



National Rural Health Day

Celebrating the Power of Rural!



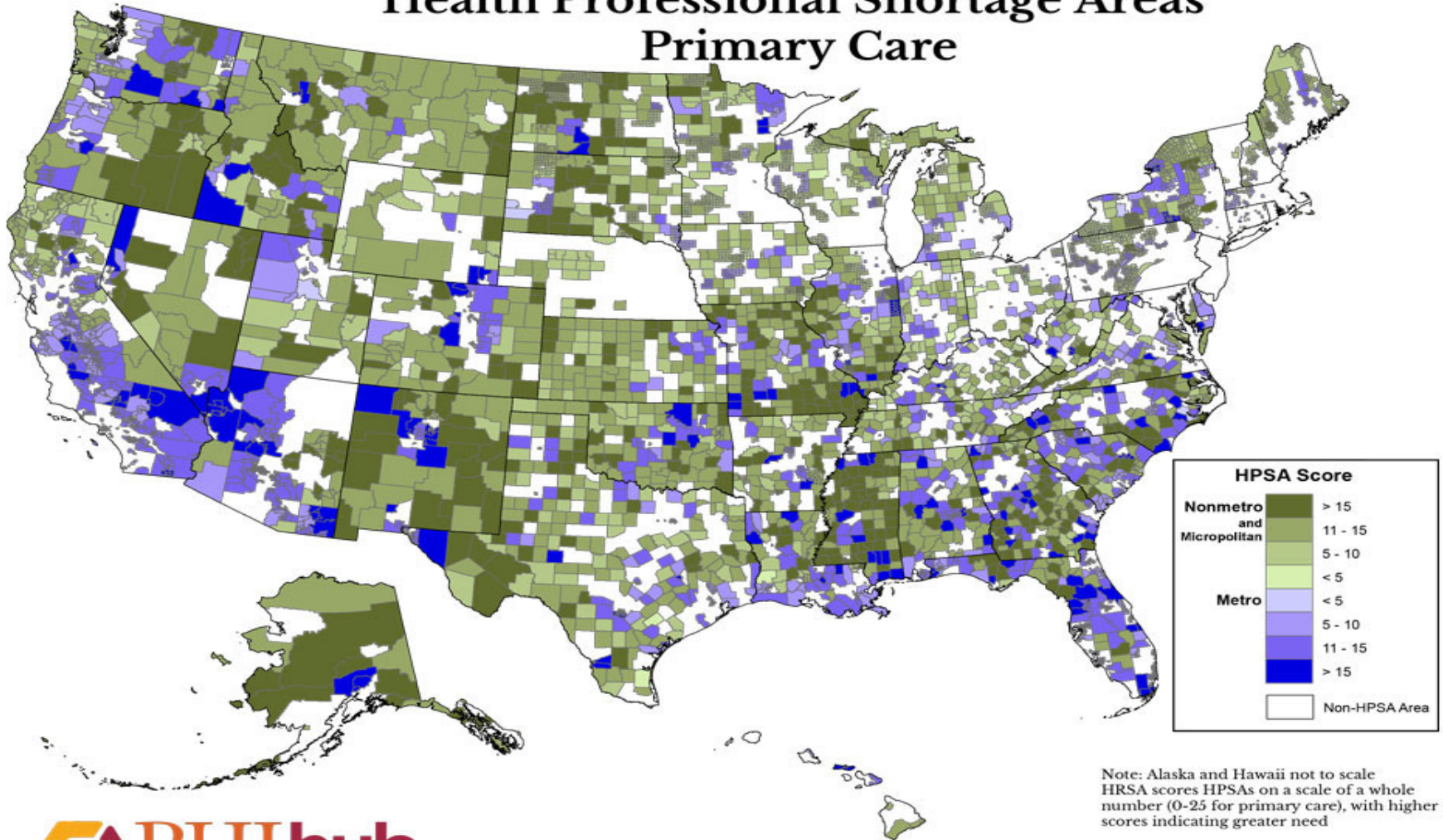
NOVEMBER 16, 2017

As we celebrate the power of rural, many challenges grow

- **Workforce Shortages**
- **Vulnerable Populations**
- **Chronic Poverty**



Health Professional Shortage Areas Primary Care



Note: Alaska and Hawaii not to scale
HPSA scores HPSAs on a scale of a whole number (0-25 for primary care), with higher scores indicating greater need

