



➤ **H.R. 3225: Save Rural Hospitals Act**

- Representative Sam Graves (R-MO6) and Dave Loebsack (D-Iowa) introduced the Save Rural Hospitals Act on July 27, 2015. Sixty-four rural hospitals have closed since 2010, with another 673 rural hospitals in danger of closing. H.R. 3255 would amend titles XVIII and XIX of the Social Security Act to provide rural hospitals with financial and regulatory relief to allow them to stay open and care for rural residents who are older, poorer, and have higher rates of chronic disease than their urban counterpart. This vital legislation will stop the swell of rural hospital closures, keep emergency room operating and ensure access to life-saving health care for rural American's. **LRHA Request:** We urge you to co-sponsor the Save Rural Hospitals Act to help stop the impending flood of rural hospital closures and provide needed access to care for Rural American's.

➤ **H.R. 4365: Protecting Patient Access to Emergency Medications Act of 2016**

- Representative Hudson (R-NC) introduced H.R. 4365 on January 12, 2016. H.R. 4365 clarifies that the current practice of physician medical directors overseeing care provided in the field by paramedics and other EMS practitioners via "standing orders" is statutorily allowed and protected. **LRHA Request:** We urge you to co-sponsor this important legislation. If you would like to co-sponsor or would like more information, please contact Preston Bell in Rep. Hudson's (R-NC) or Dennis Sills in Rep. Butterfield's office (D-NC).

➤ **Rural Health Clinic Medicare Cap**

- **LRHA Request:** Congress should raise the RHC cap to a level more closely approximating the actual cost per visit: **\$110.00 per visit.** The current RHC cap is \$80.44/visit. The RHC cap has not been raised for anything other than inflation since it was last set in 1986.

➤ **Allow RHCs to Provide Telehealth Services (as opposed to being the originating site) For Telehealth Visits**

- **LRHA Request:** Amend the telehealth benefit to recognize rural health clinic services provided by physicians and practitioners that would have been recognized by Medicare had such services been provided in a site other than a rural health clinic.

➤ **Support Robust Funding for Rural America**

- **LRHA Request:** LRHA encourages Congress to continue funding the following vital programs in FY 2017 and beyond: Rural Hospital Flexibility grants, State Offices of Rural Health, Area Health Education Centers, the Small Hospital Improvement Program, Title VII nurse training programs, Telehealth investment, Teaching Health Center and Rural Training Track professional training programs, the National Health Service Corps, and the Community Health Center Fund. These programs are vital to the efficient and effective delivery of health care in rural America.

➤ **The 340B Drug Program helps rural make medications more accessible to the poorest and most vulnerable patients**

- **LRHA Request:** LRHA encourages Congress Preserve the 340B Drug Pricing Program and oppose attempts to scale back this vital program.

➤ **Must a Rural Health Clinic "employ" a physician assistant or nurse practitioner as evidenced by the issuance of a W-2?**

- We agree with the NARHC and believe the term "employ" is more appropriately interpreted as "use" or "utilize" and was never intended to dictate the specific nature of the relationship between the RHC owner and the PAs and NPs who work in the RHC. Because CMS has refused to change their interpretation of this word, we recommend that Congress strike (iii):

~~(iii) employs a physician assistant or nurse practitioner,~~

The RHCs would still be required to have a PA, NP or CNM (Section J below) on staff, we would simply be removing the language that speaks to them having to be an employee.