

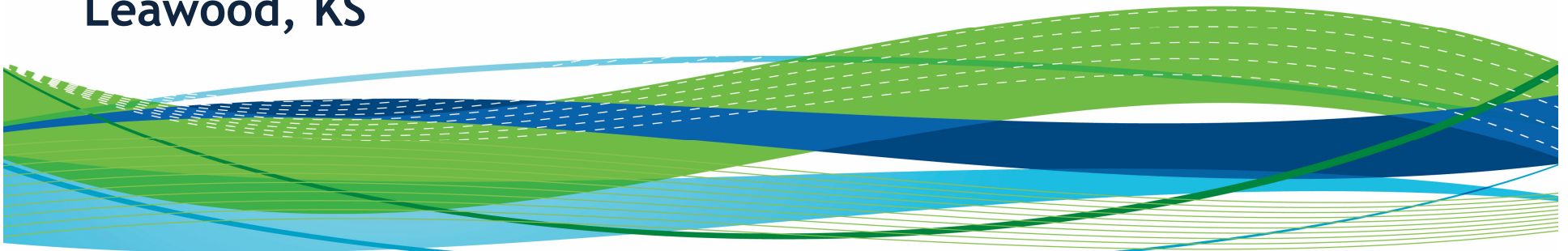


Your voice. Louder.

Indiana Rural Health Association

January 22, 2019

Brock Slabach, MPH, FACHE
Sr. Vice-President
National Rural Health Association
Leawood, KS

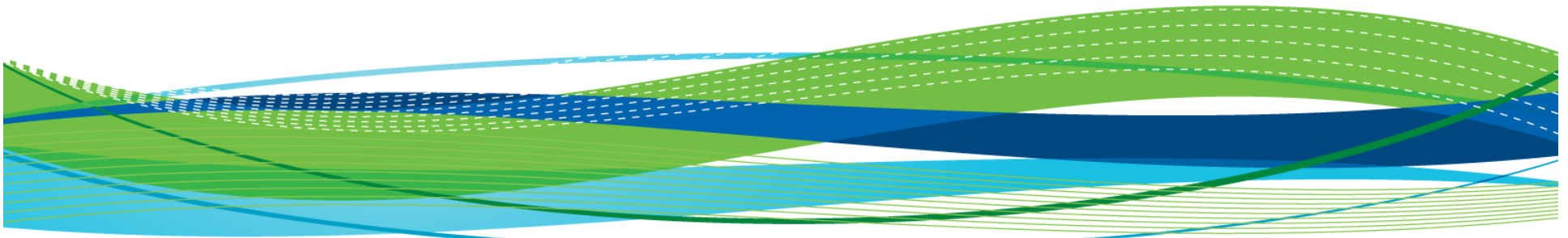




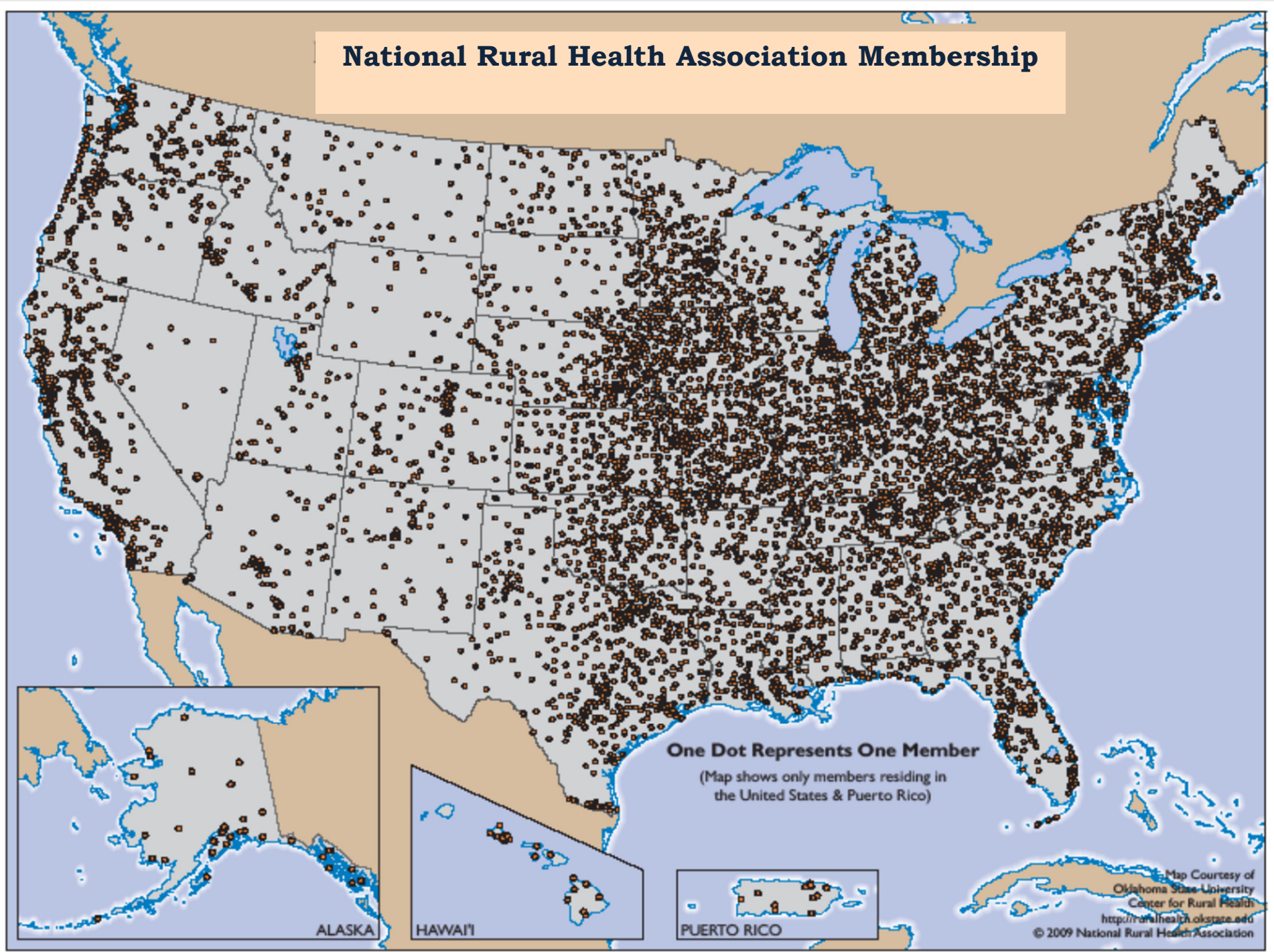
Your voice. Louder.

**Improving the health of the
62 million who call rural
America home.**

**NRHA is non-profit
and non-partisan.**



National Rural Health Association Membership



Map Courtesy of
Oklahoma State University
Center for Rural Health
<http://ruralhealth.okstate.edu>
© 2009 National Rural Health Association

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.



WRHC 2019

**Explore rural health in
the land of enchantment**

**Albuquerque, New Mexico,
USA**

Oct. 12-15, 2019

Indiana Top 20 Rural Hospitals



Your voice. Louder.

Critical Access Hospitals

2016

Margaret Mary Health, Batesville, IN

Overall

Rural Community Hospitals

2018 & 2017

Major Health Partners, Shelbyville, IN

Overall

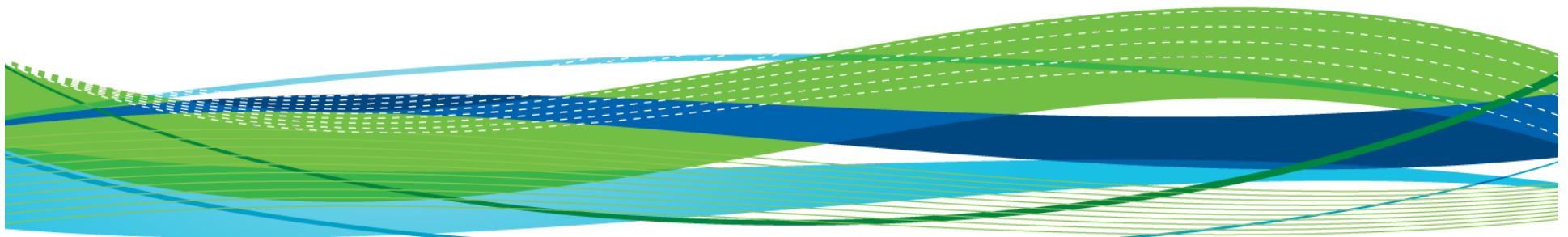
Memorial Hospital & Health Care Center, Jasper, IN