Source(s): HRSA Data Warehouse, U.S. Department of Health and Human Services, November 2016



- 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”

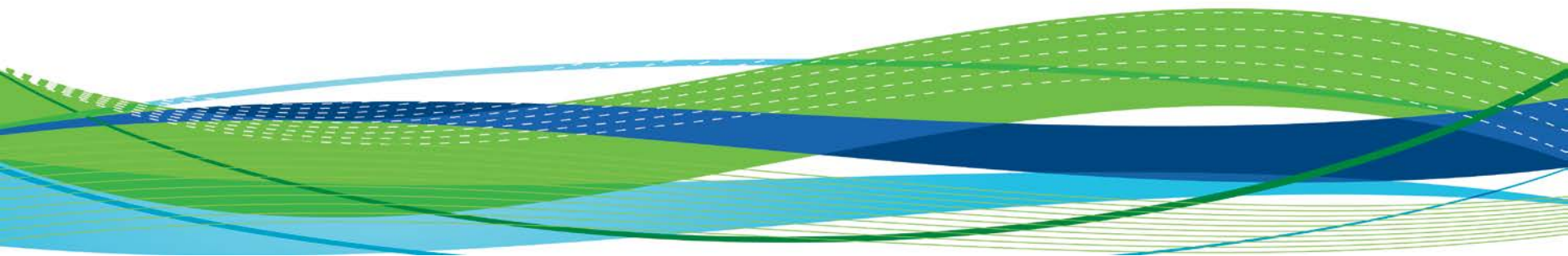
- Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.
- Mortality is tied to income and geography.
- Minorities, especially Native Americans die consistently prematurely nation-wide, but 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



