2019 Rural Challenges in Health Care

Presented by
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2018 – 2019 President
California State Rural Health Association (CSRHA)

Slides Provided by
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Sr. Vice President
National Rural Health Association
Join Us
2019 Annual California State Rural Health Conference
Roseville, California
September 23-24, 2019
Improving the health of the 62 million who call rural America home.

NRHA is non-profit and non-partisan.
National Rural Health Association Membership

One Dot Represents One Member
(Map shows only members residing in the United States & Puerto Rico)
Destination NRHA
Plan now to attend these upcoming events.

Policy Institute—February 5-7, 2019• Washington, DC
Annual Conference—May 7-10, 2019• Atlanta, GA
Rural Hospital Innovation Summit—May 7-10, 2019• Atlanta, GA
RHC/CAH Conference—September 17-20, 2019• Kansas City, MO
World Rural Health Conference—Oct. 12-15, 2019• Albuquerque, NM

Visit RuralHealthWeb.org for details and discounts.
2018
The Year in Review
Backdrop of Concern: Federal Budget Deficits

• FY 2018: Federal deficit close to $1 trillion
• Due to recently passed tax legislation, rate of deficit will be 4.9% of GDP, higher than at any point since WWII, between 2021 to 2028
• More bad news: the total national debt will reach $33T or 96% of GDP over the next decade
• Be watchful of discussion on methods to reduce this burden, like watching the storm clouds on the horizon, we need to be prepared!
Health Care Was a Central Issue

Politico Poll

• 41% of voters said Health Care was their number one issue – pushing the economy out of the top spot after over a decade

• 55% of registered voters said a "health care reform bill" should be a top priority for the next Congress. None of the other policy issues offered as a choice got such a significant response.

• 60% of Americans think insurance premiums will go up and those respondents will blame health insurance companies (40%), the Trump administration (34%) and the Obama administration (22%).
Protecting Pre-Existing Conditions

Kaiser Survey

• The July Kaiser Health Tracking Poll finds a candidate’s position on protecting people with pre-existing health conditions is the top health care campaign issue for voters, among a list of issues provided.
• This issue cuts across voter demographics with most Democratic voters (74%), independent voters (64%), and voters living in battleground areas (61%), as well as half of Republican voters (49%) saying a candidate’s position on continued protections for pre-existing health conditions is either the single most important factor or a very important factor in their 2018 vote.
The Senate Rural Health Caucus

- Ensuring a strong future for this caucus will be a key issue at the 2019 Policy Institute
- Our current bipartisan co-chairs are Pat Roberts (R-KS) and Heidi Heitkamp (D-ND)
- We will have to find a new Dem Co-Chair for the Caucus
What Can Split Chambers Pass?

Infrastructure

• With the chambers split, a massive infrastructure package could be the one thing that they can agree on.
• In a recent Rebuild Rural Coalition meeting – Sen. Martin Heinrich (NM), who won his reelection campaign last night, announced that this will be one of his top priorities moving forward.
• We will work to ensure that both Chambers and both parties understand that health care is infrastructure in rural America.
  • We're ready to go whenever Congress is, but we can always use your input on the priorities you see for us in this package.
What Can Split Chambers Pass?

A New Model for Rural Health

- Democrats and Republicans alike agree on the importance of rural health care, and everyone likes to save money, cut red tape, and foster innovation.
- As we move forward, this will be one of our top priorities in the new Congress.
- The Senate has already shown interest – remember their Rural Health hearing this spring
The State of Rural America

- Workforce Shortages
- Vulnerable Populations
- Chronic Poverty
• 6,000 areas in the U.S. are primary care health shortage areas;
• 4,300 areas are dental health shortage areas; and
• 3,500 areas are short of mental health shortage areas.
Rural Mortality Rates.

A Rural Divide in American Death

Center for Disease Control January, 2017 Study:

“The death rate gap between urban and rural America is getting wider”

• Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.

• Infant mortality rates are 20% higher than in large urban counties.

• Mortality is tied to income and geography.

• Minorities, especially Native Americans die consistently prematurely nation-wide, but more pronounced in rural.