Overall

2016

Parkview Huntington Hospital, Huntington, IN

Overall



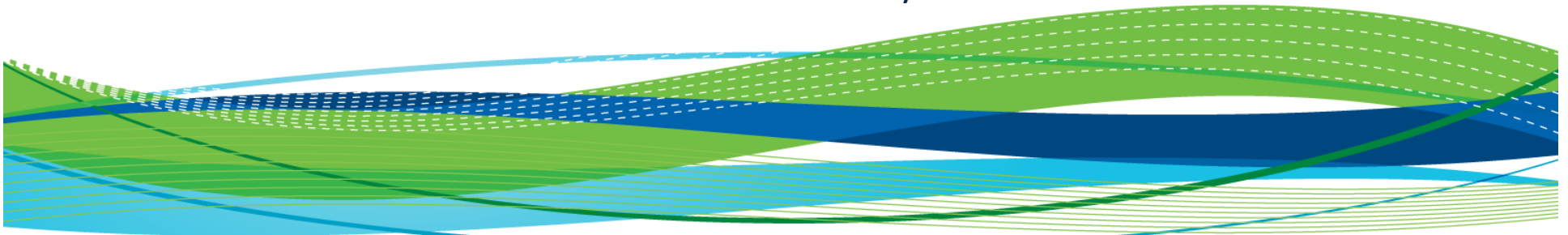
The Mantra of the Rural Health Leader....



“We the willing, led by the unknowing,
have been doing so much with so
little for so long that we are now
qualified to do anything with
nothing.”

--David Rakel, MD

University of New Mexico



Quote of the day....

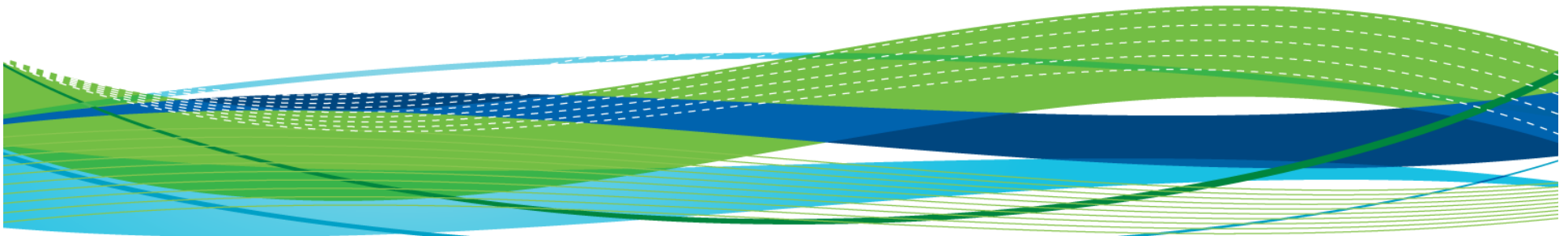


Your voice. Louder.

“Everybody can be great...
because anybody can serve,
You don’t have to have a college degree to serve,
You don’t have to make your subject and verb agree to serve,
You only need a heart full of grace,
A soul generated by love.”

“We all may have come on different ships,
We’re in the same boat now.”

--Martin Luther King, Jr.