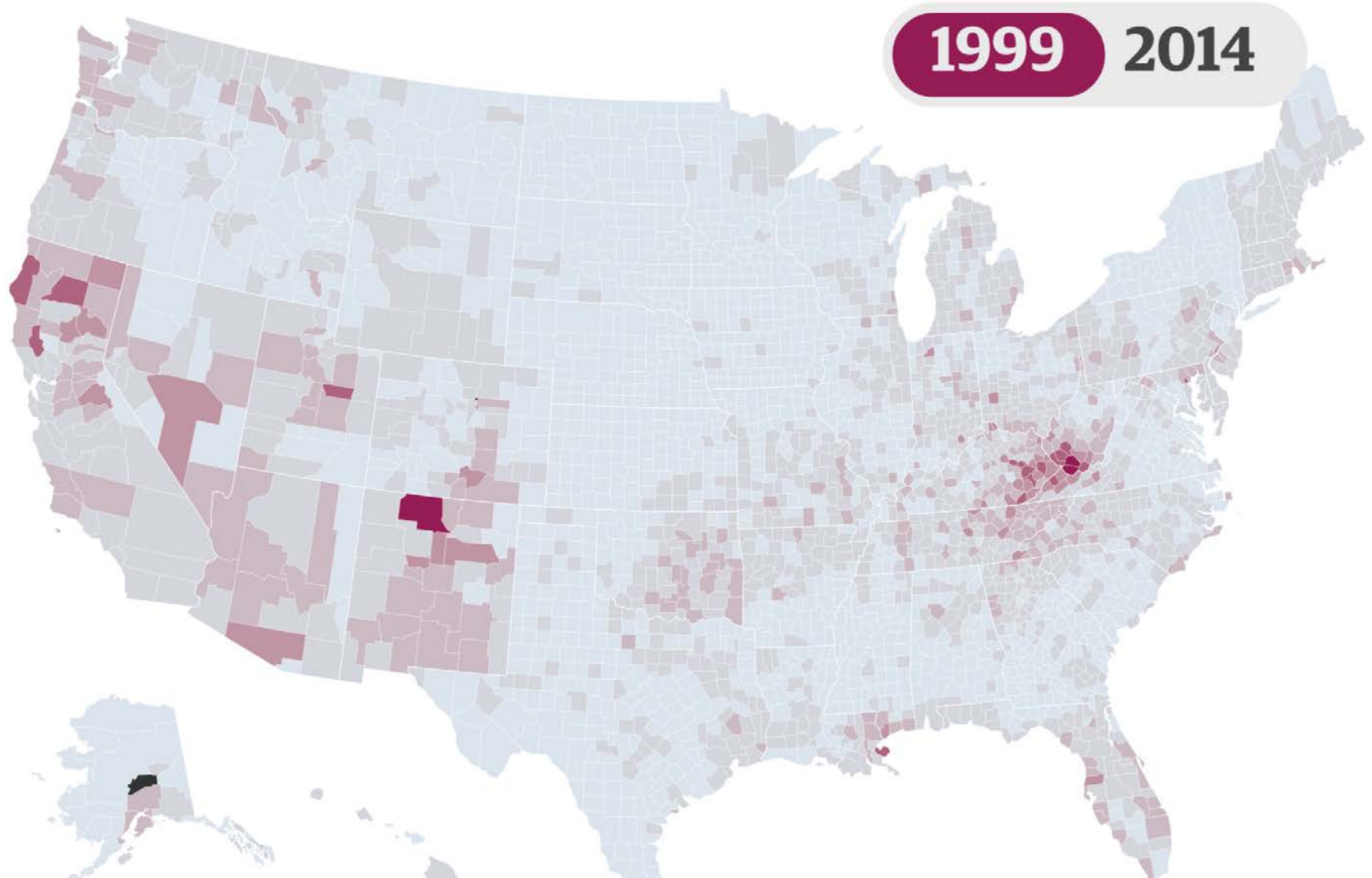
Rural Infant Mortality Rates/Obstetric Shortage Crisis

