Colorado Rural Health Center 2024 Policy Priorities

The 2024 CRHC policy priorities were developed through feedback from CRHC members and Board of Directors. Along with the CRHC Mission & Vision, these priorities will serve as a foundation for the CRHC Policy Program and are intended to guide lobbying and advocacy efforts throughout 2024. The following ranked priorities were determined by CRHC members during the annual policy priorities meeting and are discussed in greater detail with policy strategies below. Additionally, the policy strategies have been prioritized to provide CRHC with greater insight into which specific policies members would like our advocacy efforts focused on.

2024 CRHC Policy Priorities

1. **Reimbursement**
2. **Workforce**
3. **Regulatory Burdens**
4. **Behavioral Health**
5. **Consumer Healthcare Costs & Access**
6. **Physical Health**
7. **HIT & Technology**
8. **Oral Health**

1. Reimbursement

Rural healthcare facilities across Colorado serve as economic engines in their communities and were invaluable during COVID pandemic in their resilience while providing access to care. While finances improved during the pandemic because of government relief funds, rural healthcare facilities are facing renewed financial challenges as these funds have gone away, operation costs have increased, and a recession looms. These circumstances have created an unprecedented challenge for rural hospitals, and national industry forecasts have indicated rural hospital closures may significantly increase in the immediate coming years. In fact, sixteen rural hospitals in Colorado in 2023 were at risk of closure by currently operating with negative profit margins. To avoid closures and the catastrophic impacts they have on access to care and rural economies, decision makers must address underlying financial problems in rural healthcare delivery.

Reimbursement Policies:

1. Protect cost-based reimbursement for Medicare Advantage Plans.

2. Remove Medicare Sequestration.
3. Increase bad debt allowance.
4. Protect telehealth reimbursement by all payers.
5. Expand Medicare & Medicaid covered services.
6. Allow RHCs and CAHs to participate and value-based payment programs.
7. Support Reforms to the Colorado Option.

2. Workforce

A strong healthcare workforce is fundamental to providing quality, timely care in rural Colorado. Rural healthcare facilities must have sufficient providers, administrators, and support staff to operate sustainably and meet the care needs of their communities. Access to rural healthcare is dependent on the availability of healthcare professionals, but unfortunately the ongoing healthcare workforce shortage continues to be challenging for rural communities across Colorado.

The pandemic and subsequent economic crisis have caused significant challenges for Colorado's healthcare system and exacerbated the workforce shortage across multiple disciplines and sectors of the healthcare industry. While the pandemic has had lasting impacts on the healthcare system across the state, rural Colorado is experiencing the most severe workforce turnover and shortages. Even before the pandemic, rural communities faced challenges in recruiting an adequate workforce, facing an aging healthcare workforce and population and the challenges presented by constantly changing state and federal healthcare reforms. As a result, these communities experience reduced access to primary care services and exhibit poorer health outcomes, and facilities struggle to meet staffing requirements. Rural healthcare facilities have been forced to face these challenges by employing cost-prohibitive traveling providers, cutting services, requiring patients to travel long distances for care, and relying more heavily on costly air and ambulance services.

To combat these challenges, rural healthcare facilities must be proactive and strategic about recruiting and retaining primary care personnel, which is a challenge considering current financial instability and competition from urban facilities. Therefore, state and federal support is necessary to make a substantial, statewide impact on healthcare workforce shortages.

Workforce Policies:

1. Provide assistance to supplement employee wages.
2. Offset employee housing costs.

3. Increase and improve loan repayment options.
4. Increase investments in the healthcare workforce pipeline.
5. Large-scale housing projects
6. Address licensure restrictions for APP
7. Address locums through regulation or support to offset costs.

3. Regulatory Burdens

There are many contradictory and constantly changing state and federal regulations that complicate healthcare administration in rural areas. Many rural healthcare facilities struggle to keep their doors open with current funding and staffing, which leaves few resources to address and comply with constantly changing quality and payment programs. Policymakers must consider unintended consequences and the capacity of rural healthcare facilities when creating changes to regulatory frameworks.

Rural hospitals are willing to participate in the collection and submission of data to highlight the quality of care being provided at their facilities. However, rural healthcare facilities face challenges to participating in these programs, including workforce shortages for both providers and administrative staff, lack of information technology resources, limited resources available for quality improvement, and serving a more vulnerable population. The complex patchwork of requirements, which often conflict with or duplicate one another, comes from all levels of government as well as insurance companies. Considering these barriers, rural healthcare facilities must receive incentives, funding, and technical support to meet the requirements of mandated quality programs.