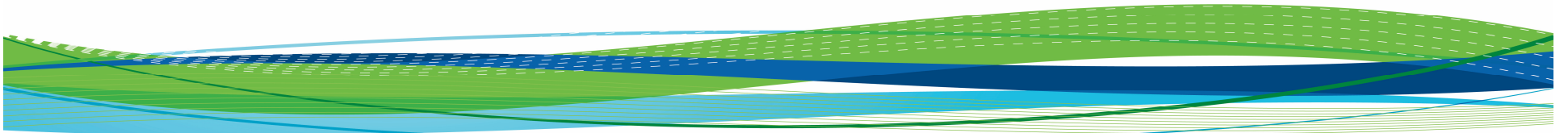


Today's Agenda

**Midterm
Elections & Shutdown**

**Rural Challenges and
Opportunities**

**Legislative/Regulatory
Policy Review**



The Politics of Today - - The Shutdown Showdown





REPUBLICAN



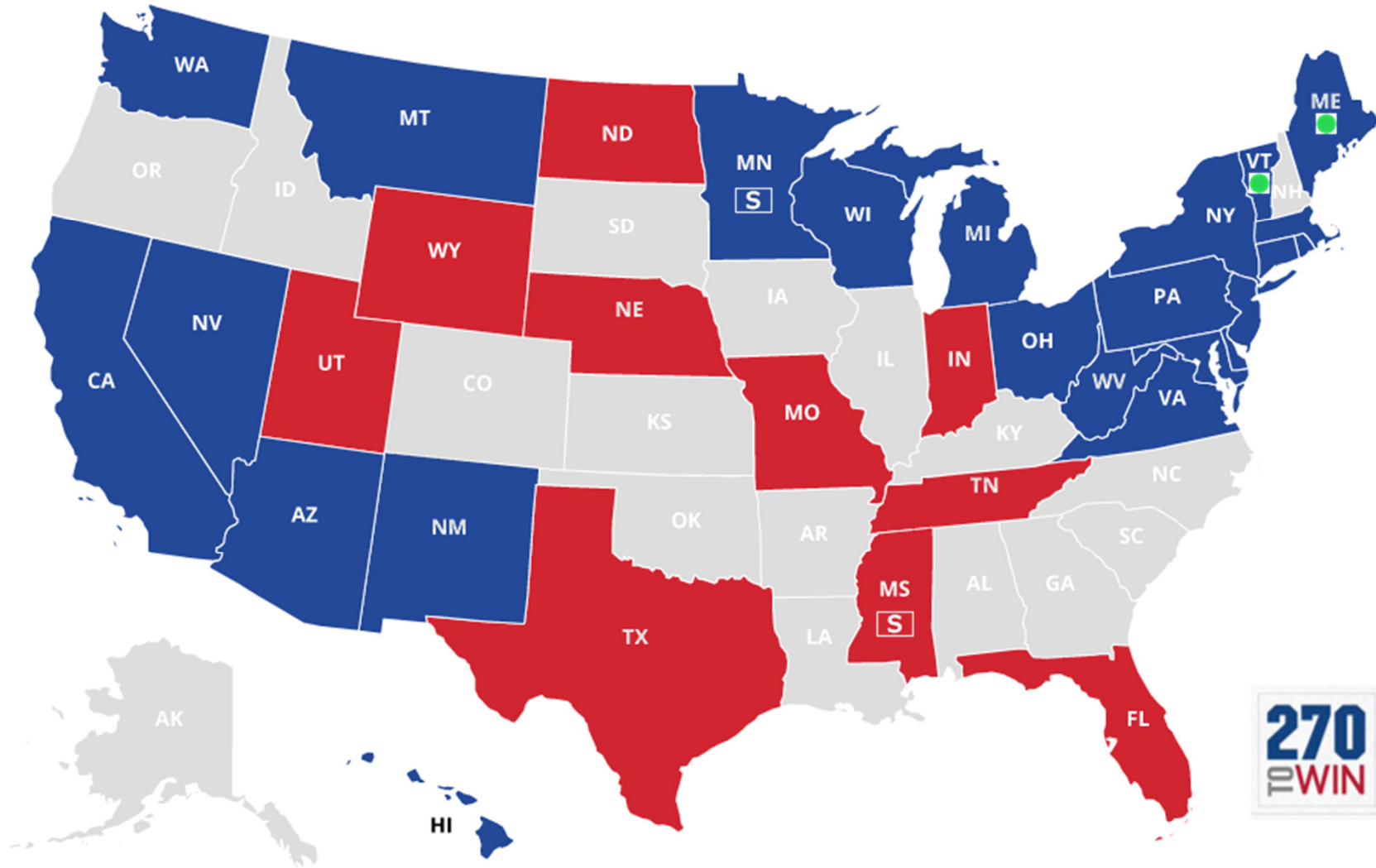
DEMOCRAT



**RURAL
ADVOCATE**



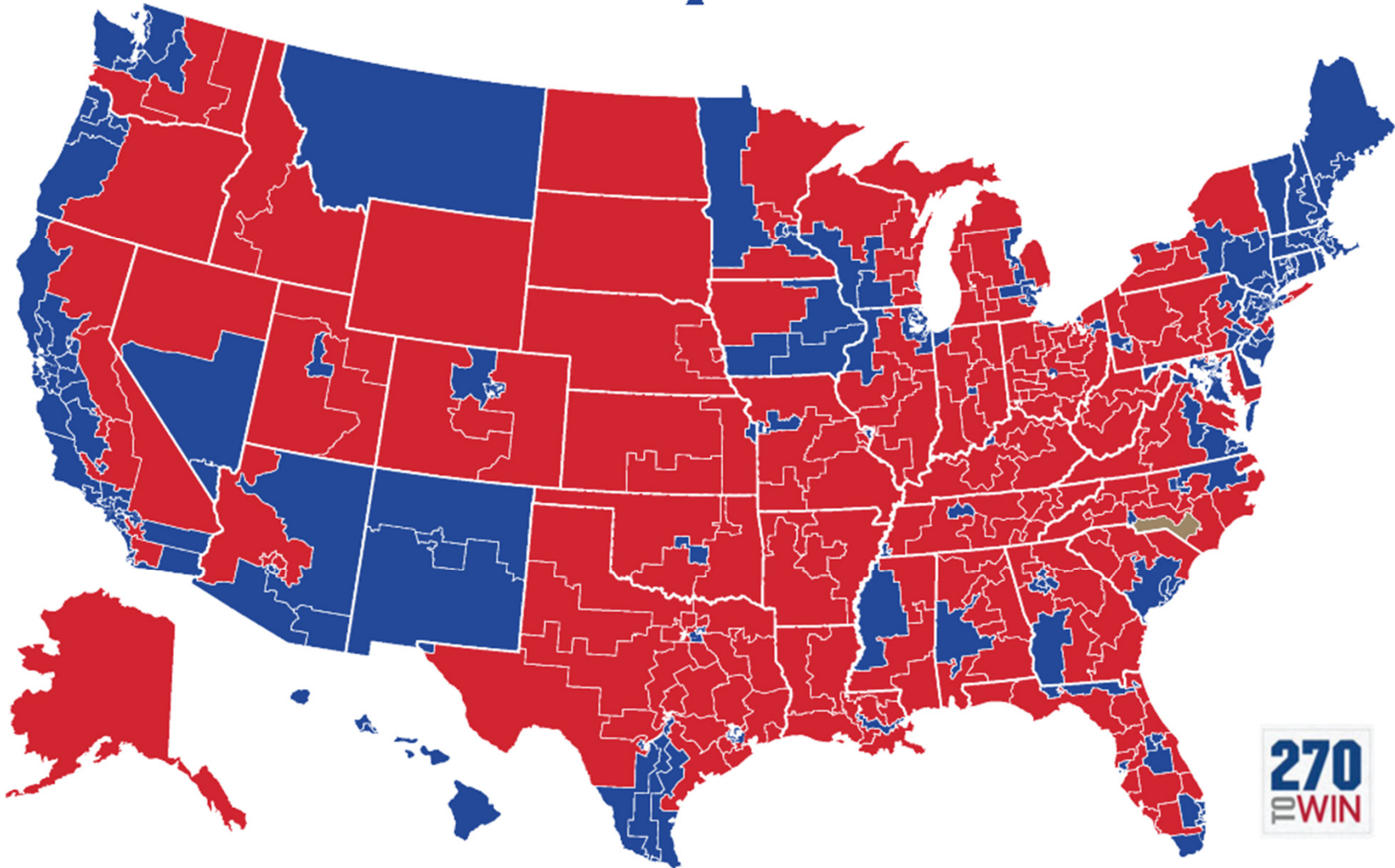
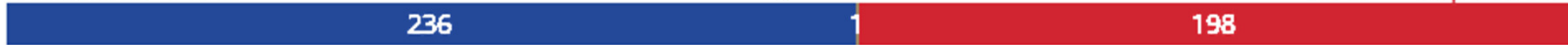
2018 Election Outcome: Senate



2018 Election Outcome: House of Representatives

Democrat **236**

198 Republican



Health Care Was a Central Issue



- 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%). Source: Politico
-
- **Pre-existing Conditions Protections**
 - Most voters ranked this as number 1 or number 2 on list of priorities headed into the election. Source: Kaiser



Partial Government Shutdown of 2019-- Departments Not Funded:



- Agriculture
- Commerce
- Justice
- Homeland Security
- Housing and Urban Development
- Interior
- State
- Transportation
- Treasury
- Executive Administration

Approximately 800,000 federal employees impacted



Partial Government Shutdown of 2019-- Departments Funded Through Approps:

- Defense
- Education
- Veterans Affairs
- Energy
- Labor
- Health and Human Services (including CMS/HRSA)
- Legislative branch
- Bureau of Reclamation



Divided Government:

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) 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.



Divided Government:

What Can Split Chambers Pass?



A New Model for Rural Health

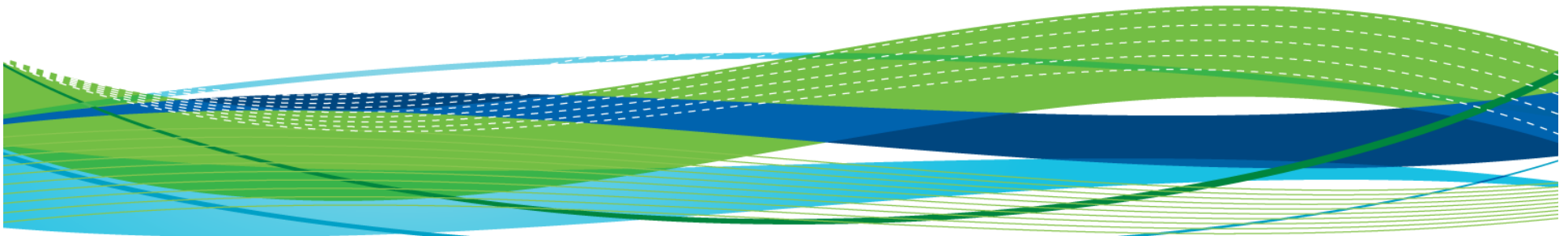
- Democrats and Republicans alike agree on the importance of rural health care, and everyone likes to save money, cut red tape, and foster innovation.
- As we move forward, this will be one of our top priorities in the new Congress.
- The Senate has already shown interest – remember their Rural Health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



NRHA on Innovation:



- **Payment Innovation**
 - Global Budgets
 - Pennsylvania
 - Maryland Total Cost of Care
- **New Provider Type**
 - Community Outpatient Hospital (COH) based on community need
- **Infrastructure investment**
 - Aging capital in rural, needing renovation or replacement



Storm clouds on the horizon: Federal Budget Deficits



Your voice. Louder.

- FY 2018: Federal deficit was \$779B
- Increase of \$113B over FY 2017
- Deficit on track to top \$1 Trillion in FY 2019 alone
- Be watchful of discussion on methods to reduce this burden, like watching the storm clouds on the horizon, we need to be prepared!
- If you're not at the table, then you're on the menu!

Source: <https://www.apnews.com/044c01a171894e74b8f1b327c6350961>



CBO 2019-28 Options for Reducing Deficit



Your voice. Louder.

- Option 12 Establish Caps on Federal Spending for Medicaid
 - Option 13 Limit States' Taxes on Health Care Providers (DSH/UPL)
 - Option 14 Reduce Federal Medicaid Matching Rates
 - Option 17 Change the Cost-Sharing Rules for Medicare and Restrict Medigap Insurance
 - Option 18 Increase Premiums for Parts B and D of Medicare
 - Option 19 Raise the Age of Eligibility for Medicare to 67
 - Option 20 Reduce Medicare's Coverage of Bad Debt
 - Option 22 Modify Payments to Medicare Advantage Plans for Health Risk
 - Option 23 Reduce Quality Bonus Payments to Medicare Advantage Plans
 - Option 24 Consolidate and Reduce Federal Payments for Graduate Medical Education at Teaching Hospitals
- Source:<https://www.cbo.gov/system/files?file=2018-12/54667-budgetoptions.pdf>