• Startling increase in mortality of white, rural women. Causes:
  • Risky lifestyle (smoking, alcohol abuse, opioid abuse, obesity)
  • Environmental cancer clusters
  • Suicides
15% OF ALL AMERICANS LIVE IN RURAL AREAS

Rural Americans are at greater risk of death from 5 leading causes than urban Americans
- Heart Disease
- Cancer
- Unintentional Injury
- Chronic Lower Respiratory Disease
- Stroke

PROTECT YOURSELF
- Be physically active
- Eat right
- Don’t smoke
- Wear your seat belt
- See your doctor regularly
15% of all Americans live in rural areas.

Only 1 in 4 rural adults practice at least 4 of 5 health-related behaviors:

- Not smoking
- Maintaining normal body weight
- Being active
- Nondrinking or moderate drinking
- Sufficient sleep

Practice health-related behaviors that can prevent chronic disease.
The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012

Age-adjusted prevalence
Quintile classification
- 4.1%–10.3%
- 10.4%–12.9%
- 13.0%–14.9%
- 15.0%–17.2%
- 17.3%–32.3%
- Insufficient data

National age-adjusted prevalence is 15%.
Source: Centers for Medicare & Medicaid Services.
Five highest rates of death due to overdose:

- West Virginia (52.0 per 100,000)
- Ohio (39.1 per 100,000)
- New Hampshire (39.0 per 100,000)
- Pennsylvania (37.9 per 100,000)
- Kentucky (33.5 per 100,000)
Opioids Ravage Rural America

• 175 deaths each day.
• Up 30% in 2017 from 2016.
• In rural America opioid death rates quadrupled among those 18-25 years old and tripled for females.
• Death rate is 45% higher in rural counties.
• “Forgotten people” of opioid epidemic – Native Americans and Alaskan Natives – 30% under-reported.
Opioid Misuse Community Assessment tool

https://opioidmisusetool.norc.org/
### Drug Overdose Mortality Rate

**Michigan**

Deaths per 100k population (Ages 15-64)

<table>
<thead>
<tr>
<th>Race / Ethnicity</th>
<th>Michigan</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>76.7%</td>
<td>62.0%</td>
</tr>
<tr>
<td>African American (non-Hispanic)</td>
<td>13.7%</td>
<td>12.3%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>4.8%</td>
<td>17.3%</td>
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<tr>
<td>Asian (non-Hispanic)</td>
<td>2.8%</td>
<td>5.2%</td>
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<tr>
<td>Native Hawaiian/Pacific Islander (non-Hispanic)</td>
<td>0.0%</td>
<td>0.2%</td>
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<tr>
<td>American Indian/Alaska Native (non-Hispanic)</td>
<td>0.5%</td>
<td>0.7%</td>
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<table>
<thead>
<tr>
<th>Age</th>
<th>Michigan</th>
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<tbody>
<tr>
<td>Under 15</td>
<td>18.4%</td>
<td>19.2%</td>
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<tr>
<td>15-64</td>
<td>66.2%</td>
<td>66.3%</td>
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<tr>
<td>65+</td>
<td>15.4%</td>
<td>14.5%</td>
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<table>
<thead>
<tr>
<th>Educational Attainment</th>
<th>Michigan</th>
<th>United States</th>
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<tbody>
<tr>
<td>At least High School Diploma (25+)</td>
<td>89.9%</td>
<td>87.0%</td>
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<tr>
<td>Bachelor's Degree or more (25+)</td>
<td>27.4%</td>
<td>30.3%</td>
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<table>
<thead>
<tr>
<th>Disability Status</th>
<th>Michigan</th>
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<tbody>
<tr>
<td>% Residents with a disability (15-64)</td>
<td>12.3%</td>
<td>12.5%</td>
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<table>
<thead>
<tr>
<th>ECONOMIC</th>
<th>Michigan</th>
<th>United States</th>
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<tbody>
<tr>
<td>Median Household Income</td>
<td>$50,803</td>
<td>$55,322</td>
</tr>
<tr>
<td>Poverty Rate</td>
<td>16.3%</td>
<td>15.1%</td>
</tr>
<tr>
<td>Unemployment Rate</td>
<td>8.5%</td>
<td>4.7%</td>
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</table>

