February 2018

CAH Coalition
CRITICAL ACCESS HOSPITAL COALITION

The Pulse

No Swing Bed Reimbursement Cut, Physician Supervision

After shutting down the government for a second time, briefly, Congress finally passed a budget and a funding bill that will keep the government open until March 23rd. Included in this bill were a number of provisions helpful to CAHs. The legislation continues the non enforcement of Medicare supervision requirements for outpatient therapeutic services, postpones for two years Medicaid Disproportionate Share Hospital pay cut, repeals the Medicare-pay cap for therapy services, and most importantly does not include a swing-bed reimbursement cut. The CAH Coalition worked with CAHs across the country to get this provision removed, and worked with Members of Congress to oppose these devastating cuts.

The new HHS Secretary, Alex Azar, testified in front of Congress to discuss agency funding and goals. At his hearing with the House Ways and Means Committee he said that they are looking into whether MIPS reporting requirements can be eliminated altogether. Recently, the Medicare Payment Advisory Commission (MedPAC) voted to replace the Merit-based Inventive Payment System with a voluntary program. No clear proposal on how this might impact rural providers. During the hearing, Secretary also responded to a question from Rep. Lynn Jenkins (R-KS) on how he plans to address regulatory burden for rural providers. He specifically mentioned the continued non-enforcement of the physician supervision requirement, and expressed his support for this. This is promising after the December 2017 report from MedPAC saying that the requirement would not cause a significant economic burden, nor limit type of outpatient services CAHs could provide.

Veterans Choice Paused in Congress

The U.S. Department of Veterans Affairs (VA), President Trump's administration, and Congress are all in agreement that the Veterans Choice program should be made permanent. The House and Senate Veterans Affairs Committees have both agreed to preliminary bills in December— VA Care in the Community Act and Caring for Our Veterans Act, respectively — to transition this temporary program to a permanent fixture of VA care.

However, the lone dissent of Senator Jerry Moran (R-KS) has caused the Agency, the White House, and the VA Committees in Congress to renegotiate a few key provisions before moving forward with the bipartisan legislation. Recent negotiations have tweaked language to expand when Veterans can seek care outside of the VA-owned and operated facilities. The bill previously eliminated the 30-day/40-mile threshold, and recent negotiations in the Senate proposes allowing patients to seek care out of the VA network if both the patient and a VA provider, or VA-authorized provider, agree it would be a better option.

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Please visit our website

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Spotlight Author: Working for Ohio – Fighting the Opioid Crisis

Ohio is ground zero for the opioid crisis, with over 4,000 Ohioans dying of unintentional drug overdoses in 2016. We know that our rural areas can be especially hard hit by this epidemic that knows no limits, economic background, or region. It has affected husbands, wives, children, brothers, sisters, fathers, and mothers of Americans in both rural and urban communities. It has destroyed marriages, ruined careers, and cut lives far too short. When I read through the obituaries in my local newspapers, I have noticed an increase in younger individuals without a cause of death listed. Tragically, in too many instances, it is due to overdoses.

As a member of the House Energy & Commerce Committee, I have helped craft the Comprehensive Addiction and Recovery Act and the 21st Century Cures Act, both of which were signed into law. These laws have been implemented and resources have been provided to address the opioid epidemic. Nearly $30 million of grant funding has been sent to Ohio and much of that will assist rural health care providers. I also recently introduced legislation to create a public electronic database of information relating to nationwide efforts to combat the opioid crisis. We need to give providers, advocates, law enforcement, and local and state governments the information they need to effectively curb opioid use and treat those that are addicted. Too many lives have been cut short, and we must work together to find a solution.