CDC Data Brief, September 2017

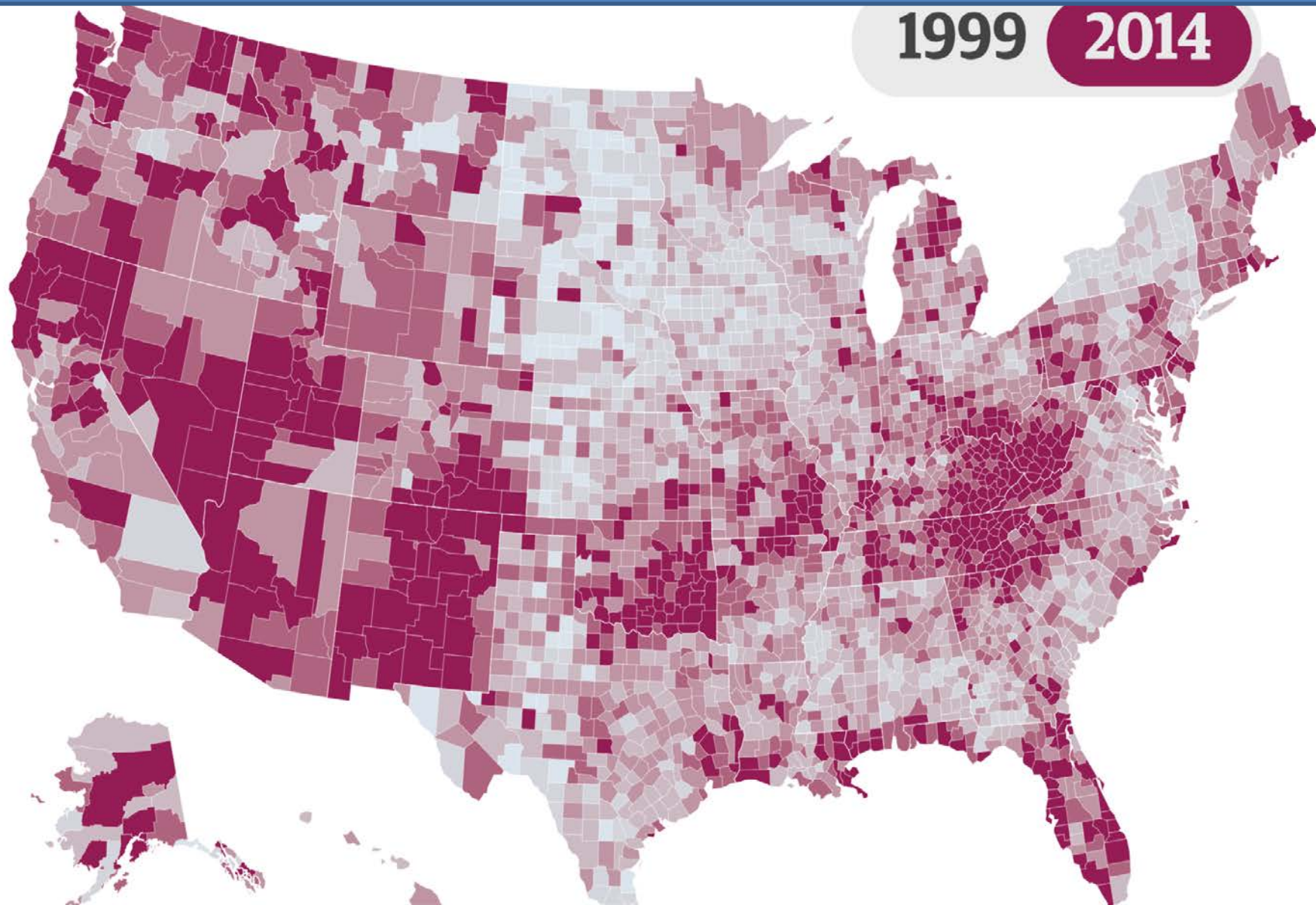
- Infant mortality rates were highest in rural areas and lowest in large urban areas.
- In 2014, the infant mortality in rural counties was 6.55 deaths per 1,000 births, 6% higher than in small and medium urban counties (6.20) and 20% higher than in large urban counties (5.44)
- Obstetric Shortage Crisis



