

NATIONAL RURAL HEALTH ASSOCIATION GOVERNMENT AFFAIRS UPDATE

FISCAL YEAR 2018



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NRHA FY18 ANNUAL REPORT



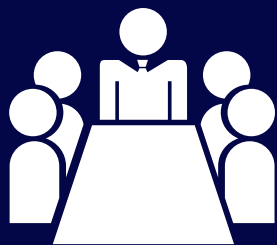
NRHA's Government Affairs Team spends countless hours every year educating key Members of Congress and the Administration on the issues important to rural America.

NRHA Members and staff testified before the House Ways and Means Committee discussing regulatory reform, the Senate Finance Committee on new models and challenges facing rural health care, and the Senate HELP Committee on rural costs and opportunities.

We met with key Members of Congress, CMS Administrator Seema Verma, Agriculture Secretary Sonny Perdue, FCC Commissioner Brendan Carr, Critical Senior Staff at CMMI, HRSA, HHS, CMS, HUD, DOT, USDA, and the FCC.



FISCAL YEAR 2018 BY THE NUMBERS



217

MEETINGS
WITH
CONGRESS



33

NRHA
SUPPORTED
BILLS



45

CALLS
TO
ACTION

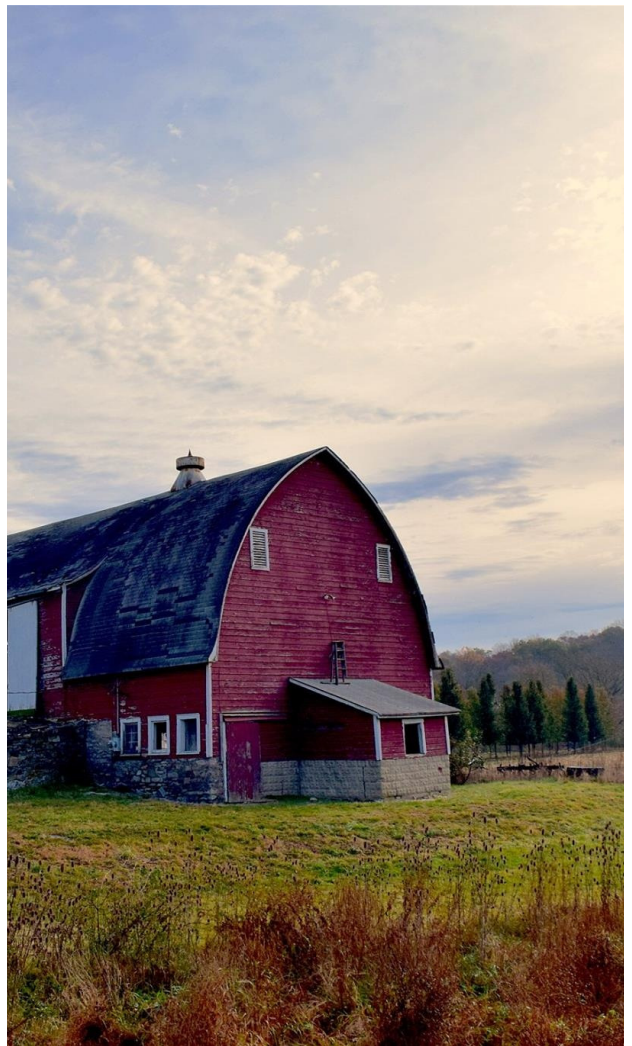
FY18 MEDIA ACTIVITY



This year, NRHA made a strong and focused effort to increase our voice and presence in the booming world of social media and press in Washington and across the country.

Twitter allows us to amplify our message, decrease the number of face-to-face meetings we need to have, and grow our presence in Washington, D.C. Twitter pressure helped force Congress to reauthorize Medicare Extenders without cuts after they expired at the beginning of Fiscal Year 2018.

Because of our growing presence as thought and policy leaders in Washington, we have had more interactions with press in 2018 than ever before, with articles in Politico, the New York Times, among many others.