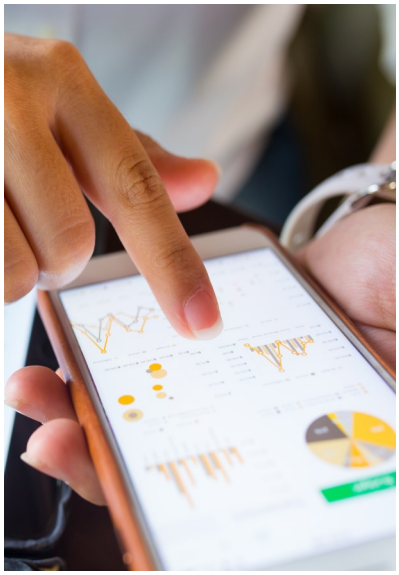
Starting in March, the Energy and Commerce Committee will also begin a series of legislative hearings as the first step in an effort to pass bipartisan bills tackling the opioid crisis. As a lifelong resident of Northwest Ohio, I have seen the devastation this epidemic has had, and even more so in rural areas. We need to address the issue head on and focus on legislation to help our law enforcement, boost public health and prevention, and address insurance coverage issues. We must make sure that resources are available to care for those on the front line of this epidemic, especially in our rural communities.

Rep. Bob Latta

R-Ohio

Bob Latta was elected to the House in 2007. He is a member of the House Energy and Commerce Committee, where he plays an intricate role in crafting the nation's energy, telecommunications, environment, health care, and interstate commerce policy. He is also an avid sportsman and lifelong resident of Northwest Ohio. He and his wife Marcia live in Bowling Green and they have two daughters, Elizabeth and Maria.

"Too many lives have been cut short, and we must work together to find a solution."



Bonus Beats:

- **HRSA Identifies Social Determinants of Rural Health**

A report published by HRSA's National Advisory Committee on Rural Health and Human Services found four key social determinants unique to rural areas; geography, income, education, and transportation. As health care continues to shift from volume to value, developing and implementing partnerships to address the social determinants of health – the structural determinants and conditions in which people are born, grow, live, work and age – becomes even more important, especially in rural communities.

- **Colorado Hospitals Work Together, Reduce Opioids by 36%**

Ten hospitals in the state of Colorado joined together to target the use of opioids in their emergency department's. While opioids are often administered for pain in emergency rooms, physicians in these hospitals worked to find other methods of easing pain when opioids weren't necessary. In a six-month period of time, the hospitals collectively decreased use of opioids by 36% over that same time in 2016.

Coalition Updates

Contact your Member of Congress and urge them to cosponsor the Critical Access and Rural Equity (CARE) Act (HR 3224). The CARE Act protects rural providers by clarifying the definition of CAH allowable costs. It identifies frequently cited auditor discrepancies and removes barriers to care by ensuring coverage of the most common medical services and tests. For more, visit CAHCoalition.com

The CAH Coalition commented on FCC proposed rule aiming to strengthen the FCC's Rural Health Care (RHC) program. The RHC program provides key funding to rural providers to expand telecommunications services, but the program is looking for some significant reforms as current funding does not meet demand.

Legislation sponsored by Congressman David B. McKinley (R-WV) to protect 340B now has 187 House cosponsors. Urge your Member of Congress to cosponsor this important piece of legislation to block implementation of CMS' regulation to cut 340B drug payments. Click here to see whether your Representative has signed on.

Mark Your Calendars

March 22, 2018

Federal Health Policy Update

Congress, President Trump and his administration, have been busy. From 340B to Veterans Choice to the President's proposed budget, recent action—or inaction—in Washington will impact rural providers.

To learn more or participate in any upcoming webinars, you can register online at CAHCoalition.com, you can also email us at contact@cahcoalition.com or call us at 202-266-2660.

CAH Coalition
CRITICAL ACCESS HOSPITAL COALITION

About the Coalition

The Critical Access Hospital Coalition is a consortium of innovative health care executives leading Critical Access Hospitals (CAHs) across the country. We exclusively focus on issues impacting CAHs. Our sole purpose is to assist policy makers in understanding the unique needs of CAHs and the vital role they play in the health of rural communities.

The CAH Coalition works to educate members of Congress, HHS, CMS, other federal agencies and organizations about the importance of our member hospitals. We work together as a bipartisan Coalition to develop new federal policies impacting CAHs, including reimbursement, regulations, and other actions.

The Coalition delivers a positive message about CAHs and works collaboratively with other organizations with common interests.