

The AHA supports policies and legislation that enable rural hospitals to care for their communities. Below are some key areas of focus for our 2018 advocacy agenda.

The full agenda is available at www.aha.org.

Promote Regulatory Relief

- **Direct supervision.** Pass the Rural Hospital Regulatory Relief Act (S. 243/H.R. 741) to make permanent the enforcement moratorium on CMS's "direct supervision" policy for outpatient therapeutic services provided in critical access hospitals (CAHs) and small, rural hospitals.
- **96-hour physician certification.** Pass the Critical Access Hospital Relief Act (H.R. 5507) to permanently remove the 96-hour physician certification requirement as a condition of payment for CAHs. These hospitals would still be required to satisfy the condition of participation requiring a 96-hour annual average length of stay.
- **Information technology and meaningful use.** Improve interoperability of health information systems and strengthen cyber security. Urge CMS to cancel Stage 3 of meaningful use by continuing to allow reporting using modified Stage 2 measures in 2019, instituting a 90-day reporting period; and continue to seek stakeholder input on ways to reduce the regulatory burden of the program. Pass the Electronic Health Record (EHR) Regulatory Relief Act (S. 2059), which would eliminate the "all or nothing" approach, establish a 90-day reporting period, and expand hardship exemptions.
- **MACRA.** Urge CMS to continue a gradual, flexible approach to increasing reporting requirements under the Merit-based Incentive Payment System (MIPS), as well as expand opportunities to participate in advanced alternative payment models (APMs).
- **Bed size.** Provide bed size flexibility for CAHs.
- **Care coordination.** Create a safe harbor under the Anti-kickback Statute to protect clinical integration arrangements so that physicians and hospitals can collaborate to improve care; and eliminate compensation from the Stark Law to return its focus to governing ownership arrangements.
- **Rulemaking.** Ensure the unique circumstances of rural hospitals are accounted for in the rulemaking process.
- **MedPAC.** Ensure representation for rural health care on the Medicare Payment Advisory Commission.

Secure the Rural Health Care Infrastructure

- **Alternative models.** Develop new payment models that include recommendations from the AHA's Task Force on Ensuring Access in Vulnerable Communities, such as special hospital designations and demonstration programs which enable rural hospitals to maintain access to critical health services. Pass the [Rural Emergency Medical Center \(REMC\) Act \(H.R. 5678\)](#) and the Rural Emergency Acute Care Hospital (REACH) Act (S. 1130). These bills would establish a 24/7 rural emergency medical designation under the Medicare Program to allow small rural hospitals to continue providing necessary emergency and observation services (at enhanced reimbursement rates), but cease inpatient services.
- **Telehealth.** Expand telehealth capacity by establishing a grant program to fund telehealth start-up costs and remove Medicare's limitations by eliminating geographic and setting requirements; expanding the types of technology which may be used; and covering all services which are safe to provide, rather than a small list of approved services. Pass the Telehealth Innovation and Improvement Act (S. 787) to allow eligible hospitals to test offering telehealth services to

Medicare patients and evaluate these services for cost, effectiveness and quality of care.

- **Workforce.** Promote policies that address workforce and physician shortages in rural communities. Pass the Conrad State 30 and Physician Access Act (S. 898/H.R. 2141) to extend and expand the Conrad State 30 J-1 visa waiver program, which allows physicians holding J-1 visas to stay in the U.S. without having to return home if they agree to practice in a federally designated underserved area for three years. Urge Congress to pass the Resident Physician Shortage Reduction Act (S. 1301/H.R. 2267) to increase the number of Medicare-

funded residency positions. Expand scope of practice laws to allow nurses and other allied professionals to practice at the top of their license.

- **Broadband.** Expand access to adequate broadband infrastructure in order to improve access to telehealth services and facilitate health care operations, such as widespread use of EHRs and imaging tools. Seek to improve the Federal Communications Commission Rural Health Care Program and Healthcare Connect Fund and advocate for adequate funding.

Protect Patient Access to Care

- **340B program.** Protect the 340B Drug Pricing Program and oppose attempts to scale back this vital program.

- **Behavioral health.** Protect coverage, improve access to services, address workforce issues, and reduce the stigma associated with mental health and substance abuse. Remove barriers to treatment such as the Medicare 190-day lifetime limit on inpatient psychiatric treatment and improve information sharing related to a patient's substance abuse history, while maintaining HIPAA compliance standards.

- **Opioids.** Urge Congress to fully fund authorized programs to increase access to treatment; enhance access to medication-assisted treatment; enforce mental health payment parity laws; and strengthen prescription drug monitoring programs and prescriber education.

- **CAH designation.** Maintain CAH designation, as currently defined.

- **CAH payments.** Ensure CAHs are paid at least 101 percent of costs by Medicare and are paid at least the same by Medicare Advantage plans.

- **Provider Taxes.** Allow hospitals to claim the full cost of provider taxes as allowable costs.

To learn more, visit www.aha.org/ruralhealth.



Advancing Health in America

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