#### Note:
Sociodemographic and economic data are provided to show composition of the total population; they DO NOT reflect the proportions of individuals who died as a result of overdose.
Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse

[Seal of the Office of National Drug Control Policy]

[Seal of the U.S. Department of Agriculture]

[Link here for full list of resources]

Office of National Drug Control Policy
U.S. Department of Agriculture
October 2018
<table>
<thead>
<tr>
<th>Program</th>
<th>Webpage</th>
<th>Resource Type</th>
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<tr>
<td><strong>Community</strong></td>
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<tr>
<td>Department of Education</td>
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<td></td>
</tr>
<tr>
<td><strong>Office of Safe and Healthy Students</strong></td>
<td></td>
<td></td>
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<tr>
<td>Technical Assistance Center</td>
<td></td>
<td></td>
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<tr>
<td><strong>Office of Special Education Programs</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OSEP Parent Program - Parent Training and Information Centers</td>
<td><a href="https://www.parentcenterhub.org">www.parentcenterhub.org</a></td>
<td>Training</td>
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<tr>
<td><strong>Department of Health and Human Services</strong></td>
<td></td>
<td></td>
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<td><strong>Health Resources and Services Administration</strong></td>
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<td></td>
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<tr>
<td>Rural Communities Opioid Response Program</td>
<td><a href="https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=35ee358e-d42f-4c7a-ba6e-d71f228eb1a9">https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=35ee358e-d42f-4c7a-ba6e-d71f228eb1a9</a></td>
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<tr>
<td><strong>Indian Health Service</strong></td>
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<td></td>
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<tr>
<td>Alcohol and Substance Abuse Program</td>
<td><a href="https://www.ihs.gov/asap/">https://www.ihs.gov/asap/</a></td>
<td>Funding</td>
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<tr>
<td>Mental Health Program</td>
<td><a href="https://www.ihs.gov/dbh/programs/">https://www.ihs.gov/dbh/programs/</a></td>
<td>Direct Service Provider</td>
</tr>
<tr>
<td><strong>Substance Abuse and Mental Health Services Administration</strong></td>
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<td></td>
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<tr>
<td>Addiction Technology Transfer Center</td>
<td><a href="https://knowledge.samhsa.gov/ta-centers/addiction-technology-transfer-center-network">https://knowledge.samhsa.gov/ta-centers/addiction-technology-transfer-center-network</a></td>
<td>Information</td>
</tr>
<tr>
<td>Community-based Coalition Enhancement Grants to Address Local Drug Crises</td>
<td><a href="https://www.samhsa.gov/grants/grant-announcements/sp-18-001">https://www.samhsa.gov/grants/grant-announcements/sp-18-001</a></td>
<td>Funding</td>
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<tr>
<td>Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation</td>
<td><a href="https://www.samhsa.gov/grants/grant-announcements/ti-18-010">https://www.samhsa.gov/grants/grant-announcements/ti-18-010</a></td>
<td>Funding</td>
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<tr>
<td>Drug Court Activities</td>
<td><a href="https://www.samhsa.gov/grants/grant-announcements/ti-18-008">https://www.samhsa.gov/grants/grant-announcements/ti-18-008</a></td>
<td>Funding</td>
</tr>
</tbody>
</table>
Poverty in Rural America

- In 1980, 70% of rural Americans living in poverty were working.
- Today, less than half of the rural poor are working.
Persistent Poverty in Rural America

- At the turn of the century, about 1 in 5 rural counties had a poverty rate higher than 20 percent. Today, about one in three rural counties — 657 counties — have similarly high rates of poverty.

Carsey Institute of Public Policy, November 2017

“Rural poverty skyrockets as jobs move away,”

The Hill, December 5, 2017
Job growth in America

Since 2008, job growth in metropolitan areas has outpaced that in rural areas.

The Conversation, CC-BY-ND
Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. CMS approved the Kentucky HEALTH expansion waiver on January 12, 2018; implementation of some provisions was scheduled to begin in April 2018. VA is considering adopting expansion in their FY 2019 state budget, UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match, and UT also has a measure on the ballot in November to fully expand to 138% FPL. Expansion proponents in ID and NE are collecting signatures to place expansion on their November ballots. ME adopted the Medicaid expansion through a ballot initiative in November 2017, but the Governor failed to meet the SPA submission deadline (April 3). (See the link below for more detailed state-specific notes.)

