



**WRHEN**

Women's Rural Healthcare Executive Network

# Women's Rural Healthcare Executive Network (WRHEN)

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November 2<sup>nd</sup>, 2021

# AGENDA

1 Welcome & Introductions

2 Presentation: 2022 Rural Health Policy Outlook

- Carrie Cochran-McClain - NRHA, Chief Policy Officer
- Pat Schou - ICAHN, Executive Director

3 Discussion

4 Next Steps

# Welcome & Introductions



# WOMEN'S RURAL HEALTHCARE EXECUTIVE NETWORK

The **Women's Rural Healthcare Executive Network (WRHEN)** provides a forum for professional and personal growth, facilitates career development, creates opportunities for networking, and raises awareness and understanding of current healthcare issues for women leaders in rural healthcare.

The **WRHEN** provides women rural healthcare executives the opportunity to:

- Collaborate and network with peers
- Share learnings and best practices
- Identify current/ongoing challenges in rural healthcare and potential solutions
- Hear from guest speakers on “hot topic” issues in rural healthcare

# 2022 Rural Health Policy Outlook

## Women's Rural Healthcare Executive Network

Carrie Cochran-McClain  
NRHA, Chief Policy Officer

Pat Schou  
ICAHN, Executive Director

November 2, 2021

# Updates from Congress

# The Bipartisan Infrastructure Package

- The House of Representatives is still waiting to consider the \$1.2 trillion dollar bipartisan infrastructure package, which passed the Senate on August 10 (69-30).
- House vote is still in progress. House Democrats want to see a framework developed on the reconciliation plan before voting on this.
- The Senate bill includes \$65 billion for broadband connectivity buildout, with significant mention of rural.
- Includes funding for hospital capital and extends Medicare sequestration for an additional year, until 2031.

# The Build Back Better Reconciliation Package

- On August 11, the Senate passed a \$3.5 trillion budget resolution, which formally began the reconciliation process. Reconciliation is the tool that will allow Democrats to pass legislation through the Senate by simple majority, rather than 60 votes.
- Revised proposal released with a lower \$1.75 trillion price tag.
- What is ultimately included in this package is still undetermined given the varying priorities and price-tag desires set forth by various members of the Democrat caucus.
- The timeline for passage and details of this legislation remains unclear.
- NRHA continues to monitor developments of this bill on Capitol Hill.



# Build Back Better (BBB) Reconciliation Bill

## Key Health Provisions Under Debate

### Currently in Proposal

- Medicare Hearing Coverage
- Medicaid Coverage Gap (partial)
- Prescription Drug Pricing (partial)
- Expansion of Home and Community-Based Services
- Permanent extension of Children's Health Insurance Program
- Investments in primary care and public health

### In Contention for Removal

- Medicare Dental and Vision Coverage
- Investments in capital and modernization for health care infrastructure
- Substantive graduate medical education/health workforce training provisions.
- Modernizing the rural health clinic program.
- Permanent extension of CARES Act telehealth flexibilities.

# NRHA's Build Back Better Reconciliation Package Requests

- Provide capital funding to improve rural health care infrastructure
- Make substantive changes to rural Medicare GME policies and other rural workforce programs
- Improve rural maternal health and health care access
- Permanently extend CARES Act telehealth flexibilities for rural health clinics and federally qualified health centers and increase their reimbursements for telehealth services
- Establish an Office of Rural Health within the Centers for Disease Control and Prevention
- Modernize and improve the rural health clinic program

**Urge Congress to Include  
Rural Health in the Build Back  
Better Reconciliation  
Package**

# FY 2022 Appropriations: Continuing Resolution

- House Appropriations Committee released their FY 2022 appropriations proposals over the summer.
- Senate Appropriations leadership released numbers in October.
- Four corners negotiations occurring on a top-line spending agreement.
- The House of Representatives passed a CR to extend government funding at its current level until December 3, 2021.



# NRHA's Legislative Tracker

## Legislative Tracker

NRHA is tracking rural health legislation in Congress to advance quality of life across rural America.

NRHA's legislative tracker enables you to view the rural health bills in Congress the association is monitoring, including those we endorse and oppose. Bills are searchable and categorized by topic area. By clicking on a bill, you can find its summary, review cosponsors, and stay up to date on congressional actions.

Through activities such as NRHA's annual **Rural Health Policy Institute** and **ongoing grassroots campaigns**, NRHA members actively participate in advocacy efforts to advance needed rural health legislation.

For further information or to recommend bills for the legislative tracker, **contact NRHA's government affairs team**.

