



With a mission to serve as a unified voice for the promotion of rural health care through advocacy, education, and leadership

State Message

The Louisiana Rural Health Association (LRHA) is grateful for the federal assistance provided by Congress to improve access to primary care throughout rural Louisiana as well as rural America. Access to care is an overriding issue throughout rural communities. LRHA encourages you to continue fighting for legislation that would prevent the rural health care safety net from crumbling, eliminate the long standing payment inequities for rural providers, and improve the workforce shortage crisis. Specifically, the LRHA encourages our Louisiana Delegation to:

- 1) Protect Access to Care in Rural America
- 2) Support Robust Funding for Rural America; and
- 3) Join Senate Rural Health Care Caucus and House Rural Health Care Coalition

The Fiscal Future of Rural Health Care

The Louisiana Rural Health Association would like to thank our Congressional Delegation for their ongoing support of rural health care. We're aware of additional calls for cuts around the corner and we would like to request your continued assistance as we fight together to protect the fiscal future of rural health care.

➤ **Protect Access to Care in Rural America**

- **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 rooms 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. The use of “standing orders” is necessary so that physician medical directors can establish these pre-set protocols which EMS practitioners follow in delivering field EMS care. When minutes count, “standing orders” are essential to enable EMS practitioners to immediately administer controlled substances on a timely basis and save lives. In the absence of standing orders, patients would not have access to the time-sensitive and potentially life-saving interventions they so desperately need. Accordingly, H.R. 4365 ensures patients will continue to receive these vital medications by:

1. Codifying the practice of standing orders by a physician Medical Director for the administration and delivery of controlled substances, maintaining physician oversight of medical decisions, while,
2. Making the EMS Agency liable for the receiving, storing, and tracking of controlled substances, similar to current procedure at hospitals.

This vital legislation ensures the continued ability of emergency medical services (EMS) practitioners in the field to administer controlled substances to countless individuals who are sick or injured enough to need them.

LRHA Request: We urge you to cosponsor 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) office at Preston.Bell@mail.house.gov or in Rep. Butterfield’s office (D-NC) Dennis Sills at dennis.sills@mail.house.gov

- **Increasing Rural Health Clinic’s (RHCs) capitated payment rate** will sustain these critical rural safety net providers as they treat new populations under health care reform.

LRHA Request: Congress should raise the Rural Health Clinic Medicare 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.** Technology can now allow rural patients to see specialists without leaving their communities, permits local providers to take advantage of distant expertise, and improves timeliness of care. While RHCs can serve as the originating site, Rural Health Clinics cannot be the “distant site” providing services to Medicare beneficiaries.

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**

- The federal investment in rural health programs is critical for increasing access to health care providers, improving health outcomes for rural Americans, and increasing the quality and efficiency of health care delivery in rural America.
 1. Annual appropriations for programs like the Rural Hospital Flexibility grants, State Offices of Rural Health, Area Health Education Centers, the Small Hospital Improvement Program, Title VII nurse training programs, and the Telehealth investment line-item are vital to the efficient and effective delivery of health care in rural America.

LRHA Request: LRHA encourages Congress to continue funding these important programs in FY 2017 and beyond.

2. LRHA supports stable, long-term funding for the Teaching Health Center and Rural Training Track professional training programs, the National Health Service Corps, and the Community Health Center Fund.
- Rural America needs the **340B Drug Discount Program**. The 340B Drug Program helps rural providers (eligible rural hospitals and community health centers) stay in business and helps make medications more accessible to the poorest and most vulnerable patients. Congress created the 340B Drug Discount Program in 1992 with bipartisan support to help community-based clinics and hospitals serving high numbers of economically vulnerable people. In 2010, Congress expanded the program to rural hospitals to help them in their efforts to treat uninsured, under-insured and other patients who have difficulty getting access to care. Under the program, eligible clinics and hospitals receive outpatient pharmaceuticals at discounted prices from drug companies. These savings are often passed on directly to uninsured and under-insured patients. The benefits of 340B flow far beyond the needy patients treated at America's rural hospitals. Because savings are often passed on in low-cost or free prescriptions, people take their medications and return less often to the hospital emergency room. That translates into lower costs for Medicare and Medicaid — saving a bundle of taxpayer dollars.

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

➤ **Join Senate Rural Health Caucus and House Rural Health Care Coalition**

- Rural health care providers face numerous challenges in the delivery of care to rural Americans. Rural populations are, per capita, older, poorer, and sicker than their urban counterparts. Rural providers are more dependent on Medicare reimbursement and susceptible to shifts and changes to the program. In spite of these challenges, rural providers serve as critical points of service for emergency and primary care. Furthermore, the rural health care industry is responsible for up to 20 percent of a rural community's economy.
- The Senate Rural Health Caucus and the House Rural Health Care Coalition are bipartisan groups of Members of the Senate and House committed to advancing rural priorities in health care policy. The Caucus and Coalition have long histories of championing rural health care issues and has been instrumental in assuring that the rural health system has been strengthened and improved.

LRHA Request: Please show your support of rural health by joining the Caucus or Coalition.

Co-Chairs of the Senate Rural Health Caucus:

Sen. Al Franken (D-MI)

Sen. Pat Roberts (R-KS)

Co-Chairs of the House Rural Health Care Coalition:

Rep. Cathy McMorris Rodgers (R-WA)

Rep. Ron Kind (D-WI)

Thank you for your continued support of rural health care!