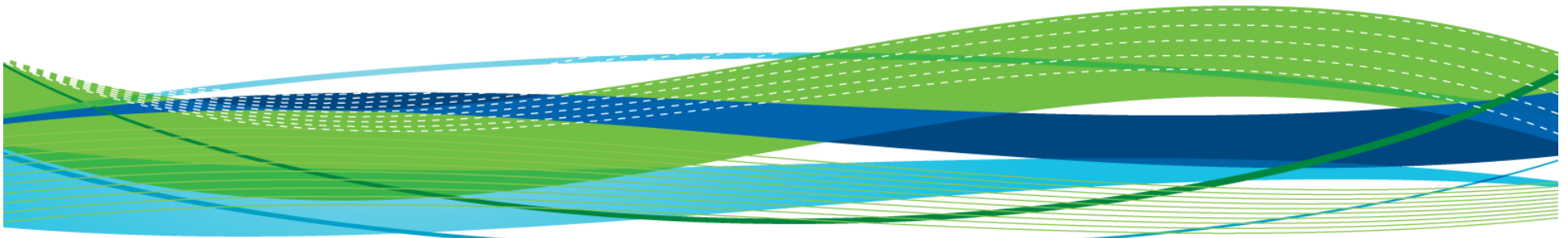




Continuing Rural Challenges

- Workforce
- Vulnerable populations
- Chronic poverty

These issues combine to make deliver of health care services more challenging, resulting in outcomes looming in rural areas

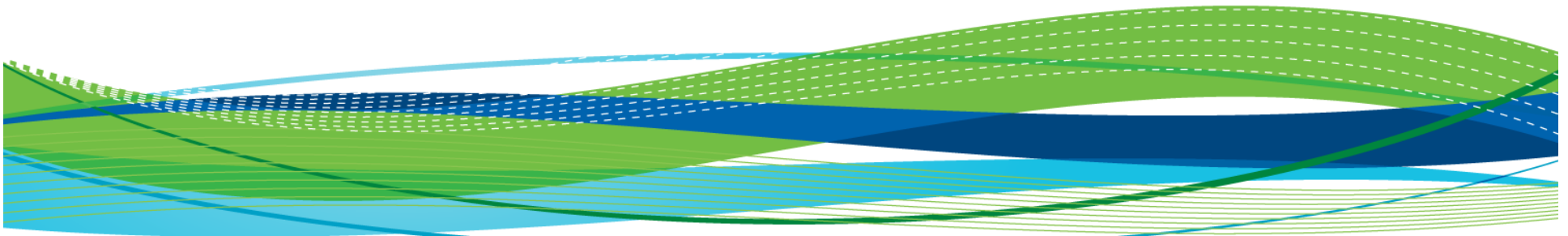


Outcomes



Your voice. Louder.

- **Substance Abuse Disorder (SUD) ravage rural America**
 - 175 opioid overdose deaths per day in rural, recently leveling off
 - Rural death rates quadrupled in 18-25 year old age cohort
- **Maternity care 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 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

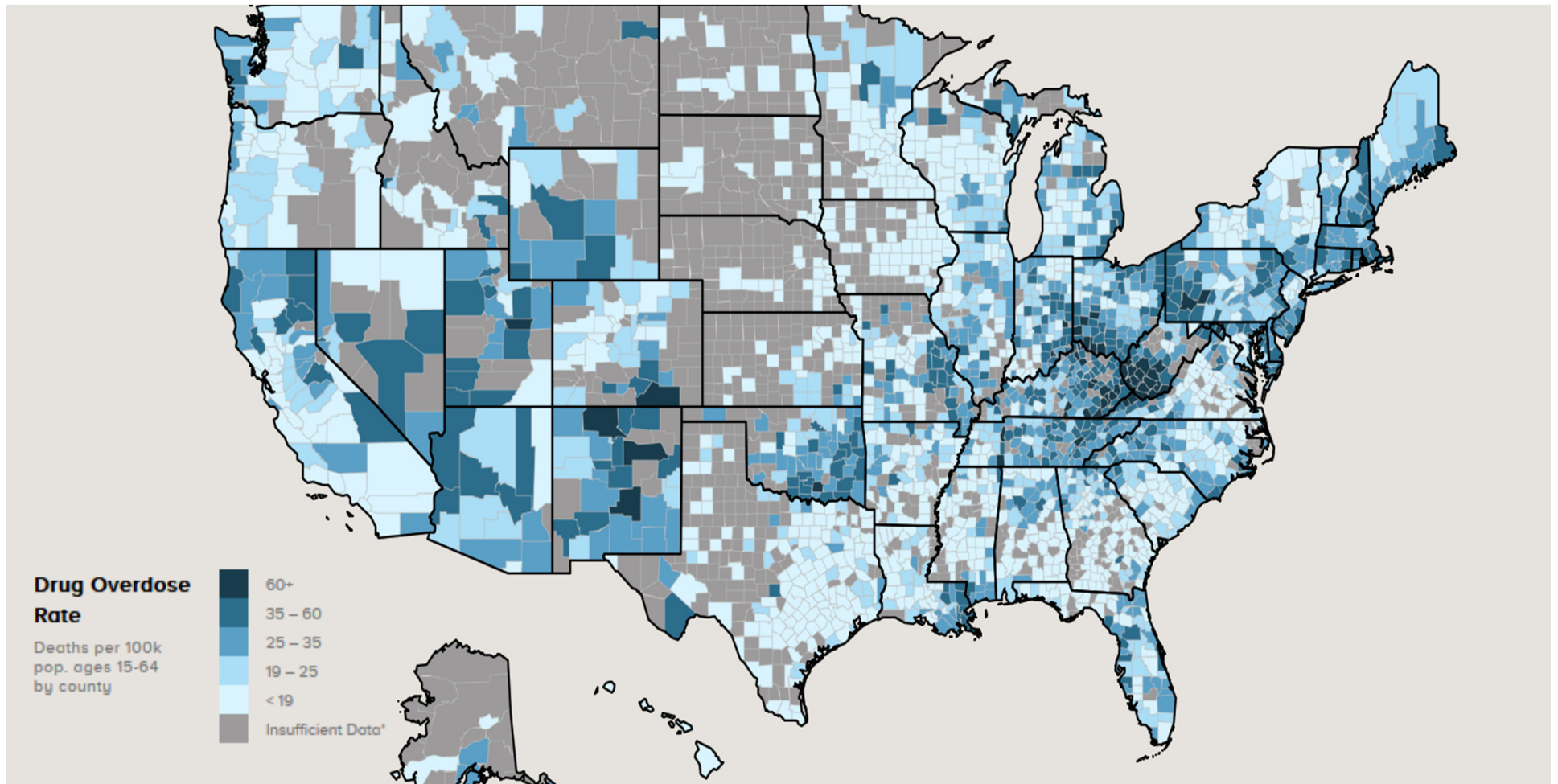


Opioid Misuse Community Assessment tool



Your voice. Louder.

<https://opioidmisusetool.norc.org/>



Drug Overdose Deaths in the United States

- SOCIO DEMOGRAPHIC
 - Race / Ethnicity
 - Age
 - Educational Attainment
 - Disability Status
- ECONOMIC
 - Median Household Income
 - Poverty Rate
 - Unemployment Rate
 - Accident-prone Employment

< LIST OF COUNTIES

State Profile: 2012-2016 [Share this Page](#) | [Print this Page](#)

Indiana

Drug Overdose Mortality Rate

27.6 Deaths per 100k population (Ages 15-64)

22.5 U.S. Drug Overdose Mortality Rate



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.

SOCIO DEMOGRAPHIC	Indiana	United States
Race / Ethnicity		
White (non-Hispanic)	80.2%	62.0%
African American (non-Hispanic)	9.1%	12.3%
Hispanic or Latino	6.5%	17.3%
Asian (non-Hispanic)	2.0%	5.2%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.2%	0.7%
Age		
Under 15	19.9%	19.2%
15-64	65.9%	66.3%
65+	14.3%	14.5%
Educational Attainment		
At least High School Diploma (25+)	88.1%	87.0%
Bachelor's Degree or more (25+)	24.6%	30.3%
Disability Status		
% Residents with a disability (18-64)	11.8%	12.5%
ECONOMIC		
Median Household Income	\$50,433	\$55,322
Poverty Rate	15.0%	15.1%
Unemployment Rate	6.9%	4.7%
Accident-prone Employment		
Construction	4.3%	4.7%
Mining and Natural Resources	0.7%	1.4%
Manufacturing	17.3%	9.1%
Trade, Transportation, & Utilities	19.7%	19.2%

Drug Overdose Deaths in the United States

- SOCIO DEMOGRAPHIC
 - Race / Ethnicity
 - Age
 - Educational Attainment
 - Disability Status
- ECONOMIC
 - Median Household Income
 - Poverty Rate
 - Unemployment Rate
 - Accident-prone Employment

< LIST OF COUNTIES

County Profile: 2012-2016 [Share this Page](#) | [Print this Page](#)

Fayette County, IN

Drug Overdose Mortality Rate

72.4 Deaths per 100k population (Ages 15-64)

27.6 Indiana Drug Overdose Mortality Rate

22.5 U.S. Drug Overdose Mortality Rate



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.