### Find Legislation

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Federal

## Hospitals & Health Systems

[H.R. 1639: Rural Hospital Closure Relief Act of 2021](#) | 117th Congress (2021-2022) ✓

[H.R. 1887: To amend title XVIII of the Social Security Act to rebase the calculation of payments for sole community hospitals and Medicare-dependent hospitals, and for other purposes.](#) | 117th Congress (2021-2022) ✓

[H.R. 2454: To amend title XVIII to strengthen ambulance services furnished under part B of the Medicare program.](#) | 117th Congress (2021-2022) ✓

[S. 644: Rural Hospital Closure Relief Act of 2021](#) | 117th Congress (2021-2022) ✓

[S. 999: Save Rural Hospitals Act of 2021](#) | 117th Congress (2021-2022) ✓

# Legislative and Regulatory Outlook in 2022

# NRHA 2021 PRIORITIES

Addressing Rural Declining  
Life Expectancy and Inequality

Reducing Rural Healthcare  
Workforce Shortages

Invest in a Strong Rural Health  
Safety Net



# Impact of COVID-19 on Rural Providers

- Rural hospitals, clinics, and emergency medical services reported
  - Reduced revenues and utilization
  - Healthcare workforce shortages
  - Shortages of PPE, testing supplies, and ventilators
  - Limited COVID-19 surge capacity
- COVID-19 has exacerbated the financial instability of rural providers
- Rural communities have fewer health resources to respond to COVID-19 and other public health emergencies

# Health Policy Outlook

- COVID-19
  - Extension of flexibilities, esp. around telehealth
  - Vaccine mandates and workforce implications
- Behavioral Health
  - Addressing increases in mental health and substance use
  - Mental health parity
- Implementation of Build Back Better provisions
  - ACA and paid leave reforms
  - Medicare and other public healthcare reforms
- Workforce
- Healthcare Sustainability and Capital



# Regulatory Updates

- Price Transparency and Surprise Billing
  - HHS **released** an interim final rule with comment period, entitled “Requirements Related to Surprise Billing; Part II.” Comments are due December 6.
  - Payer and provider compliance with final transparency regulations
- Workforce
  - HRSA **requests** public input on their proposed approach for determining Maternity Care Health Professional Target Areas (MCTA) with the greatest shortage.
  - Implementation of the December 2020 Consolidated Appropriations Act GME provisions.
- Telehealth
- 340B Drug Pricing Program

# Rural Health Innovation Update

- FCHIP Demo extended in Aug 2 Medicare IPPS Rule and CAA
- Rural Community Hospital extended in Aug 2 IPPS Rule and CAA
- Pennsylvania Rural Health Model—Global Budget
- Community Health Access and Rural Transformation (CHART) Model
  - Community Transformation Track (CTT)
  - ACO Transformation Track
- [Rural Emergency Hospital](#) (REH) passed in CAA—New Provider Type

# Rural Emergency Hospital Designation

- In the December 2020 CAA, Congress created the REH designation set to be implemented in January 2023.
- [NRHA comments](#) on the [CY 2022 Hospital Outpatient Prospective Payment System \(OPPS\) & Ambulatory Surgical Center \(ASC\)](#) proposed rule
  - Approx. 68 rural hospitals (or 5%) of rural hospitals are predicted to consider conversation.
    - The hospitals most likely to transition to this designation are in already poor financial standing.
- Continuation of existing CoPs for rural PPS and CAHs as much appropriate.
- Strong reimbursement and financial payments are critical to success.
- Pathway to conversion needs to be seamless through a simplified application process.
- Technical assistance is needed to support robust planning and community engagement.

# Health Policy “Taking It Home”

# Involvement and Awareness - Politics

- Why care about federal and state legislation?
- Why care about federal and state regulation?
- Does my individual or organization voice make a difference?



# National Organizations - Legislators

- Need your voice and feedback - YES
- Define Issues
  - Data
  - Examples
- Offer Solutions
- Shape Policy and Programs



# How Does ICAHN Work?

- Identify regulatory and legislative partners
  - NRHA
  - State Associations
  - Centers for Medicare and Medicaid/State Agencies
- Clearinghouse and resource
- Purveyor of information
- Advocacy
  - Grassroots
  - Legislative contacts
- Member Agenda – full circle of feedback and action
  - Hospitals, communities, providers
  - Build relationships



# Making Change – Creating New Ideas

- **Legislation**
  - Affordable Care Act
  - Surprise Billing/Price Transparency
  - Payment programs
  - New models – CAH and REH
  - Funding Allocation
- **Regulations**
  - Expanding scope of practices (I.E. – nurse practitioners, physical therapists, physician assistants)
  - Conditions of Participation (infection control, patient rights)
  - Taking new legislation and creating program operations
    - Telehealth, loan repayment programs
  - Other examples





