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2022 Rural Health Policy Priorities

Invest in Rural Health Programs

- Restore full funding (\$16.2M) to the Rural Health Network Development & Rural Access Hospital Programs

Empanel the Rural Health Council

- Nominate members

Enhance State support for Rural EMS

- Empanel the Rural EMS Task Force
- Support Community Paramedicine
- Update the 2017 EMS Medicaid Rate Adequacy Study
- Increase the Volunteer Tax Credit

Repeal the 340B Pharmacy benefit Medicaid Managed Care carve-out

- Reject the Medicaid Redesign plan

Ensure Adequate Public Health Infrastructure

- Increase Article 6 funding
- Fully fund the 2019 Lead mandate
- Support pathology & toxicology services provided by Counties
- Consider Public Health as a “first responder” that are on the front lines in the defense against disease

Support Mental & Behavioral Health

- Support providing behavioral health services in pediatric care settings & in schools
- Implement 5.4% cost-of-living increases
- Develop the 9-8-8 crisis response system

Support Aging & Disability Services

- Increase funding for home care and community-based programs
- Provide needed resources to nursing homes and other residential facilities
- Expand accessible supportive housing

Expand Rural Broadband & Telehealth

- Require telecom companies to serve more rural communities
- Enact reimbursement parity for audio-only and audio-video visits when clinically appropriate

Promote Workforce Recruitment, Training & Retention

- Fund student loan repayment
- Facilitate regulatory change to permit more professionals to practice in NYS
- Support Area Health Education Centers (AHECs)
- Reinforce the Executive Budget’s cost-of-living and retention bonus plan

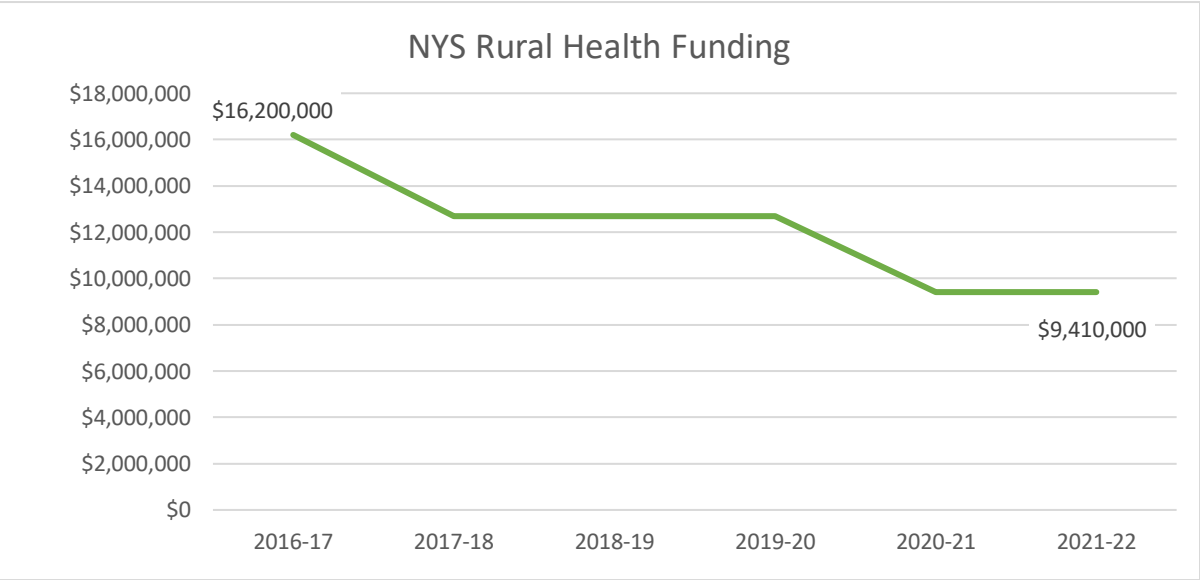
NYSARH's 2022 Rural Health Policy Priorities

Invest in Rural Health programs

- **Restore full funding (\$16.2M) to the Rural Health Network Development & Rural Access Hospital Programs**

The Rural Health Network Development and Rural Access Hospital Programs are two programs funded through the NYS Department of Health's Charles D. Cook Office of Rural Health. Funding for Rural Health Networks and Rural Access Hospitals was \$16,200,000 in 2016-17. Over the last several years, the Executive Budget has repeatedly cut funding for these two programs. Some years the legislature has restored the proposed cuts, but these two programs are still \$6,790,000 short of their original funding level.