SOCIO DEMOGRAPHIC	Fayette County	Indiana	United States
Race / Ethnicity			
White (non-Hispanic)	95.9%	80.2%	62.0%
African American (non-Hispanic)	2.4%	9.1%	12.3%
Hispanic or Latino	1.0%	6.5%	17.3%
Asian (non-Hispanic)	0.2%	2.0%	5.2%
Native Hawaiian/Pacific Islander (non-Hispanic)	0.0%	0.0%	0.2%
American Indian/Alaska Native (non-Hispanic)	0.0%	0.2%	0.7%
Age			
Under 15	18.3%	19.9%	19.2%
15-64	63.3%	65.9%	66.3%
65+	18.5%	14.3%	14.5%
Educational Attainment			
At least High School Diploma (25+)	81.2%	88.1%	87.0%
Bachelor's Degree or more (25+)	10.7%	24.6%	30.3%
Disability Status			
% Residents with a disability (18-64)	18.1%	11.8%	12.5%
ECONOMIC			
Median Household Income	\$40,851	\$50,433	\$55,322
Poverty Rate	19.3%	15.0%	15.1%
Unemployment Rate	9.2%	6.9%	4.7%
Accident-prone Employment			
Construction	1.9%	4.3%	4.7%
Mining and Natural Resources	0.6%	0.7%	1.4%

Federal Resources for Rural Communities to Help Address Substance Use Disorder and Opioid Misuse



[Link here for full list of resources](#)

Office of National Drug Control Policy
U.S. Department of Agriculture

October 2018

Program	Webpage	Resource Type
<i>Community</i>		
Department of Education		
<i>Office of Safe and Healthy Students</i>		
National Center for Safe Supportive Learning Environments Technical Assistance Center	https://safesupportivelearning.ed.gov/	Technical Assistance
Readiness and Emergency Management for Schools	https://rems.ed.gov/	Technical Assistance
<i>Office of Special Education Programs</i>		
OSEP Parent Program - Parent Training and Information Centers and Community Parent Resource Centers	www.parentcenterhub.org	Training
Department of Health and Human Services		
<i>Health Resources and Services Administration</i>		
Rural Communities Opioid Response Program	https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=35ee358e-d42f-4c7a-ba6e-d71f228eb1a9	Funding
<i>Indian Health Service</i>		
Alcohol and Substance Abuse Program	https://www.ihs.gov/asap/	Funding
Mental Health Program	https://www.ihs.gov/dbh/programs/	Direct Service Provider
<i>Substance Abuse and Mental Health Services Administration</i>		
Addiction Technology Transfer Center	https://knowledge.samhsa.gov/ta-centers/addiction-technology-transfer-center-network	Information
Community-based Coalition Enhancement Grants to Address Local Drug Crises	https://www.samhsa.gov/grants/grant-announcements/sp-18-001	Funding
Cooperative Agreements for Adolescent and Transitional Aged Youth Treatment Implementation	https://www.samhsa.gov/grants/grant-announcements/ti-18-010	Funding
Drug Court Activities	https://www.samhsa.gov/grants/grant-announcements/ti-18-008	Funding

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

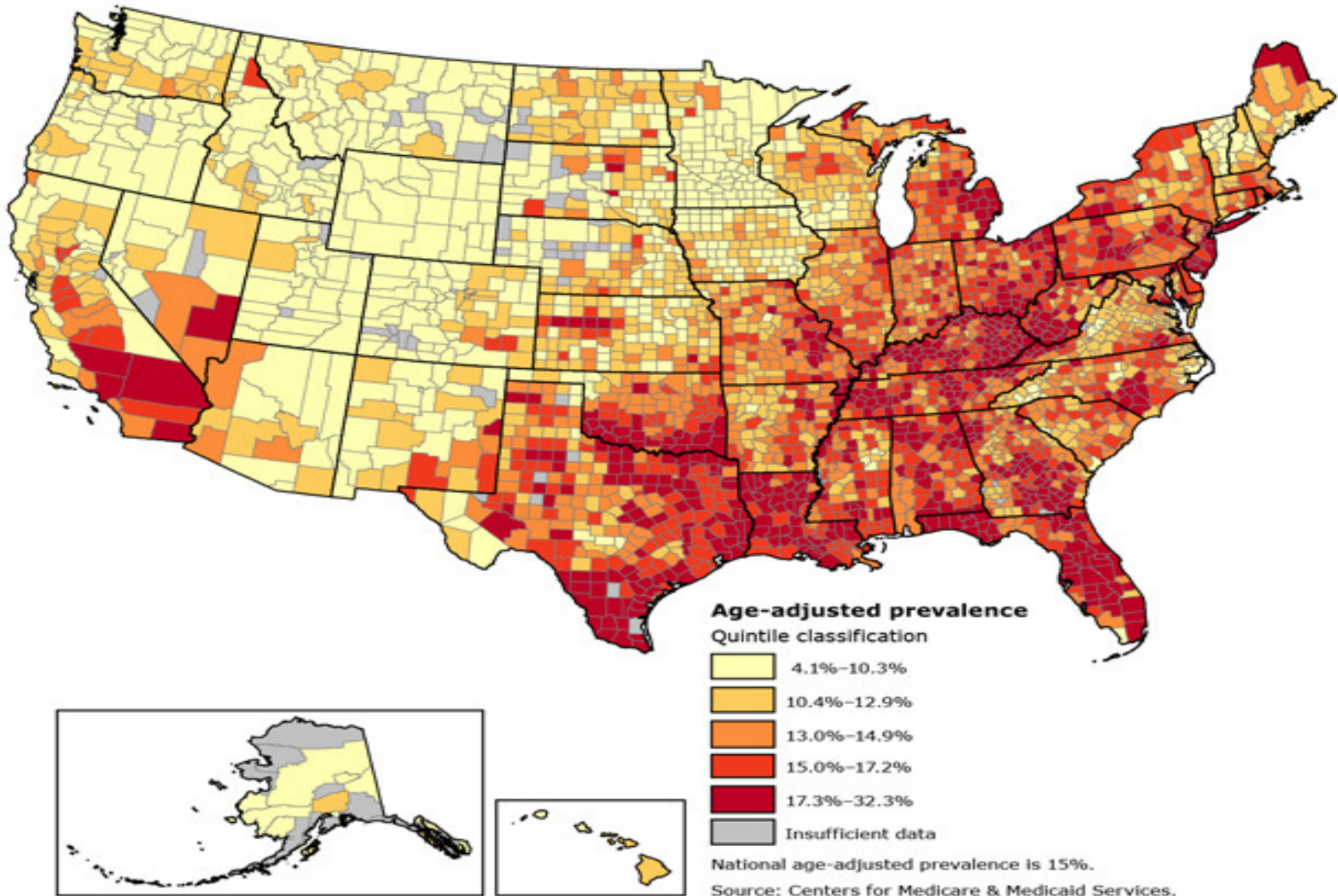
- Not smoking
- Maintaining normal body weight
- Being active
- Nondrinking or moderate drinking
- Sufficient sleep

PRACTICE HEALTH-RELATED BEHAVIORS THAT
CAN PREVENT CHRONIC DISEASE.



Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012



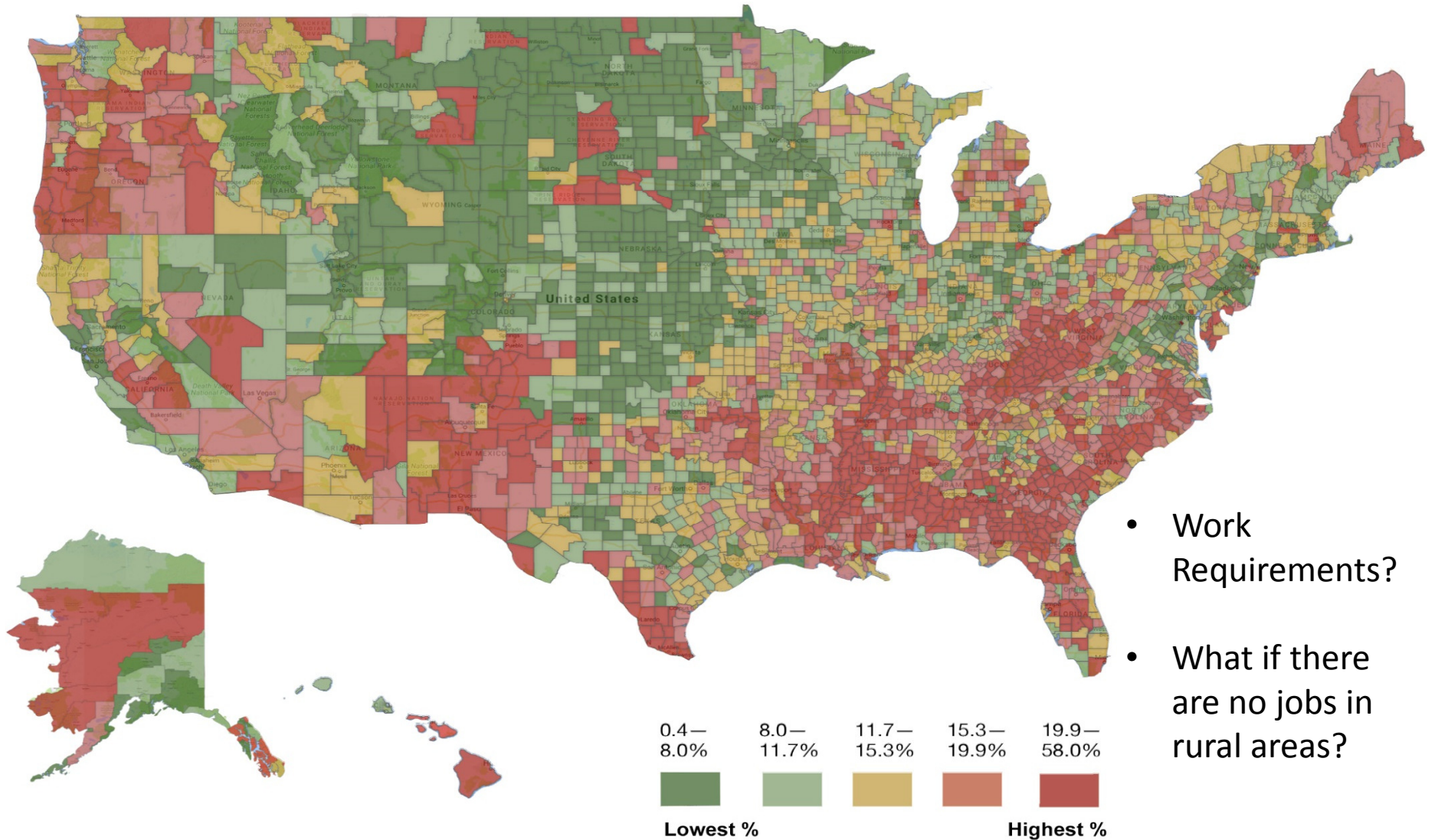


Poverty in Rural America

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

The geography of food stamps

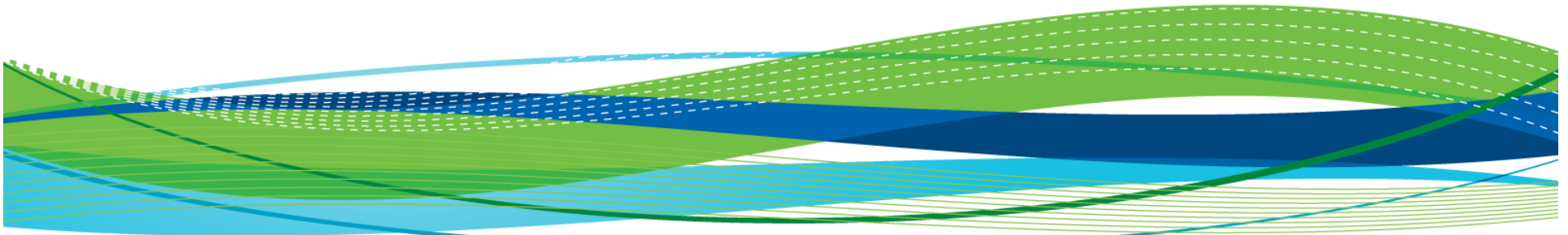
SNAP Enrollment as Percent of County Population



Outcomes



- **Hospital closures in rural America**
 - 95 rural hospitals closed since 2010
 - Lack of access to care close to home
 - Loss of economic engine to fuel rural economy
 - Employer for most primary care workforce
 - 44% of open rural hospitals are losing money
 - Reasons for closures
 - Reimbursement: sequestration and bad debt reductions
 - Low-volume
 - Lack of insurance coverage/high-deductible plans

