

POLICY CHANGES THAT WILL SUPPORT RURAL HEALTH EQUITY IN TENNESSEE

POLICIES THAT WILL SUSTAIN ALL RURAL HEALTH SYSTEMS

- Enable global budgeting and adequate CMS reimbursement of other alternative health care delivery options that offer rural communities the opportunity to design rural health services that meet their needs.
- Provide grants for indigent hospital care through the Health Resources and Services Administration, using a mechanism similar to the funding of Federally Qualified Health Centers.
- Review and revise value-based care criteria and other CMS reimbursement structures to rural hospitals to reflect the disproportionately high number of senior, chronically ill, low-income and underinsured individuals that live in rural areas and the limited patient support resources available in rural hospitals and the communities they serve.
- Develop alternative funding streams for county-funded rural ambulance/emergency services and expanded emergency medical service response capabilities.
- Require Community Health Needs Assessments and Implementation Planning for all hospitals accepting Medicare, not just tax-exempt facilities.
- Increase Medicare reimbursement for telehealth services and provide telemedicine grants to rural communities needing to increase their connectivity.
- Require insurance carriers on the ACA exchanges to include hospitals across state lines in networks available to consumers living in rural border communities.
- Maximize federal coverage options for individuals living in non-expansion states by lowering Medicare age, removing ACA requirements that low-income families must enroll in employer-based insurance, providing a lower cost public options, and maintaining incentives for states to reconsider Medicaid expansion.
- Increase TennCare's supplemental hospital payments and provide maintenance-of-service payments to rural hospitals.
- Annually review Joint Annual Reports of Tennessee hospitals and provide analysis of financial health of community hospitals to community leadership.
- Invest in rural broadband infrastructure to maximize potential for telemedicine.
- Develop regionalized emergency call centers to promote collaboration among hospitals and public and private emergency health services to ensure all patients have timely access to appropriate care

POLICIES THAT WILL PREVENT MORE RURAL HOSPITAL CLOSURES IN TENNESSEE

- Continue Coronavirus Aid, Relief and Economic Security (CARES) Act funding for rural hospitals throughout the full duration of the pandemic to ensure their ability to contribute to the pandemic response. Extend repayment periods and use state funds if needed to assist in repayment of federal loans.
- Revisit the decision to reject Medicaid expansion funds to enable coverage of over 300,000 low-income Tennesseans.
- Require hospitals to notify community leadership in advance of significant changes in services.
- Extend Rural Hospital Transformation Act grants beyond 2021 and provide added funding for loans to hospitals to implement recommendations.
- Require insurers to include rural hospitals as in-network providers, restrict balance billing by contracted physician services at these hospitals, and streamline network licensing procedures to prevent prolonged gaps in services.
- Incentivize the opening and operation of opioid treatment centers in rural hospitals.
- Engage local health councils or other collaborations to support discharge and follow-up planning for patients without adequate social supports to improve outcomes.
- Provide support to rural hospitals to support outreach, community engagement, chronic disease management, and preventive health opportunities.

POLICIES THAT WILL ENABLE RURAL COMMUNITIES TO REBUILD HEALTH INFRASTRUCTURE

- Enable Federally Qualified Health Centers in communities without emergency room services to explore adding urgent care and emergency stabilization services.
- Create a rural health equity master plan and funding to incentivize the development of emergency medical stabilization sites so that no Tennessee resident is more than 20 minutes away from qualified medical emergency treatment for stabilization of trauma, stroke, and acute cardiac events.
- Intensify expansion of broad band infrastructure in rural areas to promote telemedicine options.
- Amend the Certificate of Need Program to facilitate the development of public/private partnerships to fund the development of innovate model rural health programs that will provide continuum of primary care, specialty care, acute care and rehabilitative care services for rural populations.
- Prioritize funding for improvements to roadways to link rural communities without emergency services to nearby hospitals.

