

FCC Votes to Raise Cap on Rural Telecommunications; CMS to Hold Call on CAH Distance Requirements

A majority of the [Federal Communications Commission \(FCC\) Commissioners approved an increase in the funding cap for the Rural Health Care \(RHC\) program](#). The RHC program works to support health care facilities through funding for broadband and telecom services. Since 1997, the RHC Program has long maintained a \$400 million spending cap. This vote to increase the cap will avert the harmful 15% to 25% reductions that had been announced the current funding year. While there isn't an exact timeline on when the cap will be increased, this is a huge win for rural health.

In response to questions and concerns regarding the Centers for Medicare and Medicaid Services (CMS) new interpretation to the CAH distance and location requirements, [CMS is holding a Rural Health Open Door Forum on June 28, 2018 at 2pm EST](#). Recently, CMS has indicated that an "off-campus provider-based location is considered part of a hospital," meaning that an off-campus provider-based location within 35 miles of a CAH put it at risk of losing its designation. This interpretation could have enormous consequences for CAHs across the country. The CAH Coalition has been following this issue closely and is dedicated to ensuring that CAHs across the country are able to continue to provide high quality health care to rural communities.

GAO Reviewing Veterans Choice Program

Fulfilling a provision set by the 2016 Consolidated Appropriations Act, [the GAO has reviewed the Veterans Choice](#) Program and found that the program is producing extended wait times for veterans. The GAO found that veterans could potentially be waiting up to 70 calendar days for care, which far exceeds the 30-day statutory requirement.

GAO made several recommendations, directed toward the Under Secretary of Health, for the VA's consolidated community care programs in light of the Choice Program's shortcomings. More attention should be given to:

- (1) designing and implementing achievable wait-time and appointment process benchmarks,
- (2) implementing better data collection and oversight mechanisms, and
- (3) establishing a system that will help facilitate efficient care coordination and exchanges of information among VAMCs, VHA clinicians, TPAs, community providers, and veterans.

Earlier this month, President Trump signed the [VA MISSION Act](#) into law, extending funding for the Choice Program for and additional year. The MISSION Act will usher in reforms for the health of veterans to seek care from providers in communities and hopefully address the concerns brought to light by the GAO.

Inside this issue

FCC Votes to Raise Cap on Rural Telecommunications; CMS to Hold Call on CAH Distance Requirements	1
GAO Reviewing Veterans Choice Program	1
Bonus Beats	2
Coalition Update	2
About the CAH Coalition	2

Contact Information

Critical Access Hospital Coalition

1120 G St. NW
Suite 1000
Washington, DC
202-266-2660
contact@cahcoalition.com

Emma Lange
Operations Manager
Office: 202-266-2660

Please visit our website
www.cahcoalition.com

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Bonus Beats:

- [USDA Map Shows Rural Population Loss, Economic Changes](#)

The USDA Economic Research Service updated data on their Atlas of Rural and Small Town America to include population data from 2016-2017. The data shows, generally, a decrease in rural areas and increase in urban areas. The map also includes population comparisons to 2010, unemployment and jobs data, as well as income and veterans information. The interactive map lets you look across the nation at county-specific data for the various economic factors.

- [What Makes Physician Assistant \(PA\) Training Programs Successful at Training Rural PAs?](#)

The University of Washington Rural Health Research Center released a policy brief looking at successful rural PA training programs. They found that the PA training programs that are successful at trainings PAs who choose rural practice are likely to combine a rural mission, targeted recruitment of rural students, and specific rural clinical training experiences.

- [Population Health: Where are Rural General Surgeons?](#)

Rural surgery discussions generally focus on the finances and economics of hospitals, however, we should also consider general surgeons' contributions to rural population health management strategies. This report reviews this approach.

Coalition Updates

This will be the last CAH Coalition monthly newsletter. The newsletter will soon be coming weekly from Paul Lee at Strategic Health Care. The weekly newsletter will continue to cover important health policy news and headlines, with rural health care features. If you have any questions please contact us at contact@cahcoalition.com or 202-266-2660.

[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.



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.