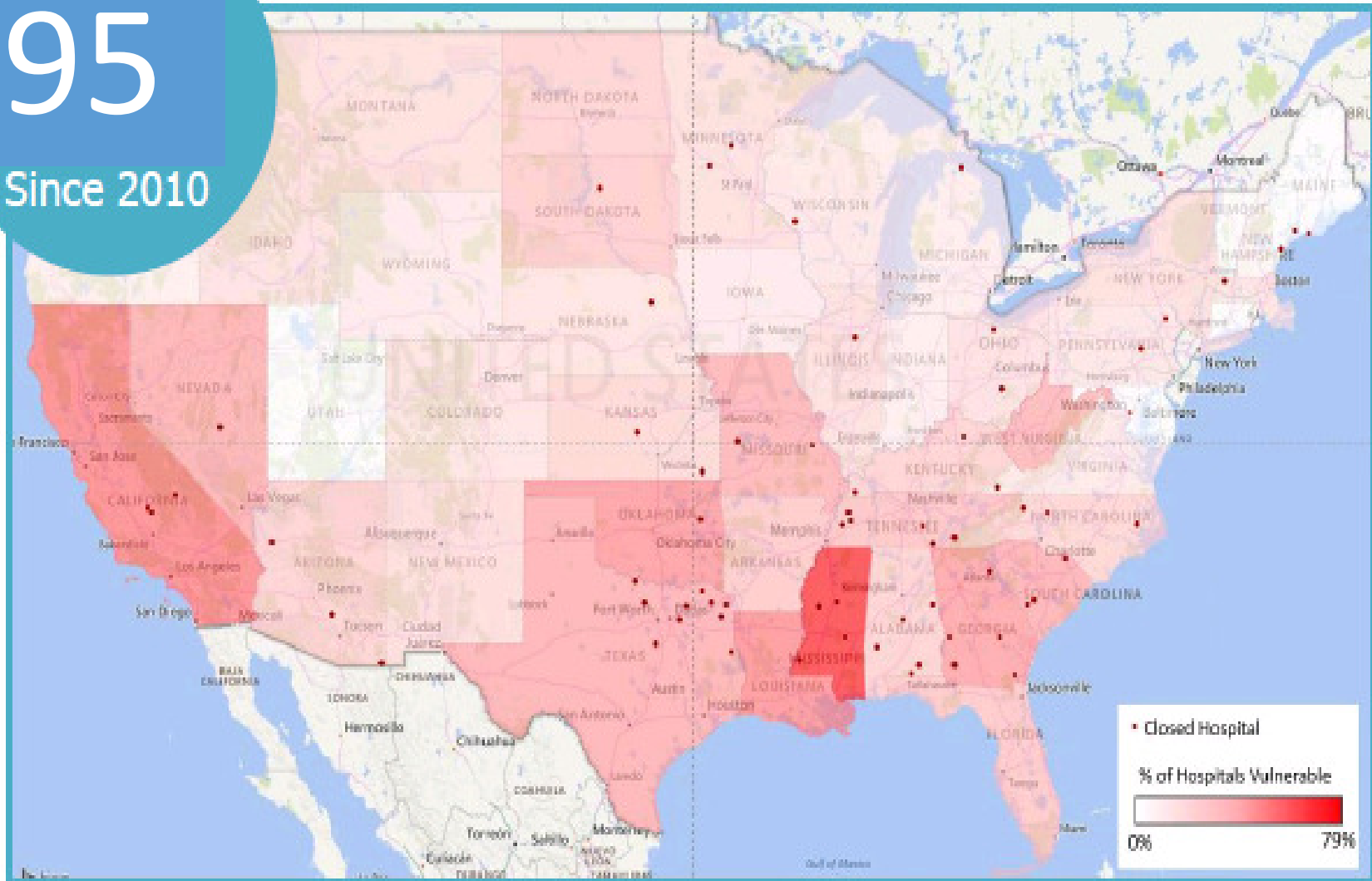


Rural Hospital Closures and Risk of Closures

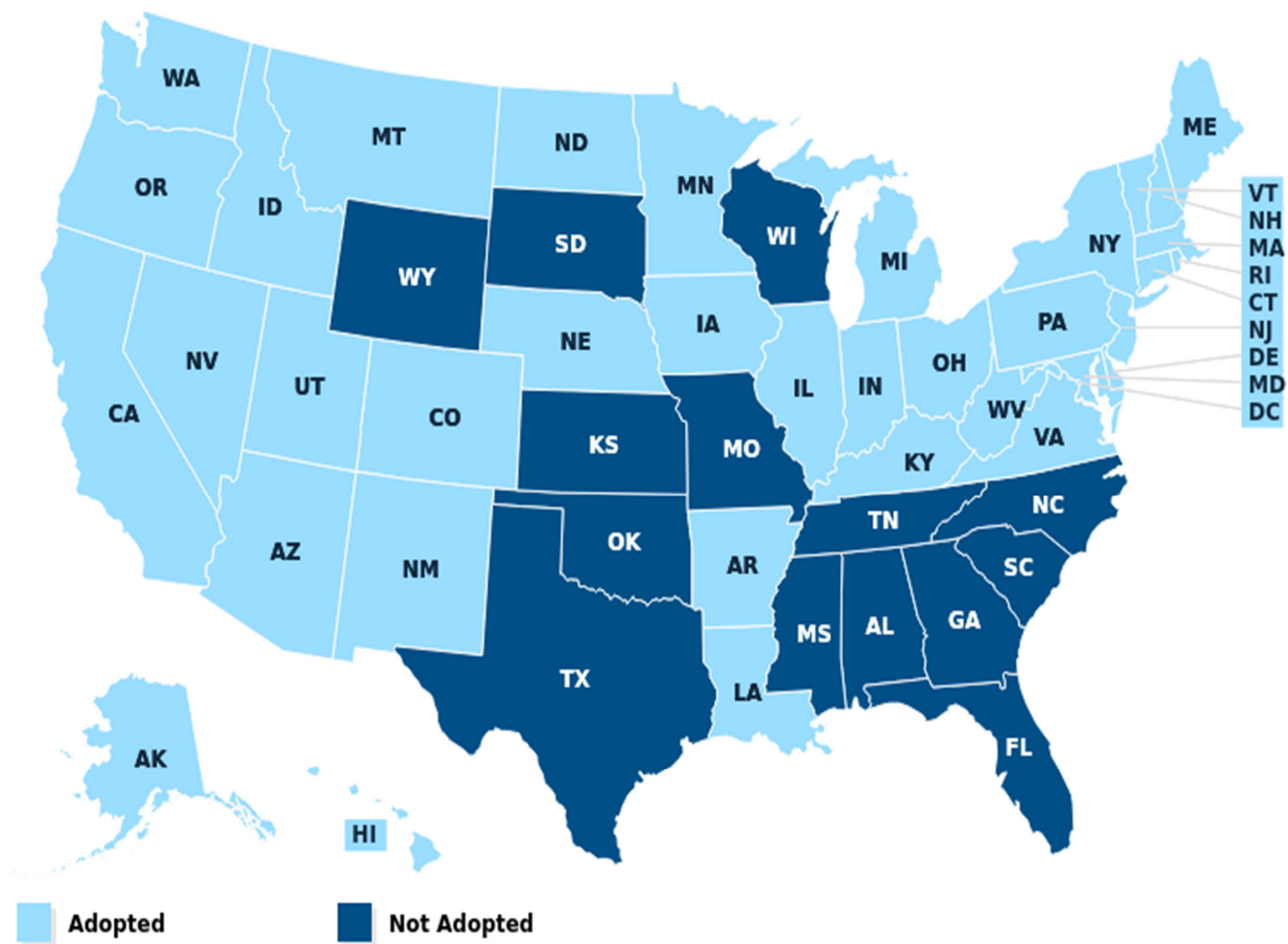
Closures Escalating

95

Since 2010



Status of State Action on the Medicaid Expansion Decision: Current Status of Medicaid Expansion Decision, as of January 4, 2012



SOURCE: Kaiser Family Foundation's State Health Facts.

Now, more than ever...an investment is needed in...



Rural Health Clinics

Federally Qualified Health Centers



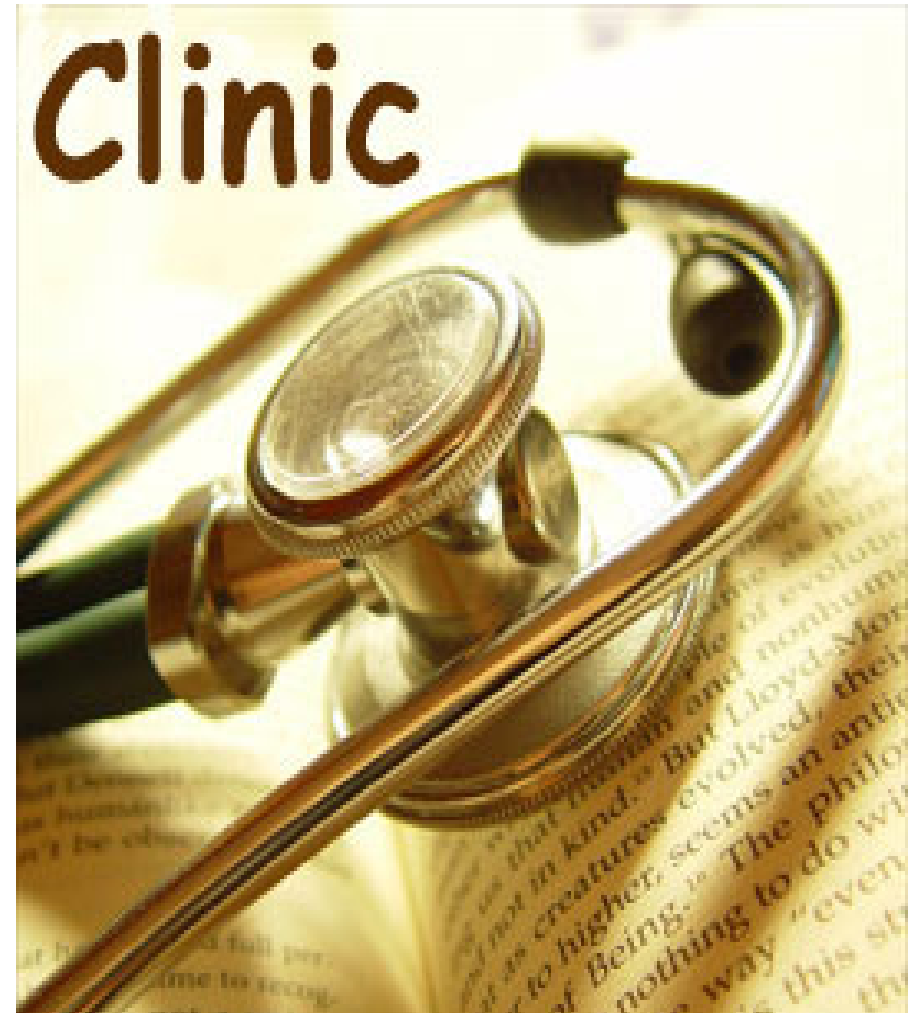
Rural Hospitals

Rural Health Clinics Advocacy



Your voice. Louder.

- 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.



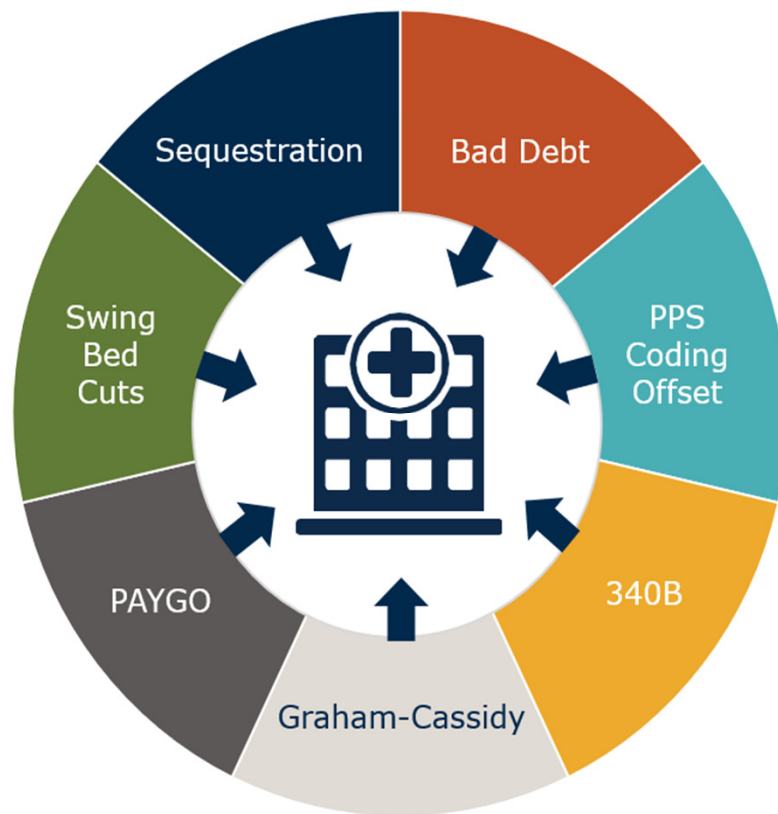
Raising RHC Caps

- 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)



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% >>> **44%**
2017 2018



THE CHARTIS GROUP
CHARTIS CENTER FOR RURAL HEALTH



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-year 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.