Mapping the Opioid Crisis



Deaths per 100,000 residents

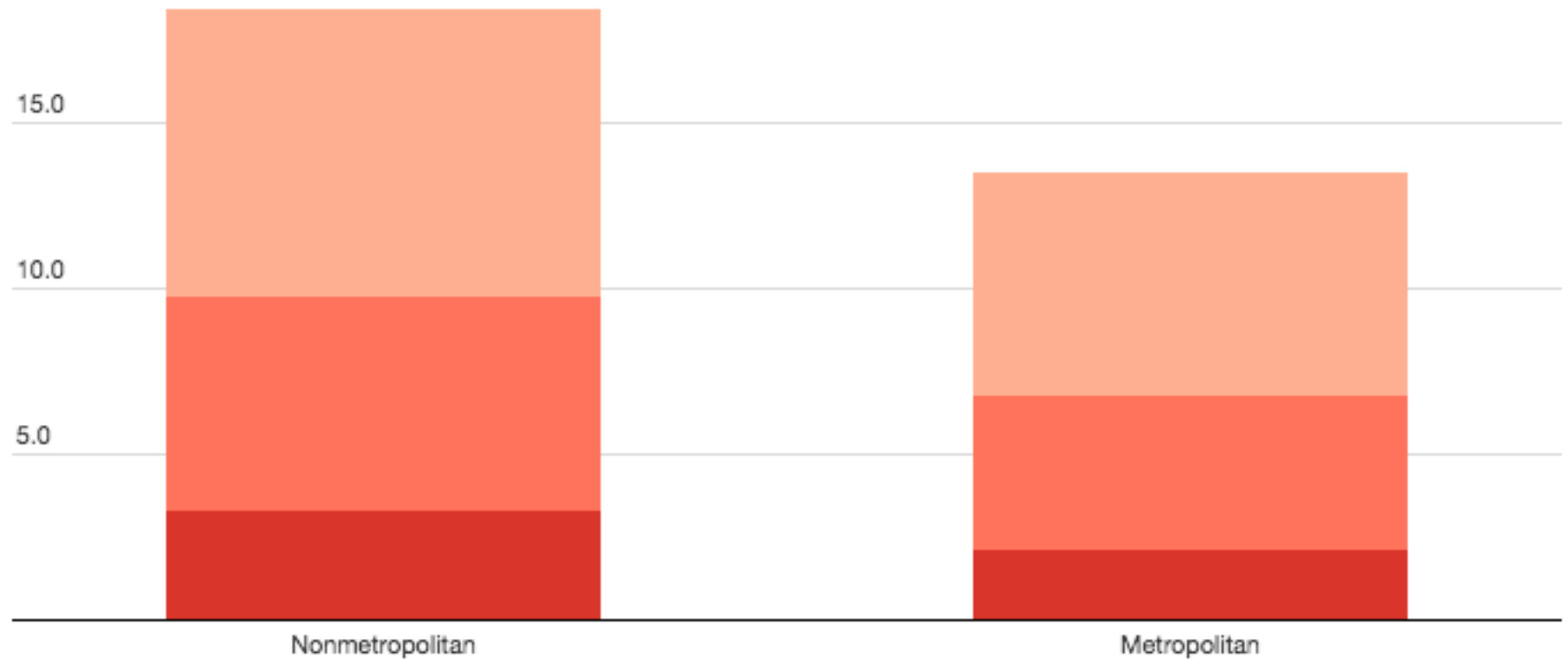


Poverty in Rural America

American workers in poverty

Percent of U.S. householders aged 25-54 that worked at least part of the year in 2015, by poverty threshold.