SOCIAL MEDIA BY THE NUMBERS

WE HAVE MORE THAN 500 NEW FOLLOWERS, INCLUDING MEMBERS OF CONGRESS AND THEIR STAFF.

17
DIRECT
REPLIES

2,031
TWEETS
SENT

36
CONGRESS
RETWEETS

LEGISLATIVE VICTORIES

Despite the challenging political atmosphere in Washington, NRHA's Government Affairs Team fought hard for legislative victories for rural America.

APPROPRIATIONS

For the first time in more than a decade, the Senate debated an Appropriations bill on the floor. The bill includes robust funding for the rural health safety net and created opportunities for provider innovation and development.

STATE OFFICES OF RURAL HEALTH

While the State Offices of Rural Health were funded in the FY19 L-HHS Bill, legislation funding the offices through 2022 passed the Senate with bipartisan support.

REGULATORY REFORM

The House Ways and Means Committee published a Regulatory Reform report including NRHA requests.

OPIOID LEGISLATION

The Senate and House passed the Opioid Crisis Response Act, which included every single legislative ask NRHA had for rural communities struggling to meet the needs of those struggling with substance use disorders.

FARM BILL

For the first time in the Farm Bill's history, the legislation included an entire section on rural health under the Rural Development Title. Included in the House and Senate bills were provisions to create a Rural Health Liaison position at the USDA, address the opioid epidemic in rural communities, and enable rural hospitals to better access and utilize USDA loans. The bill will likely be finished after the Midterm Elections.

MEDICARE EXTENDERS

Last fall, Congress let the rural extenders, which 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, expire. Through NRHA's persistent efforts, these programs were reauthorized for multiple years.

REGULATORY VICTORIES

CAH 35-MILE DISTANCE REQUIREMENT

When CMS considered changing the 35-mile distance requirement for Critical Access Hospitals to consider provider-based clinics “like hospitals” within the mileage range NRHA stopped the agency from moving forward with this very harmful change.

340B EXEMPTION FOR SOLE COMMUNITY HOSPITALS

SCHs were exempt from a 28% cut to the reimbursement for Part B drugs. The final regulations included large sections directly from NRHA’s comment letter.

LOW-VOLUME HOSPITAL - INDIAN HEALTH SERVICE FACILITY PROXIMITY FIX

NRHA fought for a correction to allow rural hospitals to be eligible for the Medicare inpatient LVH adjustment regardless of their proximity to an Indian Health Service facility because they provide care to limited service groups.

HOSPITAL STAR RATINGS

The majority of facilities that do not meet the requirements to receive a star rating are CAHs, not because they are poor quality, but because CMS has not created measurements tailored to rural hospitals. The greyed out stars given to rural hospitals appeared to be low quality not un-rated, but due to NRHA’s requests, CMS has stopped giving CAHs grey stars.

DEPRIORITIZATION OF THE 96- HOUR RULE AND THERAPY SUPERVISION REQUIREMENTS

NRHA worked to ensure that enforcement of the 96-Hour Rule was deprioritized and fought for a two-year moratorium on therapy supervision requirements. We are continuing to ask for a permanent fix to these two issues.

FCC RURAL HEALTH PROGRAM

The FCC approved a proposal to establish a new \$100 million “Connected Care Pilot Program.” The program will work to support telehealth for rural Americans.

WHAT'S NEXT?

NRHA's Government Affairs Team spent the summer gathering information from the Rural Health Congress Constituency Groups, as well as during meetings at the Annual Conference in May, to help determine our policy priorities as we move into the next year and a new Congress.