More than 4,500 Arkansans could lose Medicaid over work requirements

• Could be the first state to lose coverage under rules that took effect in June.

• New rules condition Medicaid enrollment on employment or community engagement. Arkansas is the only state enforcing such a requirement.

• The state has been criticized over its requirement that hours be reported online.

• Kentucky had its Medicaid work requirements blocked by a federal judge in July. A similar suit, seeking to block the Arkansas requirements, is pending in federal court.
Now, more than ever...an investment is needed in...

Rural Health Clinics  Critical Access Hospitals
Rural Health Clinics Advocacy

- 4,400 RHCs nationwide furnish primary care and preventive health services in rural and underserved areas.
- Rural Health Clinics across rural America face long-standing challenges:
  - inadequate reimbursement rates;
  - workforce shortages; and
  - technology challenges.
Raising RHC Caps

• Prospects of Raising the RHC Cap ($110 per visit proposal by the Senate Rural Health Caucus)

• Medicare Spending on Rural Health Clinics remains woefully low (1% of all Medicare spending)
RHC Modernization Act

- Provides overdue and common-sense regulatory reform
- Payment Reform
Hospital Closure Crisis

Rural Hospital Closures: 2005 – 2016

Press play or drag the timeline handle to see the locations of rural hospital closures over the last decade. The size of the bubble represents the number of hospital beds.
Rural Hospital Closures and Risk of Closures

Closures Escalating

94
Since 2010
Rural Hospital Closures Continue...
Rural Health Safety Net is Under Fire Pressure

Current and Pending Health Policies Negatively Impact Rural Providers

Total Rural Hospitals Operating in the Red Jumped Four Percentage Points Since Last Year

40% 2017
44% 2018

The Chartis Group
Chartis Center for Rural Health
Why are hospitals losing money?
RURAL PROVIDERS ARE SUBSIDIZING CARE.

Impact of Bad Debt
• Medicare and Medicaid bad debt has increased by nearly 50% since the ACA was signed into law.
• Private bad debt?
• Bad debt cuts cause $3.8 billion over 10 years to be lost.
Impact of Sequestration

- Projected impact of the Sequester to rural hospitals and communities within one year.¹

<table>
<thead>
<tr>
<th>Category</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Revenue Lost</td>
<td>$320M</td>
</tr>
<tr>
<td>Jobs Lost</td>
<td>7,100</td>
</tr>
<tr>
<td>GDP Lost</td>
<td>$800M</td>
</tr>
</tbody>
</table>

- Median rural hospital loses $71,000 from sequestration;
- Rural Health Clinics net payment decrease from Medicare is 1.62% of capitated rate.
Maternity Care is Disappearing in Rural America

• In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics.

• More than 200 rural maternity wards closed between 2004 and 2014.
Rural Obstetric Factors

• Rural areas have higher rates of chronic conditions that make pregnancy more challenging, higher rates of childbirth-related hemorrhages and higher rates of maternal and infant deaths.

• Half of rural women in rural communities live more than the recommended 30 minutes from a hospital offering maternity services.

• Workforce shortages and medical liability costs.
Rural Victories: Appropriations

- First time in more than a decade, a L-HHS Bill has been approved by Congress.

- Unprecedented Funding for:
  - Rural Health Safety Net;
  - Opioid prevention funding;
  - National Institute of Health.

- Remember also operating off of 2-7ear budget bill that passed in February, which included significant rural funding.
The Details

• **Medicare Rural Hospital Flexibility Grants** - $53.6 million -- $3.2 million over NRHA request.
  • Of **Rural Hospital Flexibility Grants funds**, $19.9 million is specifically provided for the **Small Rural Hospital Improvement Grant**.

• **State Offices of Rural Health (SORH)**
  $10 million to help the SORH improve rural health care across our country.

• **Telehealth Programs**: The bill focuses resources toward efforts and programs to help rural communities, including $25.5 million, $2 million above FY2018, for Telehealth.

