September 2017

CAH Coalition
CRITICAL ACCESS HOSPITAL COALITION

The Pulse

ACA Repeal May Be Dead; Other Health Legislation

The latest Obamacare repeal efforts by Senators Bill Cassidy (R-LA) and Lindsey Graham (R-SC) died this week after enough Republican Senators said they opposed it. The Cassidy-Graham was considered the most far reaching repeal and replace bill yet. Now that this effort is dead, Senators Lamar Alexander (R-TN) and Patty Murray (D-WA) are trying to find a bipartisan solution for stabilizing the insurance market. Democrats previously said they were close to striking a deal, until this latest repeal effort sank it.

Funding for the Children's Health Insurance Program (CHIP) runs out on September 30th. The Senate Finance Committee released legislation to extend funding for another five years. The Keeping Kids' Insurance Dependable and Secure (KIDS) Act (S. 1827), also makes tweaks to the ACA requirement that prevented states from rolling back eligibility for children enrolled in the program as of March 2010.

The House Energy and Commerce Committee will markup a bill to extend federal funding for CHIP next week. "CHIP, now in its 20th year, has always been bipartisan and we hope this extension will be no different," said Chairman Walden. The bill will also extend funding for community health centers, the Special Diabetes Programs, the National Health Service Corps, Teaching Health Center Graduate Medical Education, and other programs.

Rural Hospital Closures Hurt Communities

"If you want to watch a rural community die, kill its hospital." A recent Huffington Post article chronicled the difficult times facing rural communities and after hospital closures across Georgia. Since 2010, 82 rural hospitals have closed, 28 of which were Critical Access Hospitals. Rural hospital closures have been concentrated in the South, in particular states that did not expand Medicaid. Rural areas have higher percentages of low-income and uninsured persons, leading rural hospitals to take on greater amounts of "bad debt."

Congress created the CAH designation as part of the Balanced Budget Act in 1997 to provide healthcare to people living in rural areas. One out of five Americans lives in rural areas. Nearly 30 million people don't live within an hour of trauma care. In fact, residents living in 16% of the mainland United States are 30 miles or more away from the nearest hospital.

Just this month another Critical Access Hospital closed its doors leaving Patrick County, Virginia, with no hospital. Pioneer Community Hospital filed for bankruptcy two years before closing their doors. With 1 in 10 rural hospitals at high risk of financial distress, more hospitals are likely to close.

Inside this issue

ACA Repeal May Be Dead; Other Health Legislation	1
Rural Hospital Closures Hurt Communities	1
Spotlight Author: Sen. Shelly Moore Capito	2
Bonus Beats	2
Coalition Update	3
Mark Your Calendars	3
About the CAH Coalition	3

Contact Information

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

Audrey Smith
Executive Director
Office: 202-266-2661

Emma Lange
Operations Manager
Office: 202-266-2610

Please visit our website
www.cahcoalition.com

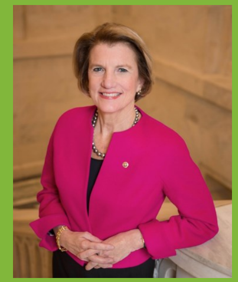
Follow us for more CAH news!

Spotlight Author: Expanding Rural Broadband

Ensuring that Americans living in rural communities receive necessary care from their physicians and hospitals requires access to a full range of essential health care services. Accordingly, providers have embraced new technologies that deliver previously inaccessible treatments to patients living in these areas. Telehealth medicine embodies the unlimited potential these vital innovations represent. I had the opportunity to witness this firsthand when I visited the Charleston Area Medical Center for a demonstration of their diabetic ophthalmology screenings. As a result of this technology, more rural patients are being diagnosed and beginning treatment for diabetes than was previously possible.

In order to realize the potential of these resources, the necessary broadband infrastructure must be in place. However, one in ten Americans still lack access to the FCC's definition of broadband, and in rural America, thirty nine percent lack access. Since telehealth technologies require more substantial bandwidth than other technologies, those who could be aided by the use of telehealth services in their local hospitals and clinics are often limited.

That is why I launched my Capito Connect plan which outlines the essential steps for tackling the connectivity divide in West Virginia. I am also proud to be a co-chair of the Senate Broadband Caucus, which is bringing together a bipartisan group of senators to create a dialogue about emerging broadband issues. It is imperative that we continue our efforts to find new and innovative opportunities that help deliver quality care to our rural communities.



Sen. Shelly Moore Capito

R—West Virginia

Shelly Moore Capito was elected by the people of West Virginia to serve as the state's first female Senator in 2014. A lifelong West Virginian, Shelly served In the House of Representatives for 14 years. Shelly holds a B.S. in Zoology from Duke University and a M.Ed. From the University of Virginia.

"Telehealth medicine embodies the unlimited potential these vital innovations represent."

Bonus Beats:

- **CMS Seeks New Direction for Innovation Center**

The Centers for Medicare & Medicaid Services announced that they are seeking feedback in order to usher in a new direction for the Innovation Center. CMS issued an informal Request for Information in hopes of empowering beneficiaries and improving outcomes. Administrator Seema Verma detailed this new direction in a letter to the Wall Street Journal. Comments are due November 20.

- **MedPac Recommends CMS Waive Direct Supervision Requirements for CAHs**

Since 2010, CMS has not enforced its direct supervision requirements in Critical Access Hospitals and other rural hospitals, according to a draft report released this month by MedPAC. CMS says there have been no patient safety concerns raised to the agency about hospitals using inappropriate physician supervision. MedPAC made several recommendations to CMS about further clarifying the definition of "immediately available" and "interruptible" related to the current supervision requirement.

- **CMS Postpones Update of Hospital Quality Star Ratings Program**

The Centers for Medicare and Medicaid Services announced that they are postponing an update of its hospital quality star ratings, saying that they will be reviewing the methodology behind the program. This comes after an April 2017 report saying that 762 rural hospitals receive no star ratings, and that CAHs are the most likely to not receive a star rating. The AHA sent a letter this week asking CMS to scrap the program altogether.

Coalition Updates

Only 6 Weeks Left! Do you currently receive the weekly update from Paul Lee at Strategic Health Care? As of November 13, 2017 all non-Coalition CAHs will no longer receive this update. Join us today to continue to receive these timely and important newsletters. We want to make sure you remain updated on what is happening in Washington. Contact us at contact@cahcoalition.com.

Over 200 House members signed onto a letter to CMS on the most recent proposed 340B regulations. While CAHs are not impacted by this regulation, since it only applies to Part B payments, if this goes through, CAHs' 340B benefit could be on the chopping block as part of comprehensive 340B reform. Due to combined efforts, CMS announced that they are delaying tweaks to the 340B Program.

Check it out! The CAH Coalition has launched its new website on CAHCoalition.com. Visit to read more about our policy priorities, the history of the Coalition, our staff, and sign up to join. Coalition members can log-in to read memos on legislation, regulations, and other issues affecting CAHs. Members can also read reports and blogs from experts in the field on issues like 340B, community needs assessments, and cost reporting.

Mark Your Calendars

October 3, 2017

National Conference Call and Webinar: Join the third of our series to learn more about the new Coalition and membership.

October 12, 2017

Finding Solutions: Defining Allowable Costs for CAHs: Join us to learn about what we are doing to clarify the definition of allowable costs for CAHs with Paul Lee, Senior Partner at Strategic Health Care.

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.

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 bi-partisan 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.