559: Strengthening Community Care Act of 2023](#)

Strengthen the Rural Health Workforce

- Expand the Medicare Graduate Medical Education (GME) program
 - [S. 230/H.R. 834: Rural Physician Workforce Production Act](#)
 - [S. 665: Conrad State 30 and Physician Access Reauthorization Act](#)
 - [H.R. 751: Fair Access in Residency Act](#)
- Support development and capacity of health care providers
 - [H.R. 2761: Improving Care and Access to Nurses Act](#)
- Support loan repayment programs
 - [S. 940: Rural America Health Corps Act](#)

Address Rural Health Equity

- Expand Access to Maternal Health Services
 - [S. 948: Healthy Moms and Babies Act](#)
 - [H.R. 3305: Black Maternal Health Momnibus Act](#)
- Permanently Expand Telehealth Provisions
 - [S. 1636: Protecting Rural Telehealth Access Act](#)
 - [S. 1642: Reconnecting Rural America Act](#)
 - Reintroduction of CONNECT for Health Act – Coming Soon!
 - Including in person payment parity for RHC and FQHC services
- Expand Access to Emergency Medical Services (EMS)
 - [S. 1673/ H.R. 1666: Protecting Access to Ground Ambulance Medical Services Act](#)
- Support Rural Public Health Capacity
 - Authorize and increase funding for new CDC Office of Rural Health

2023 Farm Bill Reauthorization

- Sent [Farm Bill requests letter](#) to House and Senate Agriculture Committee leadership
- NRHA is advocating for:
 - [S. 1736: Farmers First Act](#)
 - Increases funding for Farm and Ranch Stress Assistance Network to \$15 million/year.
 - [S. 760/H.R. 1509: Healthy Food Financing Initiative Reauthorization Act](#)
 - [S. 1036: Senior Hunger Prevention Act](#)
 - Standard medical deduction for seniors and individuals with disabilities.
 - Outreach program, streamlined app for seniors and individuals with disabilities.
 - [S. XXX/H.R. XXXX: Expanding Childcare in Rural America Act](#)

2023 Farm Bill Reauthorization

- NRHA is also advocating for:
 - Farmer and ag worker hotline
 - Authorizing USDA Hospital TA Program
 - Community Facilities Loan and Grant Program
 - ReConnect and Rural Broadband Programs

Advocate with us!

Advocacy Campaigns

**Urge Congress to Reduce
Burden in Rural Health Clinics**

**Urge Congress to Invest in a
Robust Rural Health
Workforce**

**Urge Congress to Invest in
Rural Health**

**Urge Congress to Invest in Rural
Communities in Farm Bill 2023**

**Urge Congress to Invest in
Rural Health Infrastructure**

New! Rural Hospital Advocacy Campaign

- Urge Congress to Invest in Rural Health Infrastructure
- NRHA is supportive of legislation to improve hospital viability and ensure long-term success
- **Supported legislation** includes:
 - H.R. 833, Save America's Rural Hospitals Act
 - H.R. 1565, Critical Access Hospital Relief Act of 2023
 - S. 803, Save Rural Hospitals Act of 2023
 - S. 1110, Rural Hospital Support Act of 2023
- **Message** your Member of Congress today

New Advocacy Resources

- **Legislative Agenda**

- Summary of key rural health legislation and priorities.
 - Broken down by our three policy pillars (health equity, workforce, and hospital infrastructure)

- **Hospital Bills One-Pager**

- Breakdown of our key rural hospital infrastructure bills.
- Great to use for as a leave behind or follow up.

2023 NRHA Advocacy Goodies

- [New policy papers posted!](#)
- Sign up to receive [NRHA's Rural Roundup](#) & [NRHA Today](#).
- Engage with NRHA Advocacy online!
 - Social media: [Twitter](#), [Facebook](#), [LinkedIn](#), [Instagram](#)
- Contact your NRHA Government Affairs Team
- Email: [Carrie Cochran-McClain](#), [Alexa McKinley](#), [Grace Girard](#), [Kristen Batstone](#)



NRHA
Your voice. Louder.



Questions?

We want to hear from you!

<https://www.surveymonkey.com/r/RCYLXYT>



RURAL **HEALTH** WORKSHOP

Break with Exhibitors: 9:30 – 10:00 a.m.

Breakout Sessions: 10:00 a.m. – 12:00 p.m.

Lunch and Learn: 12:00 p.m. – 1:15 p.m.