• **Workforce**: The committee appropriated $40.25 million, $2 million above FY2018 for Area Health Education Centers (AHECs). An additional $15,000,000 will be available through September 30, 2021 to support the Rural Residency Development Program.
And, Opioid Funding in Approps Bill...

- $3.7 billion, an increase of $145 million, to fight the opioid crisis
- For treatment and prevention efforts; finding alternative pain medications; workforce needs, especially in our rural communities; and behavioral health.

**Two Specific Rural Victories:**

- $200 million for Community Health Centers to support and enhance behavioral health, mental health, or substance use disorder services.
- $120 million focused on specifically on responding to the opioid epidemic in rural communities.
Examples of Rural Focus in Appropriations Bill

- **New Grant dollars for Obstetric Shortages**: Senators Lisa Murkowski (R-AK) and Heidi Heitkamp (D-ND) $1 million grants for the purchase and implementation of telehealth services or other necessary technology and equipment to improve care coordination and delivery for pregnant women in rural (Sens. Heitkamp (D-ND) and Murkowski (R-AK)).

- **Coal Workers Surveillance Program Improvements**. (Sens. Manchin (D-WV), Shelley Moore Capito (R-WV), Sherrod Brown (D-OH), and Bob Casey (D-PA)).
Opioid Funding Agreement Reached. Huge amounts of spending.

• Changes funding formula for states to receive funds - - will help rural states with most significant problem.

• Expands Medicaid Inpatient Coverage.

• Technical Assistance and Grants for Tribes

• First Responder Training – allows first responders to administer a drug or device, like naloxone, to treat an opioid overdose.

• Health Providers Shortages Areas – Allows National Health Services Corps (NHSC) to provide services in schools and with mental health professional shortages.

• Loan Repayment for Substance Abuse Treatment Providers – modifies NHSC for behavioral health providers practicing in substance use disorder treatment facilities in mental health professional shortage areas through NHSC.

• Grants for Communities Building Programs.

• Expanding Medication Assisted-Treatment (MAT) for Recovery from Addiction

• Eliminates Certain Site Requirements for Telemedicine under Medicare.

• Improving Access to Telemedicine – allows use of MAT through the use of telemedicine.

• Neonatal Abstinence Syndrome (NAS) - Provides support for NAS care in residential pediatric recovery centers and for services to mothers and caretakers under Medicaid. (Like Lily’s Place in WV).

• Huge SMHSA and Centers for Disease Control Research increases.
Save Rural Hospitals Act

Rural hospital stabilization (Stop the bleeding)
• Elimination of Medicare Sequestration for rural hospitals;
• Reversal of all “bad debt” reimbursement cuts (Middle Class Tax Relief and Job Creation Act of 2012);
• Permanent extension of current Low-Volume and Medicare Dependent Hospital payment levels;
• Reinstatement of Sole Community Hospital “Hold Harmless” payments;
• Extension of Medicaid primary care payments;
• Elimination of Medicare and Medicaid DSH payment reductions; and
• Establishment of Meaningful Use support payments for rural facilities struggling.
• Permanent extension of the rural ambulance and super-rural ambulance payment.

Rural Medicare beneficiary equity. Eliminate higher out-of-pocket charges for rural patients (total charges vs. allowed Medicare charges.)

Regulatory Relief
• Elimination of the CAH 96-Hour Condition of Payment (See Critical Access Hospital Relief Act of 2014);
• Rebase of supervision requirements for outpatient therapy services at CAHs and rural PPS (See PARTS Act);
• Modification to 2-Midnight Rule and RAC audit and appeals process.

Future of rural health care (Bridge to the Future)
Innovation model for rural hospitals who continue to struggle.
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.”

• $50 million in wrap-around population health grants.
Miscellaneous Bills/Issues

• Save Rural Hospitals Act (SRHA) introduced by Graves/Loebsack reverses sequestration/bad debt, regulatory reform and introduces new model: Community Outpatient Hospital (COH) (HR 2957)

• Rural Emergency Medical Center (REMC) introduced by Lynn Jenkins, et. al. in Congress July, 2018. New model introduction (HR 5678)

• Rural Emergency Acute Care Hospital (REACH) Act introduced by Grassley/Gardner/Klobuchar allows 50 bed or less CAH/Hospital to convert to Rural Emergency Hospitals and receive 110% of reasonable cost

• MedPAC report on freestanding emergency departments, rural and urban released June, 2018.