In addition to regulatory burden from state and federal programs, rural healthcare facilities face challenges from payers, including Medicare, Medicaid, and private payers. These challenges include delays for prior-authorizations, delays for payments, and audits to payments. These delays present barriers to access to care and cost healthcare facilities valuable staff resources.

Regulatory Burden Policies

1. Address prior-authorization denials and delays, especially by Medicaid and Private Payers.
2. Standardize quality program reporting.
3. Address challenges with the Medicaid RAC Program.
4. Reduce redundancy in quality and payment programs.
5. Address challenges with surveyors.

4. Behavioral Health

Rural Coloradans experience higher rates of depression and suicide than people who live in urban areas, but they are less likely to access mental health care services. Providing mental health services can is challenging in rural areas for several reasons. Rural residents often travel long distances to receive services, are less likely to be insured for mental health services, and providers are less likely to recognize a mental illness. Stigma related to needing or receiving mental healthcare in small communities persists and can make the already small pool of providers even smaller.

Youth behavioral health is another ongoing concern in rural Colorado. Rural youth are twice as likely than urban youth to attempt suicide. The NIH reports 64% of all U.S. counties had at least one mental health facility serving young people. However, only about 30% of rural counties had such facilities. Suicide prevention services were also much less likely to be offered in rural counties.

Substance abuse has long been prevalent in rural areas, with a renewed focus on the issue in the wake of the COVID pandemic. Isolation and economic strife related to the pandemic disproportionately impacted rural Coloradans, resulting in increased use of substances. As a result, rural adults have higher rates of alcohol abuse, tobacco use, and methamphetamine use, while prescription drug abuse and heroin use has grown in towns of every size. Substance abuse can be especially hard to combat in rural communities due to limited resources for prevention, treatment, recovery, and stigma related to the issue.

Behavioral health has become an increasingly urgent priority for CRHC members, especially since the pandemic. The following behavioral health policy priorities have been identified by CRHC members:

1. Address mental health workforce shortages.
2. Increase resources for mental health crisis response in rural healthcare settings.
3. Support resources for treatment and referral.
4. Support increased coverage for behavioral health services.
5. Address licensure and credentialing delays for behavioral health providers.

5. Consumer Healthcare Cost Policies

Rural Coloradans face some of the highest healthcare costs in the state. In fact, rural Coloradans experience health insurance premiums 32% higher on average than urban Coloradans. However, legislative remedies to these issues have painted all healthcare providers with the same brush, rather than recognizing the distinct differences among diverse types of healthcare providers and the communities they serve. As a result, rural healthcare providers are being unfairly targeted and over-regulated, which may have the inverse impact of increasing consumer healthcare costs by driving up the cost of providing care. Rural hospitals understand and support the need for regulations, data collection and the move toward value-based payments to protect patients and promote quality care. But the administrative burden that comes from many of these initiatives becomes unfunded mandates for rural hospitals and place an extreme amount of bureaucratic burden that drives up cost while not always benefiting patients or communities.

In addition to regulatory burdens that drive up healthcare costs for rural consumers, rural Colorado healthcare providers serve patients with higher rates of public insurance which have subpar reimbursement rates, and as a result many of these facilities are dependent on private coverage to remain solvent. Lower volumes in CAHs and RHCs lead to less leverage to negotiate with private carriers, resulting in rural healthcare providers being paid lower rates and longer wait times for approvals and credentialing.

CRHC can support a variety of policy strategies to control patient healthcare costs that target both reducing healthcare facility regulatory burdens and increasing competition with carriers.

Consumer Healthcare Cost Policies

1. Increase leverage for rural providers to negotiate better rates from private insurers.
2. Oppose creation or expansion of policies/programs that increase reporting and regulatory burdens.
3. Pursue support for increased administrative burden of HDC and other mandated programs.
4. Support improvements to network adequacy standards.
5. Address challenges with the Hospital Discounted Care program.

6. Primary Care

Patients with affordable, continuous access to primary care services have better health outcomes and reduce healthcare spending across payers. Unfortunately, primary care in rural Colorado is impacted by barriers related to workforce shortages, including a lack of physical, mental, and oral health providers, affordability, transportation, health literacy and language barriers.