LEGISLATIVE PRIORITIES

- Development of programs that support the growth of the rural health workforce
- Support of rural telehealth programs, including funding and regulatory changes that will increase accessibility and affordability
- Reform of rural health care programs included in the Affordable Care Act that have had unintentional negative effects on rural America
- Secure and robust funding for rural health programs with long-term reauthorizations

REGULATORY PRIORITIES

- Continued development of policies regarding Medicaid waivers
- Permanent fixes for CAH 96-Hour Rule and MIPS reporting and comparisons
- Preservation of the 340B Program for vulnerable populations
- Changes to the supervision requirements for outpatient therapy services to general supervision from direct supervision to protect patient safety and access
- Improved USDA grants that can be used by rural providers to ease the application process and improve use

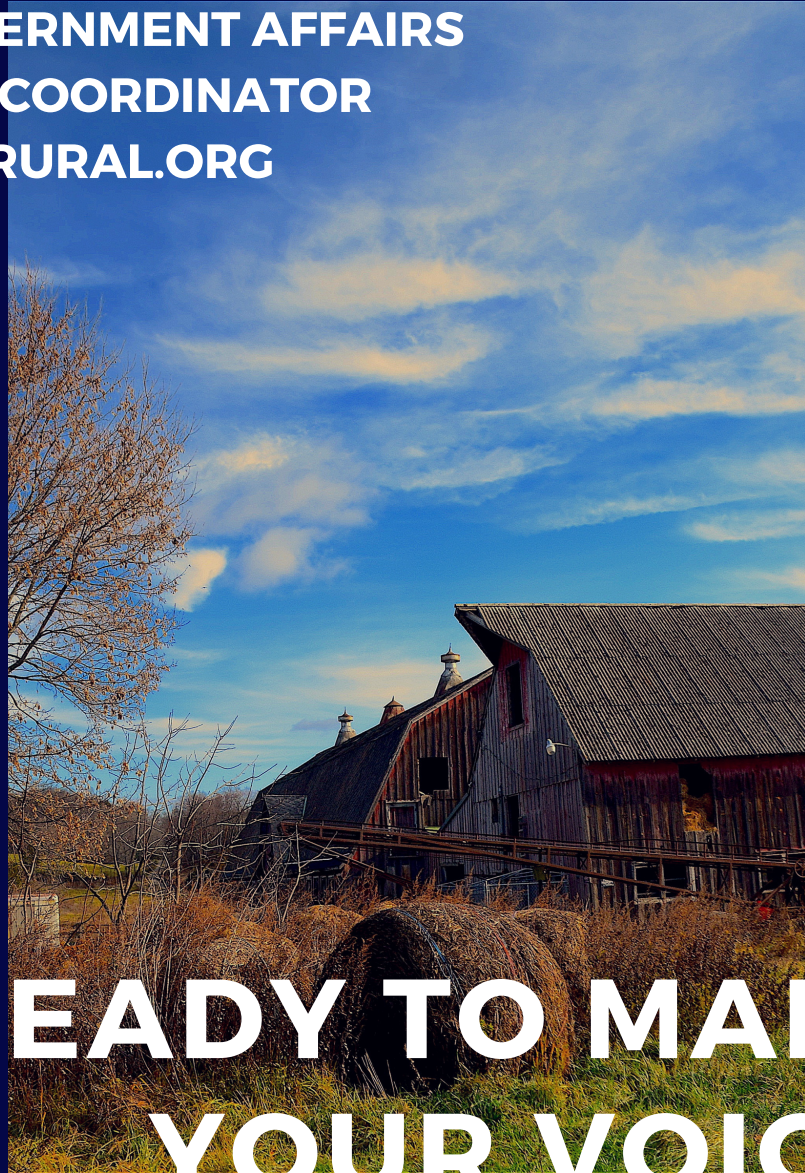
THE FUTURE OF RURAL HEALTH

- Increase promotion of the challenges facing rural patients and providers, and the incredible work they do with less resources
- Move regulatory reform forward to reduce undue burden and regulations for rural providers while preserving patient safety
- Continue moving forward to develop a new rural model with Congress and CMS in order to enable innovation and prevent hospital closures in rural areas

QUESTIONS OR CONCERNS?

NRHA IS HERE TO HELP.

**EMAIL NRHA'S GOVERNMENT AFFAIRS
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**READY TO MAKE
YOUR VOICE**

LOUDER?

**WE LOOK FORWARD TO SEEING YOU
AT THE 2018 POLICY INSTITUTE
HERE IN D.C., FEBRUARY 5-7
RURALHEALTHWEB.ORG**