• Critical Access Hospital Relief Act which removes the 96 hour physician certification for payment requirement upon admission. (HR 5507)

• Association Health Plans regulations released yesterday, removes Essential Health Benefits (EHB) provisions from offered plans.

• Star Ratings July, 2018 release delayed.

• NQF Core set of Rural Relevant measures released September, 2018.
The purpose of the 340B program is to enable covered entities “to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”

House E&C Health Subcommittee considered over twelve bill and concept papers in a July 12, 2018 hearing.

Some proposals out of these bills/documents:
- Rescind OPPS reductions of 28% that CMS imposed last year (HR 4392)
- Limit orphan drug exclusions under the 340B program (HR 2889)
- Moratorium on new 340B sites (HR 4170)
- Require DSH to submit reporting of low-income utilization of services (HR 5598)
- Raise DSH percentage to qualify for 340B participation
- Re-define “patient” for purposes of the program
- Require implementation of GAO recommendations regarding Contract Pharmacy
- Establish minimum 1% threshold for charity care to participate in 340B savings

Unclear how much, if any, of the discussed changes would impact CAH participation in 340B

Major advocacy priority for NRHA
More Rural Victories:

- New Rural Health Title in bill
- Rural Health Liaison
- Farer Suicide Prevention
- Loan Assistance Program

- USDA conducting Series of roundtables on how to improve economic development and health in rural farm communities.
Farm Bill Heading to Finish

• House and Senate Bills went to Joint Conference Committee.

• NRHA Asks:
  – Rural Hospitals and USDA programs
  – Opioid
  – Rural Health Liaison
  – Rural Economic Development

• Farm Bill important to rural communities and their economic health, crop support, SNAP and Rural Development

• Conference getting bogged down on SNAP, won’t finish before December, 2018.
The geography of food stamps

SNAP Enrollment as Percent of County Population

- Work Requirements?
- What if there are no jobs in rural areas?
Veterans Health Care

- Major overhaul of Veteran’s Choice Act

- VA Mission Act, would alter eligibility criteria for veterans to access private-sector health care, extend benefits for veteran caregivers and initiate a review of VA infrastructure, among other changes.

- $51 billion over a five-year period.
Regulatory Victories with Administration
New “rural lens” at CMS

“For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency.”

CMS Administrator Seema Verma

Five objectives to achieve the agency’s vision for rural health:

• Apply a rural lens to CMS programs and policies
• Improve access to care
• Advance telehealth and telemedicine
• Empower patients in rural communities
• Leverage partnerships
Administrative Victories: New Federal Assistance for Rural Hospitals

- **HHS Vulnerable Rural Hospital Assistance Program**
  - Targeted, in-depth assistance program to vulnerable rural hospitals with communities struggling to maintain access to care.
  - Funding with be utilized to help rural hospitals stay financially stable, keep care local, and best meet needs of the community.
  - Currently being rolled out - likely available in October.

- **USDA Rural Hospital Assistance Program**
  - Help struggling hospitals who have received a USDA loan.
  - Offers hand-on technical and financial assistance
  - Goal to keep rural hospital doors open.
Summary: Grassroots Push

• To Congress: Work together to solve problems
• Closure crisis worsens
• Congress and Administration continue to address SUD with resources: Evaluate for your rural community
• Health equity worsens (new push for obstetric shortages and oral health integration.)
• Critical Access Hospitals and Rural Health Clinics not only provide access to care, but are economic engines for their community’s economic health, an important social determinant of health
• Keep up the great work and Go Rural!
The California State Rural Health Association was founded in 1995 in Arcata, California.

2019 California Rural Health Conference

The California State Rural Health Association is pleased to announce that our 2019 California Rural Health Conference will be held at the gorgeous Falls Event Center, in the heart of Roseville, CA. Located next to the Hyatt hotel.

Help Protect the Most Vulnerable in our Communities - Get Vaccinated Against the Flu

Influenza (flu) is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and lungs. It can cause mild to severe illness, and can lead to hospitalization and death.