



## **2023 ADVOCACY AGENDA**

*Last updated 05.17.2023*

Mission: The Louisiana Rural Health Association (LRHA) recognizes that rural areas are unique and differ from urban areas in their geography, population mix and density, economics, lifestyle, values, and social organizations. Rural people and communities require programming and advocacy that responds to their unique characteristics and needs. The mission of LRHA is to provide a unified voice that promotes and enhances the quality of rural health in Louisiana. Our vision is to work to ensure that all Louisiana residents have access to high quality healthcare and the opportunity to live a healthy life.

LRHA serves as a key resource and legislative advocate on rural health policy issues in Louisiana. The LRHA has adopted the following advocacy agenda outlining rural health care issues.

### **2023 LRHA LEGISLATIVE PRIORITIES**

1. Strong Rural Health Infrastructure
2. Robust Rural Workforce
3. Rural Health Equity



**PRIORITY 1: STRONG RURAL HEALTH INFRASTRUCTURE**

Investments in rural health programs by the state and federal government is a small portion of overall health care spending, but it is critical to rural Louisianians. These programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in rural Louisiana. Rural health care providers provide access to care, as well as jobs and other economic opportunities; these hospitals are often one of the largest employers in a rural community. LRHA supports the following actions to strengthen and support the rural health care:

	<b>Focus</b>	<b>Related Legislative Positions</b>
<b>STATE</b>	Support sufficient funding and efficient cashflow for rural safety net providers	<b>SUPPORT <a href="#">SB 39</a></b> Increases funding for Medicaid services provided under the Community Choices Waiver, the Adult Day Health Care Waiver, or other Medicaid home and community-based service for persons with adult-onset disabilities.
		<b>SUPPORT <a href="#">SB 135</a></b> Requires Medicaid reimbursement rate for services by licensed midwives or certified nurse midwives that is, at a minimum, 95% of the amount reimbursed to licensed physicians for the provision of the same health services in pregnancy and childbirth, when acting within their scope of practice.
		<b>SUPPORT <a href="#">HB 548</a></b> Prohibits payers imposing conditions that would indirectly lower the amount of reimbursement for a drug discounted according to the federal 340B drug pricing program that was dispensed by an entity participating in the 340B drug pricing program.
		<b>SUPPORT <a href="#">HB 468</a> / <a href="#">SB 188</a></b> Requires standards for prior authorization and approval procedures, including timeframes, for health insurance companies to determine claims submitted by providers.
		<b>SUPPORT <a href="#">HCR 2</a></b> Provides for annual hospital stabilization formula
<b>FEDERAL</b>	Support sufficient funding and efficient cashflow for rural safety net providers	<b>SUPPORT <a href="#">S 644 (117<sup>th</sup>)</a></b> <b>Rural Hospital Closure Relief Act</b> Restores authority for states waive, for certain facilities, the 35-mile rule for designating critical access hospitals under the Medicare program.
	Maintain and modernize rural provider designations and protections	<b>SUPPORT <a href="#">S 198</a></b> <b>Rural Health Clinic Burden Reduction Act</b> Modernizes the RHC program and provides important regulatory relief for RHCs including relief from outdated staffing, laboratory requirements, and definitional requirements related to census definition and primary care thresholds.



**PRIORITY 2: ROBUST RURAL WORKFORCE**

Rural Louisiana communities face challenges in maintaining an adequate health care workforce, making it difficult to provide needed patient care or to meet staffing requirements for their facilities. Given this reality, 73% of Louisianians live in a primary care Health Professional Shortage Area and 93% live in a mental health Professional Shortage Area. The COVID-19 pandemic exacerbated the workforce shortage in rural Louisiana. With far fewer providers per capita, the maldistribution of health care professionals between rural and urban areas results in unequal access to care. LRHA supports the following actions to help recruit, train, and obtain healthcare professionals and providers in rural areas:

	<b>Focus</b>	<b>Related Legislative Positions</b>
<b>STATE</b>	Support health care providers practicing at the top of their scope of practice	<b>SUPPORT <a href="#">HB 599</a></b> Authorizes advanced practice registered nurses (APRNs) to complete documentation related to illness and end of life treatment
	Support investment in education and training of the future healthcare workforce	<b>SUPPORT WITH AMENDMENT <a href="#">HB 587</a> Community Health Worker Workforce Board</b> Creates the Louisiana Community Health Worker Workforce Board. The members of the Board include representatives from many health care organizations. The Board's duties include the development of a program to enhance employer readiness in hiring community health workers. <i>The Board does not current include rural representation, LRHA would support an amendment to add LRHA or other rural organization to the Board to represent rural communities.</i>
		<b>SUPPORT <a href="#">SB 181</a></b> <b>Expand Louisiana's Health Care Workforce Fund</b> Creates the "Expanding Louisiana's Health Care Workforce Fund" as a special fund in the state treasury and requires that the money in the fund must be used for grant funding for partnerships between private institutions, employers and post-secondary institutions to pursue innovative collaborations seeking to expand the capacity of the state to recruit, educate and train individuals seeking to enter nursing and allied health professions.
<b>FEDERAL</b>	Support health care providers practicing at the top of their scope of practice	<b>SUPPORT <a href="#">HR 8812 (117<sup>th</sup>)</a></b> <b>Improving Care and Access to Nurses Act (ICAN) Act</b> Allows advanced practice registered nurses (APRNs) to practice at the top of their license and broaden the scope of services to meet the needs of rural patients.
	Support investment in education and training of the future healthcare workforce	<i>Currently monitoring for bills that meet this advocacy objective</i>



**PRIORITY 3: RURAL HEALTH EQUITY**

Rural Louisianians experience significant health disparities. Health disparities are differences in health status when compared to the population overall, often characterized by indicators such as higher incidence of disease, increased mortality rates, lower life expectancies, and higher rates of pain and suffering. Rural risk factors for health disparities include geographic isolation, lower socioeconomic status, higher rates of health risk behaviors, limited access to health care providers, and limited job opportunities. In addition, the impact of COVID-19 has devastated the financial viability of rural health care provider practices, disrupted rural economies, and eroded availability of care. Addressing rural inequities and declining life expectancy rates of our rural residents are a top priority for LRHA. The federal investment in rural health programs is a small portion of federal health care spending, but it is critical to rural Americans. These safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in rural America. LRHA supports the following actions to strengthen and support the health of individuals in rural areas:

	<b>Focus</b>	<b>Related Legislative Positions</b>
<b>STATE</b>	Promote and support activities that address general health disparities in rural areas of Louisiana.	<b>SUPPORT <a href="#">HCR 100</a></b> Continuation of Health Disparities in Rural Areas Task Force
<b>FEDERAL</b>	Address current inequities in health outcomes in rural areas	<b>SUPPORT <a href="#">S. 2037 (117th)</a></b> Strengthen ambulance services furnished under part B of the Medicare program. <b>SUPPORT <a href="#">H.R. 5625 (117th)</a></b> Expands eligibility for the Health and Human Services High Obesity Program.
	Increase the availability of telehealth services for individuals in rural communities	<b>SUPPORT <a href="#">S. 1512 (117th)</a> / <a href="#">H.R. 2903 (117th)</a>, the <b>CONNECT for Health Act of 2021</b> or <b>S. 1988 / H.R. 5425, the Protecting Rural Telehealth Access Act</b> Makes permanent a number of telehealth flexibilities implemented during the COVID-19 PHE This includes, continuing the ability for Federally Qualified Health Centers and Rural Health Clinics to provide distant-site telehealth services at equitable payment rates.</b>
	Ensure continued federal focus on the unique challenges of rural healthcare.	<i>Currently monitoring for bills that meet this advocacy objective</i>