Additionally, the definition and practice of primary care is evolving across Colorado and the United States. Once limited to only physical health and independent organ systems, Colorado now defines primary care as a practice that deals with the individual rather than an organ system or an abnormal physiology and provides an array of services covering the preventive, diagnostic, and therapeutic needs of patients, including referral and coordination of care to the services. The new integrated approach to primary care presents an exciting frontier for whole-person care, however, funding and regulations for primary care in rural areas have not evolved at the same pace.

Sustainable funding, regulations that support integration, transportation options, and unique workforce solutions are needed to address primary care access and affordability disparities in rural Colorado.

Primary Care Policies

1. Support rural primary care training programs.
2. Reduce or remove caps on Medicare coverage for physical therapy, occupation therapy, and speech therapy services.
3. Pursue resources to support the Medicaid unwind population.
4. Reduce transportation barriers.

7. HIT & Telehealth Polices

Telehealth can be a valuable tool for rural healthcare providers in expanding access to care. Telehealth can drive volume, increase the quality of healthcare, and reduce overall costs by reducing readmissions and avoidable emergency department visits. Telehealth has many applications in rural health delivery, including mental health services, specialty care, chronic care management, telepharmacy and language interpretation services, among others.

Rural healthcare facilities quickly stood up telehealth platforms in the wake of public health emergency to ensure patient access and counteract revenue losses. To expand access to telehealth from patients' homes and increase provider flexibility, laws, reimbursement policies, and regulations were temporarily changed through emergency public health orders. To continue the momentum of telehealth utilization in rural healthcare settings, many of the emergency changes should remain permanent. Additionally, barriers such as equipment and licensing costs and access to broadband must be addressed.

Health information technology (HIT) can improve the quality, safety, effectiveness, and delivery of healthcare services in rural communities. However, implementing, maintaining, updating, and optimizing HIT can be an ongoing challenge for rural facilities and providers

with limited resources and expertise. As healthcare information systems continue to advance, rural healthcare facilities will need to share data and patient information by connecting to a health information exchange (HIE). Full access to relevant health information leads to better outcomes for patients through better access to, and availability of their health information, improved care team communication and coordination, and reduced healthcare costs. Ongoing technical and funding support for rural healthcare facilities to utilize HIEs is necessary to establish a sustainable model for rural connectivity.

Both telehealth and HIT utilization are dependent on reliable, affordable broadband connectivity. Rural Coloradans have disparate access to broadband compared to urban Coloradans due to a lack of investment in many geographically isolated areas of the state. It is very cost-prohibitive for internet service providers to make some of the investments necessary to expand access, so state and federal support are necessary.

The following policy priorities identified by CRHC members are intended to increase access to telehealth and broadband and encourage the use of HIT and HIE in rural healthcare settings.

1. Support Rural Connectivity Project funding and expansion.
2. Increase and/or protect telehealth reimbursement.
3. Increase broadband expansion and access funding.
4. Ensure telehealth does not replace in-person visits when appropriate.
5. Support investments in rural telehealth and HIT equipment/infrastructure.

8. Oral Health

Physical, oral, and mental health are all interconnected. Coloradans experiencing poor oral health were more likely to experience fair or poor overall health. The regular preventive care of the teeth and gums is important in maintaining quality of life and overall health, playing a role in controlling diseases such as diabetes and heart disease. Yet, rural communities often lack adequate oral healthcare and subsequently miss the benefits of good oral health as well. Several factors have been well documented as contributing to the oral health challenges of rural America, included reduced access to dental care, less oral health literacy, less access to fluoridated water and increased use of risk behaviors, such as tobacco and drug use.

In rural Colorado, these factors are exacerbated by an extreme lack of both dental providers, and more importantly, dental providers who accept Medicaid. Data indicates that Coloradans enrolled in Medicaid utilize dental services at lower rates than those with private insurance. Most dental offices who accept Medicaid are located along the Front Range. And in many parts

of the state, there is no dentist within a 15-minute drive. Only 19 of 47 rural counties (40%) have at least one low fee dental clinic that offers dental care on a sliding fee scale to individuals who are unable to afford treatment.

As a result, 20.2% of rural adults reported poor oral health compared to 16.6% of urban adults, and adults in rural areas have twice the prevalence of tooth loss vs. urban adults. To address oral health access and outcome disparities in rural Colorado, the following policy priorities have been identified by CRHC members.

1. Address barriers to integrating oral health into primary care settings.
2. Increase oral health Medicaid providers.
3. Support rural oral health training programs.