# Being Intentional



Building relationships



Know your subject

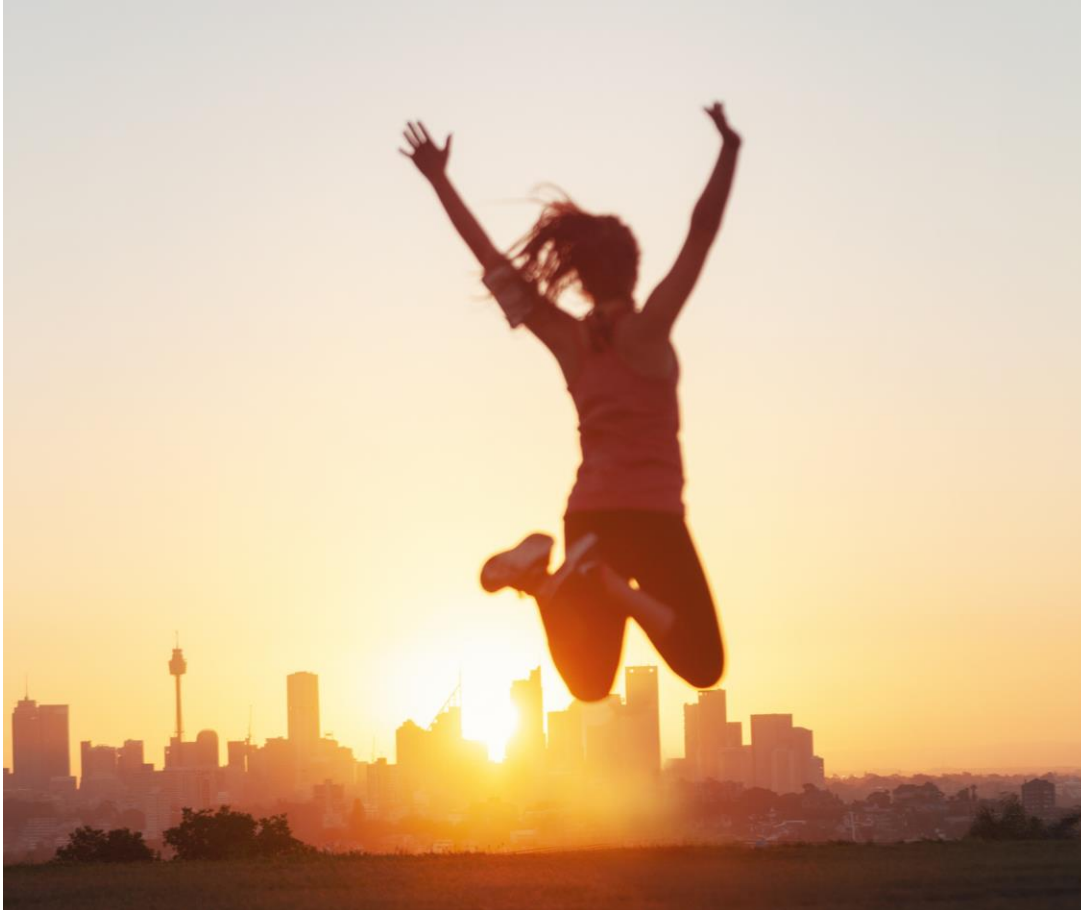


Your “ask” – when and how



“What do you want to accomplish”

# Your Leadership – Building Relationships



- Knowing who you represent
- Credibility – honesty and subject matter
- Follow up - Communicate
- Be a step ahead/planner
- Partners are critical
- Willing to advocate and lead
- May not be successful each endeavor – learn from experience
- Always about the person, organization and issue – not you



# Rural Health – Making the Future Bright

- Reimbursement and Payment Program
- Competition – Wal-Mart, Dollar General, CVS
- Telehealth
- Value-based Care
- Workforce
- Substance Use/mental health
- Disruptive Chaos brings Innovation
- Public Health – obesity, diabetes, BP
- Our world...still about the patient

# Telling the Rural Story – Advocacy



**Making A  
Difference  
for Your  
Community!**

A young girl with dark hair in pigtails, wearing a white shirt and a red cape, is shown from the chest up. She has her right arm raised with a clenched fist, symbolizing strength and leadership. The background is a dark green, textured surface.

# Women In Leadership

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- Be willing to lead
- Good Communicator
- Be who you are
- Be willing to partner and a team member
- Compassionate
- Knowledgeable
- Learn from your mistakes
- Vision for tomorrow...kick it up a notch
- Genuine and Confident

# Questions?

# NEXT STEPS

## Survey

- WRHEN participants will be asked to complete a survey to help identify and prioritize key focus areas for the remainder of the year
- This survey will also help identify the best time for future quarterly meetings

# CONTACT US

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