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.**



National Health Service Corp

- NHSC Loan Repayment Program:
 - Substance Use Disorder Program
 - Primary Care
 - Application cycle is now open: www.nhsc.hrsa.gov/loan-repayment

NHSC Loan Repayment Program

Home > [Loan Repayment](#) > NHSC Loan Repayment Program

NHSC Loan Repayment Program

Apply Now

[Apply now](#) through February 21, 7:30 p.m. ET

Before you apply, carefully read the [2019 Application and Program Guidance](#) (PDF - 642 KB). It has the detailed information you need to apply.

You may be eligible for the NHSC SUD Workforce Loan Repayment Program. [Learn more.](#)

[Join our Application Facebook Chat, Thursday, Jan. 17 at 8 p.m. ET.](#)

[NHSC LRP & SUD Workforce LRP Application Q&A Session #1 and #2 \(Online & by phone\)](#)

Thursday, January 24 & Thursday, February 7 from 2:30 – 3:30 p.m. ET
Dial-in: 888-950-7563 | Participant Code: 3172361

[NHSC LRP & SUD LRP Webinar Recording \(Jan. 10, 2019\)](#)

Contact Us

Call 1-800-221-9393
(TTY: 1-877-897-9910)
M - F, 8:00 am - 8:00 pm ET
(except federal holidays)

[Email us](#)
[BHW Customer Service Portal](#)

Email Sign-up

- [NHSC SUD Workforce LRP](#)
- [NHSC Loan Repayment Program](#)
- [NHSC Students to Service LRP](#)

Member Experiences

- [Member Stories](#)

Licensed primary care clinicians in eligible disciplines have the opportunity to receive loan repayment assistance through the NHSC Loan Repayment Program (NHSC LRP).

https://hraseminar.adobeconnect.com/nhsc_lrp_sud_workforce/ serve at least two years of service at an NHSC-approved National Heritage Area (NHCA).

Type here to search

11:18 AM 1/21/2019

340B Concerns Continue...



- 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.”
- Federal Court Blocks Cuts to 340B Drug Discount Program Payments, outpatient drugs.
- Unfortunately, no immediate impact on PPS hospitals. Retroactive payments are up in the air. Prospective solution in the works due to complicated OPPS payment system.
- Democrat take over of the House Energy and Commerce Committee has lowered the legislative priority of 340B, good news for covered entities.
- New Chair of Senate Finance Committee, Sen. Chuck Grassley, (R), Iowa indicated 340B will be a priority for investigation.
- Document the value of 340B to your facility and share with our advocacy team and members of Congress!
- Major advocacy priority for NRHA

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

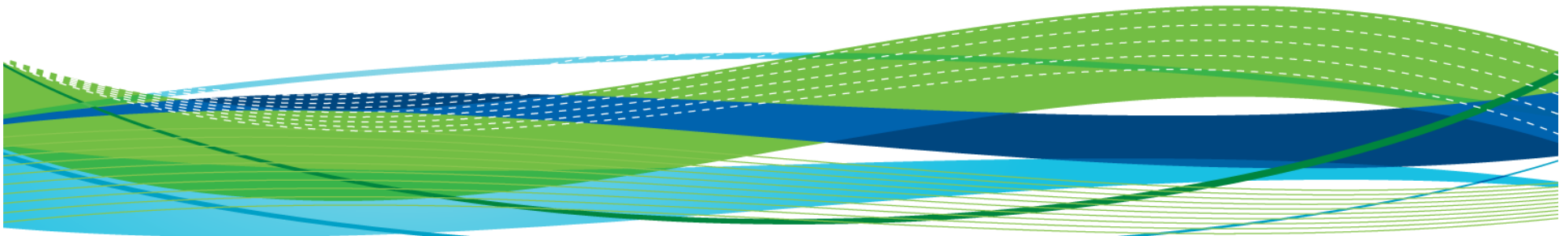


Regulatory Wins



Your voice. Louder.

- CAH 35-mile distance requirement
- 340B Exemption for Sole Community Hospitals
- Low-volume Hospital (LVH) and Indian Health Service facility proximity fix
- NQF Rural Relevance Quality Measurement Development: Hospital and Ambulatory
- Hospital Star Rating correction for low-volume facilities
- De-prioritization of 96-hour Condition of Payment rule and 2 year moratorium on direct physician supervision requirements of hospital outpatient services

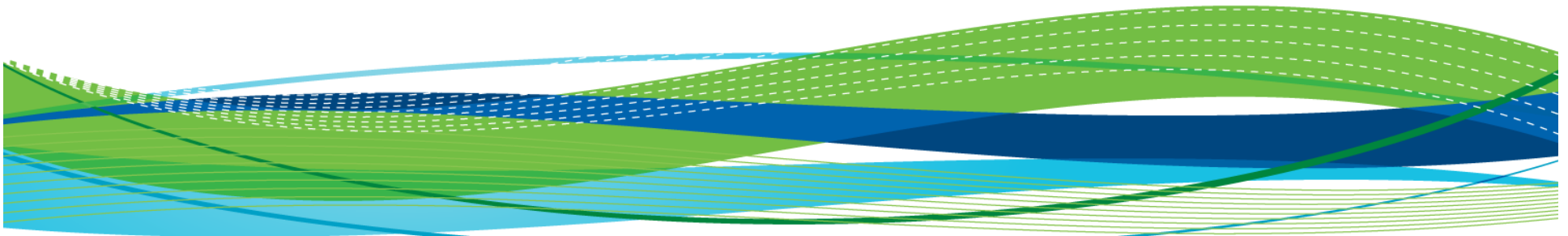


Regulatory Asks



Your voice. Louder.

- Exclusive use of provider-based space
- 340B: exempt all rural hospitals from cut, ensure program for vulnerable populations
- Site-neutral payment policies harming rural providers
- Permanent fix for CAH 96-Hour Condition of Payment rule and physician supervision of hospital outpatient services
- Retroactive payments for Volume Decrease Payment (VDP) program hospitals
- Hospital charge transparency requirements effective Jan. 1 revision/repeal
- Risk-bearing requirements in MSSP Final Rule for rural providers
- Concerns about International Drug Pricing plan



Administrative Victories: New Federal Assistance for Rural Hospitals

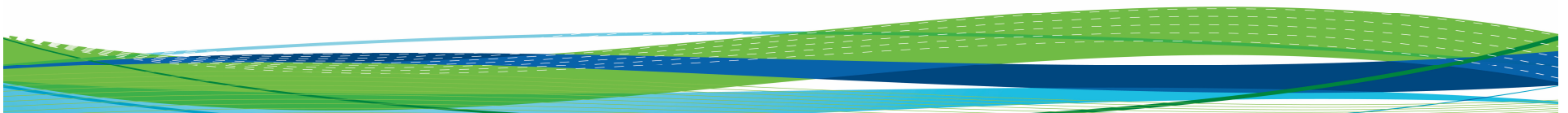
- HHS Vulnerable Rural Hospital Assistance Program
 - Targeted, in-depth assistance program to vulnerable rural hospitals with communities struggling to maintain access to care.
 - Funding will be utilized to help rural hospitals stay financially stable, keep care local, and best meet needs of the community.
 - 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.)
- Rural 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!





Your voice. Louder.

Questions?

THANK YOU

Brock Slabach, MPH, FACHE
Senior Vice President
National Rural Health Association
bslabach@nrharural.org

