

Table 2. POLICY RECOMMENDATIONS FOR SUSTAINING TENNESSEE'S RURAL HOSPITALS

State Level Action

- Accept federal funds for Medicaid expansion to enable comprehensive health coverage for over 300,000 low-income uninsured Tennesseans.
- Reassess TennCare service reimbursements, value-based care, and supplemental payment systems to ensure that rural hospitals are fairly and sustainably compensated for care provided to disproportionately high number of low-income, uninsured, older, and chronically ill individuals that live in rural areas.
- Require hospitals to notify communities in advance of significant changes in services.
- Enable the Certificate of Need (CON) program or other agency to investigate failures of hospital operators to provide promised services and develop expectations for notification of communities and safe transitions in patient care and services in event of closure.
- Develop a comprehensive rural health services plan that enables the Tennessee Health Services and Development Agency or other state agencies to assist local communities in identifying the gaps in needed health services and designing innovative service options to fill these gaps.
- Invest in the development of free-standing emergency rooms, mini-hospitals, critical care centers, regionalized emergency transport and call center models in rural counties to ensure timely stabilization of trauma, stroke, and acute cardiac patients.
- Require insurers to streamline network licensing to prevent prolonged gaps in service and to include rural hospitals as in-network providers for appropriate services.
- Reform insurance laws to allow rural communities located near state borders to form multi-state insurance cooperatives and/or networks.
- Prioritize funding for improvements to roadways that link rural communities to hospitals through the Tennessee Department of Transportation.
- Expand broadband coverage throughout rural Tennessee.
- Provide targeted grant and investment opportunities in programs for the expansion of preventive care, primary care services, substance use disorders, behavioral health and oral health programs in distressed and at-risk rural counties.
- 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.
- Extend and expand Rural Hospital Transformation Act grants beyond the act's expiration date of July 1, 2021.

FEDERAL ACTION

- Re-evaluate federal funding streams for rural hospitals that accommodate rural Tennessee's disproportionately high number of low-income, uninsured, older, and chronically ill individuals that live in rural areas.
- Consider global budgeting and other options that offer rural hospitals in distressed counties payments which reimburse the costs of care regardless of patients' insurance coverage.
- Expand/reform the Affordable Care Act (ACA), while adjusting value-based care criteria to reflect the limited resources available in rural hospitals and the communities they serve.
- Allow families and individuals to purchase ACA plans regardless of employer-based offerings and provide incentives to non-expansion states to expand Medicaid to low-income adults
- Expand Medicare to more Americans
- Provide grants for indigent hospital care through Health Resources and Services Administration, using a similar mechanism to that which funds Federally Qualified Health Centers
- Develop alternative funding streams for county-funded rural ambulance/emergency services and for expanded emergency medical services (EMS) response capabilities.
- Fund telemedicine through reformed reimbursement strategies for public insurers
- Expand efforts to retain and recruit health care providers in rural communities.
- Increase funding for student loan repayment programs for rural health care providers.
- Continue Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for rural hospitals throughout the COVID-19 pandemic to ensure their ability to contribute to the pandemic response.
- Fund additional maintenance of service and/or supplement Disproportionate Share payments to rural hospitals.

- Continue Disproportionate Share Hospital and supplemental payments to communities after a hospital closes to fund alternative systems of care.
- Provide direct operational funding for rural hospitals that are sole community providers.

LOCAL GOVERNMENT AND REGIONAL COLLABORATIONS

- Fund Project Access programs in rural communities to link uninsured patients with hospitals and healthcare providers who are able to donate their services.
- Request state assistance in review of hospital ownership transfers, including verification of financing, experience in hospital management, maintenance of effort, and transparency.
- Require for-profit hospitals, in exchange for some tax relief, to conduct periodic Community Health Needs Assessments to document community benefit and provide annual reports to communities of their current service offerings and metrics of how each is meeting the needs identified in the Community Health Needs Assessment.
- Subsidize the costs associated with accreditation of rural hospitals.
- Educate communities regarding hospital reimbursement and financing.
- Encourage community members to support their local hospital.
- Sponsor training for all hospital board members on a routine basis through support to non-profit training entities.