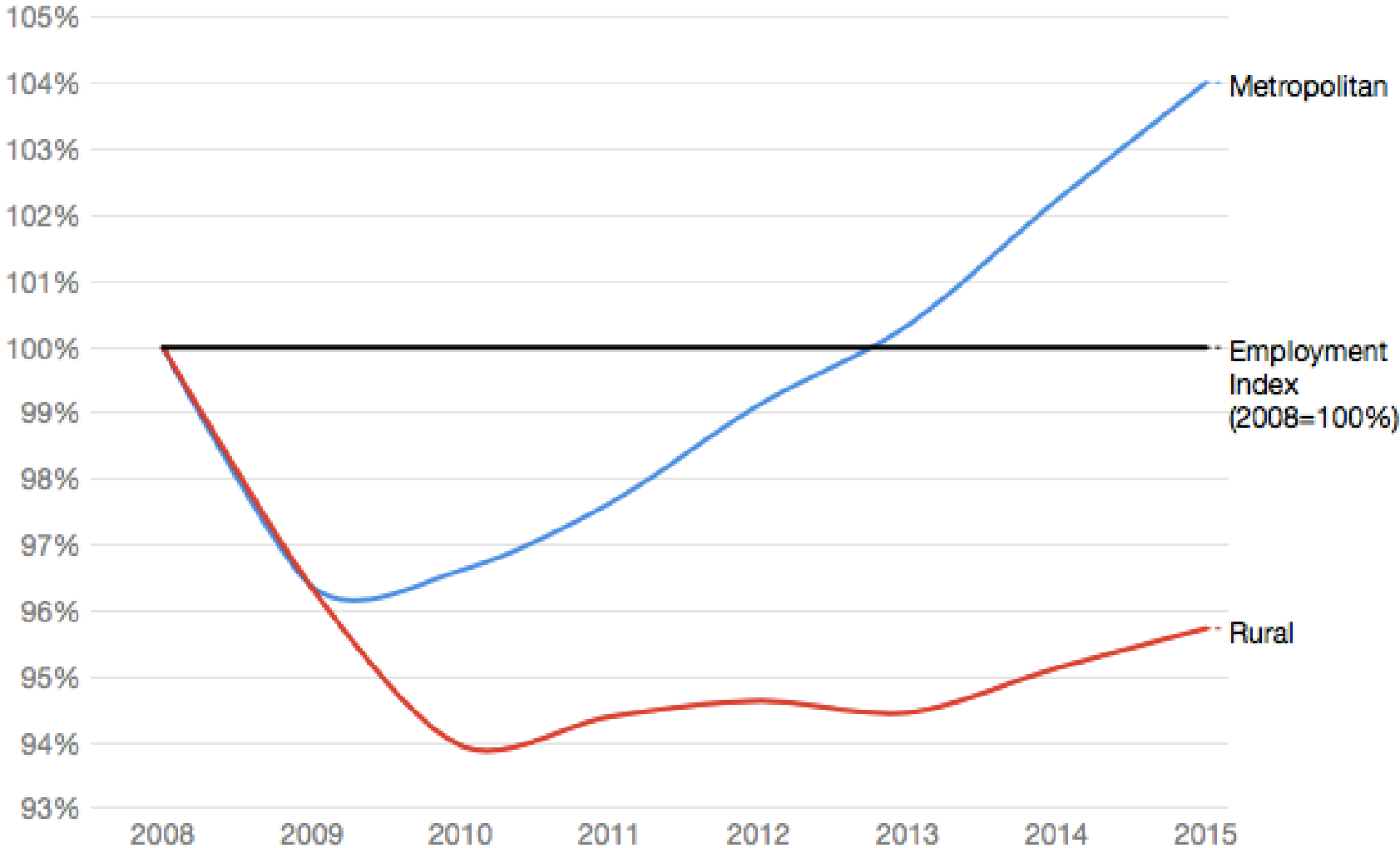
■ <50% of poverty line ■ 50-99% of poverty line ■ 100-149% of poverty line



