Tennessee's Rural Hospital Closures

About Tennessee Health Care Campaign

Tennessee Health Care Campaign (THCC) is the state's leading nonprofit consumer health care advocacy group and a leader in the health care justice movement. Our mission to advocate for health care policies and programs that improve the health and wellbeing of Tennesseans began in 1989. We envision a society where everyone has affordable, high-quality, and equitable access to health care.

With generous support from the Meharry Vanderbilt Alliance, THCC has been conducting community engaged research in communities that have experienced hospital closures. While it is true there are many reasons a hospital closes, there is no denying that high rates of uninsured have led to unhealthy communities, costlier care, and strained hospitals located in rural settings.

Below are some useful talking points for when discussing rural hospital closures:

- Tennessee has seen 12 hospitals close since 2012, 10 of these are rural hospitals.
- Tennessee has the most rural hospital closures per capita than any other state. Second only to Texas, also a non-Medicaid expansion state.
- 60% of closed rural hospitals in the U.S. are located in non-Medicaid expansion states.
- The consequences of hospital closures go beyond loss of health care services. Closures also lead to job and income loss, access to pharmacy services, in-patient treatment services, and emergency care.
- Increasing the distance and time needed to get to care not only impacts the cost of care, but also outcomes. Timely intervention is important in events of heart attacks, strokes, trauma, drug overdose, and preterm births.
- Failure to expand Medicaid/TennCare and higher rates of rural poverty lead to delay of diagnoses, more acute health conditions, barriers to managing chronic conditions, etc.
- Less access to employer-based health insurance; lower wage scales mean that many working families fall below poverty level and are unable to purchase ACA plans on Marketplaces.
- TennCare value-based payments favor hospitals in communities with robust networks of primary, specialty, rehabilitative, preventive care and care coordination resources often lacking in rural areas.
- Many rural hospitals constructed with Hill-Burton funding post WW II; Buildings and equipment are aging and costly to maintain.
- Medicare Advantage Plans, employer-based plans, and Marketplace plans are favoring narrower networks. Rural hospitals may not be included in these plans.
- Changes in Medicare and Medicaid payment terms coupled with impact of 2013 Sequestration mean lower reimbursement rates; more uninsured patients mean higher uncompensated care costs and slimmer operating margins.

RECENT RURAL HOSPITAL CLOSURES IN TENNESSEE				
Hospital	**County**	**Location**	**Region**	**Closure Date**
Riverview Regional Medical Center North	Smith	Carthage	Middle	2012
Starr Regional Medical Center*	McMinn	Etowah	East	2013
Humboldt General Hospital	Gibson	Humboldt	West	2014
Gibson General Hospital	Gibson	Gibson	West	2014
Haywood Park Community Hospital	Haywood	Brownsville	West	2014
Parkridge West Hospital*	Marion	Jasper	East	2015
Methodist Healthcare	Fayette	Somerville	West	2015
Medical Center of Manchester	Coffee	Manchester	Middle	2015
Tennova Healthcare-McNairy County	McNairy	Selmer	West	2016
Pioneer Community Hospital**	Scott	Oneida	East	2016
Copper Basin Medical Center	Polk	CopperHill	East	2017
McKenzie Regional Hospital	Carroll	McKenzie	West	2018
Copper Basin Medical Center	Polk	Copperhill	East	2017
Lakeway Regional Hospital	Hamblen	Morristown	East	2018
Cumberland River Hospital	Clay	Celina	East	2019
Lauderdale Community Hospital***	Lauderdale	Ripley	West	2019
Decatur County General Hospital****	Decatur	Parsons	West	2019
*	Maintains emergency services but no inpatient care			
**	Reopened under new ownership			
***	In receivership			
****	Looking for buyer to enable continuation of care			