

# 2024 ADVOCACY AGENDA

Last updated April 1, 2024

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.

## 2024 LRHA LEGISLATIVE PRIORITIES

- 1. Investing in a Strong Rural Health Infrastructure
- 2. Building a Robust Rural Healthcare Workforce
  - 3. Addressing Rural Health Equity



## PRIORITY 1: INVESTING IN A 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; rural hospitals are often one of the largest employers in a rural community. Investing in a strong rural health infrastructure is critical to the future of rural areas. LRHA supports the following actions to strengthen and support the rural health care:

Focus		Related Legislative Positions
Support sufficient funding and efficient cashflow for rural safety net providers	STATE FEDERAL	Directs the Louisiana Department of Health to develop a plan to increase Medicaid managed care organization reimbursement rates and fee-for-service reimbursement rates for certain services to 100% of Medicare rates.  SUPPORT Rural Hospital Closure Relief Act (S. 1571)  Updates the Critical Access Hospital 35-mile distance requirements and enables states to certify a hospital as a "necessary provider" under certain circumstances.
Maintain and modernize rural provider designations and protections	FEDERAL	SUPPORT Rural Health Clinic Burden Reduction Act (S. 198   H.R. 3730)  Modernizes the Rural Health Clinic (RHC) program and provides important regulatory relief for RHCs including relief by amending outdated staffing, laboratory requirements, and definitional requirements related to census definition and primary care thresholds.  SUPPORT Save America's Rural Hospitals Act (H.R. 833)  Supports rural providers by:  • Ending Medicare sequestration permanently • Making permanent Low-Volume Hospital and Medicare-Dependent Hospital designations • Reversing cuts to reimbursement of bad debt • Making permanent increased Medicare payments for ground ambulance services • Providing a fix to provider-based rural health clinics cost-based reimbursement • Eliminating the 96-hour Physician Certification Requirement for CAHs • Reauthorizing the Medicare Rural Hospital Flexibility Program  SUPPORT Rural Hospital Support Act (S. 1110) & Assistance for Rural Community Hospitals (ARCH) Act (H.R. 6430)  Extends the Medicare Dependent Hospital designation and Low-Volume Hospital payment adjustment.



#### PRIORITY 2: BUILDING A ROBUST RURAL HEALTHCARE WORKFORCE

Rural Louisiana communities have faced chronic and sometimes severe shortages of primary care providers for decades. Maintaining an adequate supply of primary care providers has been, and remains, one of the key challenges in rural healthcare. This, in turn, makes 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 82% 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 maintain healthcare professionals and providers in rural areas:

Focus		Related Legislative Positions
	STATE	Monitoring bill submissions
Support efforts to recruit and retain workforce at rural healthcare facilities	FEDERAL	SUPPORT Healthcare Workforce Resilience Act (S. 3211   H.R. 6205) Addresses workforce shortages by allowing nurses and physicians in the U.S. on a temporary work visa to obtain permanent status by recapturing unused employment-based visas.  SUPPORT Protecting Rural Seniors' Access to Care Act (S. 3410   H.R. 5796) To prohibit the Secretary of Health and Human Services from finalizing a proposed rule regarding minimum staffing for nursing facilities, and to establish an advisory panel on the nursing home workforce.  SUPPORT Rural America Health Corps Act (S. 940   H.R. 1711) Establishes a student loan repayment program for eligible providers who agree to work for five years in a rural area with a shortage of primary, dental, or mental health care providers.
	STATE	Monitoring bill submissions
Support investment in education and training of the future healthcare workforce	FEDERAL	for Medical Students (TEAMS) Act (H.R. 7258)  Increase medical school clinical rotations in rural and underserved areas, strengthen the physician pipeline and lead to greater healthcare access in disadvantaged communities.  SUPPORT Rural Physician Workforce Production Act of 2023 (S. 230   H.R. 834)  Allows rural hospitals, Critical Access Hospitals, Sole Community Hospitals, and Rural Emergency Hospitals to receive payment for time spent by a resident in a rural training location. The bill ensures rural providers are adequately represented in the Medicare Graduate Medical Education (GME) program.



#### PRIORITY 3: ADDRESSING RURAL HEALTH EQUITY

Rural Louisianians often encounter barriers that limit their ability to obtain the care they need, leading to 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 past five years have devastated the financial viability of rural 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:

Focus		Related Legislative Positions
Promote and support activities that increase access to primary healthcare in rural areas	STATE	SUPPORT SB 338 Requires health coverage plans to include alternative imaging methods to mammography.  SUPPORT SB 187 Creates a pilot program for Medicaid recipients to utilize portable oxygen concentrators.
	FEDERAL	SUPPORT Improving Care and Access to Nurses Act (S. 2418   H.R. 2713) 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.
Promote and support activities that increase access to maternal healthcare in rural areas	STATE	SUPPORT SB 147 & HB 702 Requires Medicaid coverage and support for doula services.  SUPPORT SB 300 & HB 392 & SB 135 & HB 489 & SB 148 Require or expand health insurance and/or Medicaid coverage for pregnancy-related and postpartum healthcare services.
	FEDERAL	SUPPORT Midwives for MOMS Act (S. 1851   H.R. 3768)  Establishes grants for establishing midwifery programs, with special consideration for underrepresented groups or areas with limited access.  SUPPORT Healthy Moms and Babies Act (S. 948   H.R. 4605)  Improves maternal health coverage under Medicaid and CHIP, modernizes telehealth, coordinates care, and addresses social determinants of health.
Increase the availability of telehealth services for individuals in rural communities	FEDERAL	SUPPORT CONNECT for Health Act (S. 2016   H.R. 4189)  Expand coverage of telehealth services through Medicare and making permanent COVID-19 telehealth flexibilities.  SUPPORT TREATS Act (S. 3193   H.R. 5163)  Permanently allows prescribing medications for opioid use disorder via telehealth to increase access to lifesaving care.  SUPPORT Chronic Care Management Improvement Act of 2023 (H.R. 2829)  Eliminates cost-sharing for chronic care management services under Medicare.
Ensure continued federal focus on the unique challenges of rural healthcare	FEDERAL	SUPPORT CDC Office of Rural Health (S. 2799   H.R. 5481) Authorizes the Office of Rural Health at the Centers for Disease Control and Prevention to enhance the agency's rural health portfolio and coordinate rural public health efforts across CDC programs.