PBS News, March 2017

Job growth in America

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



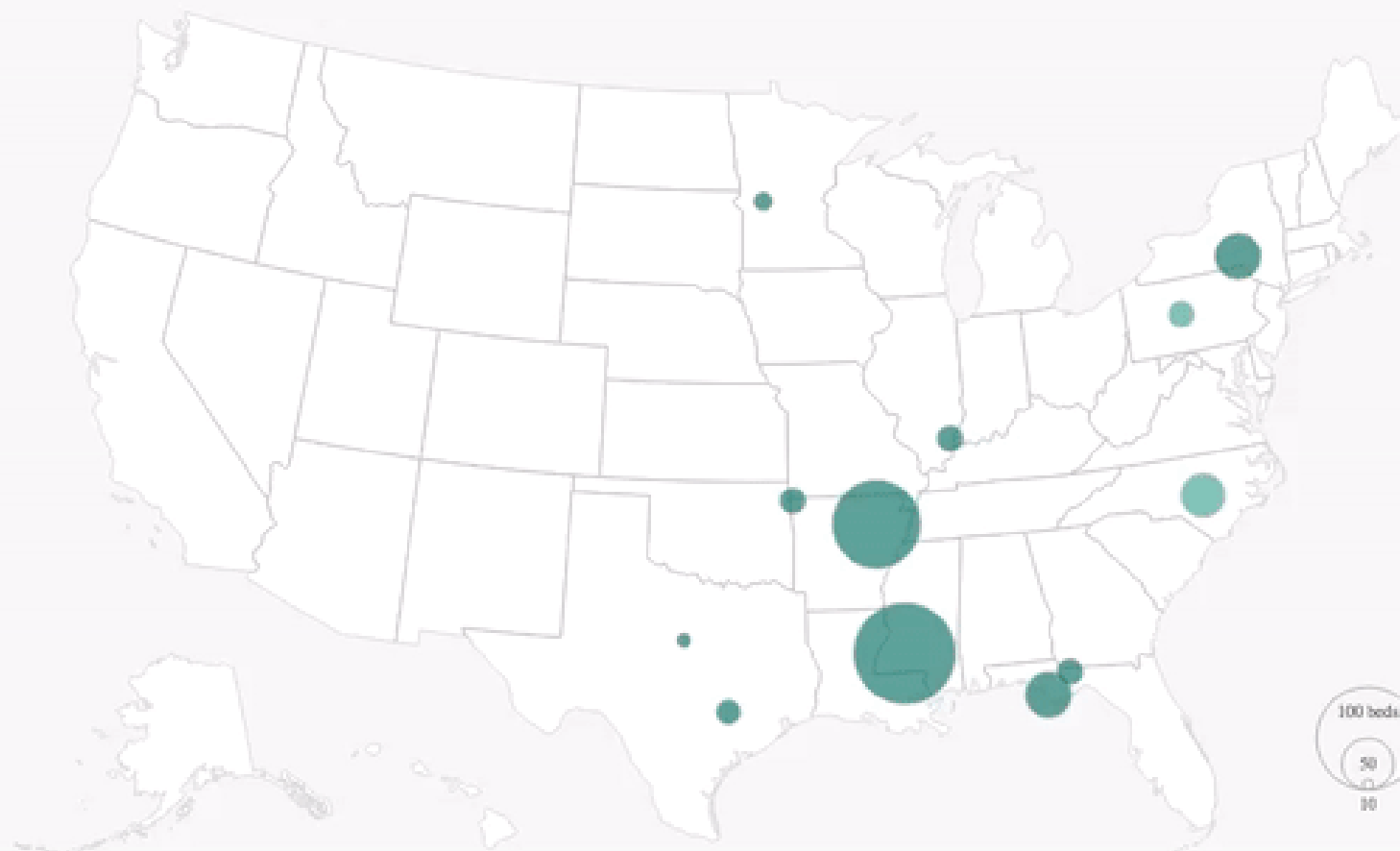
Hospital Closure Crisis

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.

Total for JAN 2005 -

MAY 2006



“If you want to watch a rural community die, kill its hospital”

Sept. 22, 2017, HuffPost

GLENWOOD, Ga. — After the Lower Oconee Community Hospital shut down in June 2014, other mainstays of the community followed. The bank and the pharmacy in the small town of Glenwood shuttered. Then the only grocery store in all of Wheeler County closed in the middle of August this year.

On Glenwood’s main street, building after building is now for sale, closing, falling apart or infested with weeds growing through the foundation’s cracks...

The hospital’s closure eliminated the county’s biggest health care provider and dispatched yet another major employer. Glenwood’s mayor of 34 years, G.M. Joiner, doubts that the town will ever recover.

“It’s been devastating,” the 72-year-old mayor said, leaning on one of the counters in Glenwood’s one-room city hall. “I tell folks that move here, ‘This is a beautiful place to live, but you better have brought money, because you can’t make any here.’”

Rural hospitals are in danger across the country, their closures both a symptom of economic trouble in small-town America and a catalyst for further decline.



But the voice of rural is powerful!



Senate Democratic Summit

“The lesson of this election was that we can’t pay close enough attention to rural America.”

Minority Leader Schumer (D-NY)

“180,000 West Virginians are getting health care for the first time. They don’t know how they got it...but they know who will take it away, Mr. President.”

Sen. Joe Manchin (D-WV)



So what happened to repeal and replace?



RURAL HAPPENED



“If Medicaid is cut, that hospital will not survive. It’s the biggest employer in town. It has 180 good-paying jobs. So not only would people lose access to health care that they need, it would be a devastating blow to the community. You could go all over the state and find that would be true.”

Senator Susan Collins speaking about rural hospital in Greenville, Maine (a 25-bed CAH).

Making our voice strong with the Administration



Demand for Regulatory Relief

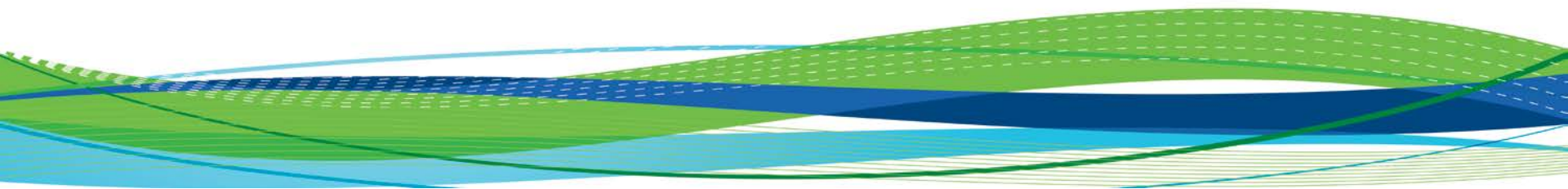


- **Common-sense approach needed for “exclusive use” standard.**
- **Critical Access Hospitals (CAHs) and many Sole Community Hospitals (SCH) should be Eligible for Indirect GME (IME).**
- **Performance Comparisons Should Occur Between Equivalent Cohorts in MIPS**
- **Implementation of the Section 603 Site Neutral payment for new off-campus provider based department (PBD) harms rural providers.**
- **Hospital Star Rating treats Rural Hospitals Unfairly. Rural Relevant Measurements Needed.**
- **Elimination of the 96 hour Condition of Payment requirement reduces unnecessary red tape in line with the congressional intent in the creation of the CAH.**
- **Changing the supervision requirements for outpatient therapy services to general supervision from direct supervision protects patient safety and access.**
- **Improper MAC denial of Low-Volume Hospital Adjustment**



Progress

- 340B
- MACRA
- National Opioid Epidemic Declared
- Obstetric Shortages
- Commitment on rural opioid fight



But No Progress in Other Critical Areas



CBO Reports concluded that both plans over 10 years would increase the number of uninsured by 24 million (House bill) and 23 million (Senate bill). Still unknown how modifications made to the Senate bill will impact a new CBO score.

ACA Fixes Needed



- Medicaid Must be Funded and Expanded
- Rural ACA Exchanges Must be Fixed
- Rural Hospital Closure Crisis Must End

Tax Reform

- Will include repeal of “Individual mandate” to help with math.
- The GOP tax bill could trigger automatic cuts worth \$136 billion from mandatory spending in 2018, including \$25 billion in Medicare cuts, if Congress doesn’t find another way to offset its deficit increases, according to the Congressional Budget Office.
- This would trigger a potential increase in Medicare Sequestration.



Impact of Sequestration

2%
cut



\$2.8 billion
lost in rural Medicare
reimbursement (over 10 years)



7,200
jobs lost in rural hospitals and
communities (sustained over 10
years)

-0.6%
off the bottom line

30
rural hospitals shifting from
profitable to unprofitable



Critical Rural Funding Expired

- Rural Medicare Extenders
- Children's Health Insurance Program
- Community Health Center Cliff





THE IMPORTANCE OF NOW

- No matter your politics, we must join together and capitalize on this opportunity.
- Washington is reaching out to Rural America.
- If you can't advocate - - educate!
- **Our Message:** Critical Access Hospitals are critical for rural patients and the rural economy:
 - You can't have a healthy rural economy without a healthy rural community.
 - Quality rural healthcare saves lives, provides skilled jobs, attracts businesses, and reinvests millions back into rural communities.

HAPPY RURAL HEALTH DAY!

- Policy Institute, Feb. 6-8, 2018.