The Executive Budget proposes \$9,410,000. The Legislative Appropriation (thank you!) adds \$1,200,000, but still falls short of full funding. Now is the time to restore funding to support rural health care access, disease prevention, health education, workforce support and quality improvement that enhance quality of life.



Empanel the Rural Health Council

- **Nominate members**

The goal of Chapter 419 of the Laws of 2017 is to have the Rural Health Council provide a firsthand perspective, guidance, and expertise on rural health challenges and issues. The newly designated council will advise the state Department of Health on all aspects of rural health care, hold at least two statewide public hearings annually, and be required to submit a yearly report to the state's ten Regional Economic Development Councils on the status of the health care workforce in rural areas statewide. Both the Senate and Assembly need to nominate members who will serve.

Enhance State Support for Rural EMS

Access to emergency medical response in rural communities is currently threatened by inadequate reimbursement from insurers, particularly from Medicaid, and the decline of volunteerism. Rural EMS has historically depended on volunteer staff but as numbers of volunteers continue to drop, agencies are forced to take on more paid staff. However, because of insufficient reimbursement and increased costs budgets have little room for hiring new drivers, EMTs, and paramedics, often leaving stations understaffed and current staff overworked. Due to declining EMS financial health, paid rural EMS staff are many times paid less than employees at fast food restaurants, despite working in a high-stress environment, completing required hours of training, and acquiring various levels of certifications.

- **Empanel the Rural EMS Task Force**

Recently, the Governor signed legislation championed by Senator Michelle Hinchey and Assemblymember Angelo Santabarbara to create a Rural EMS Task Force. Now it needs to be populated and convene.

- **Support Community Paramedicine**

Authorize Community Paramedicine to allow Paramedics and Advanced EMT -level personnel to provide and be compensated for community-based care that does not require transport

- **Address Payor Issues**

- Update the 2017 EMS Medicaid Rate Adequacy Study
- Increase Medicaid ambulance fees to match Medicare rates; add an additional year to the current rate increase
- Address Medicare/Medicaid 'cross-over billings'

- **Incent and reward the EMS workforce**

- Increase the Volunteer EMT Tax Credit
- Provide more EMS training via webinar and remote locations to facilitate rural participation
- Increase State funding for EMS training and fund mileage reimbursement for EMS practitioners to attend training
- Ensure that EMTs are included healthcare wage enhancements and retention bonuses

- **Support integration of EMS patient data into the electronic health record repository (SHIN-NY)**

Repeal the 340B Pharmacy benefit Medicaid Managed Care carve-out

Section 340B of the Public Health Service Act requires pharmaceutical manufacturers participating in Medicaid to sell outpatient drugs at discounted prices to health care organizations that care for many uninsured and low-income patients. These organizations include community health centers, children's hospitals, hemophilia treatment centers, critical access hospitals, sole community hospitals, rural referral centers, and public and nonprofit disproportionate share hospitals that serve low-income and indigent populations. The 340B program allows these participants to stretch limited federal resources in order to create the following benefits:

- *Keep prescription prices affordable for lower-income patients*
- *Provide free care for uninsured patients*
- *Offer free vaccines*
- *Provide mental health services*
- *Enable HIV+ and other patients with chronic conditions such as diabetes to access necessary treatment*
- *Implement various outreach, support and education programs to increase access to care, enhance wellness, and prevent chronic disease*

The 340B program is funded by a small percentage of pharmaceutical profits, NOT the government.

- **Reject the Medicaid Redesign plan**

The Pharmacy Carve-Out MRT II initiative was designed to move the pharmacy benefit for over 5 million Medicaid managed care members back to fee-for-service. The FY 2022 Enacted Budget delayed the transition of the Medicaid pharmacy benefit by two years, until April 1, 2023.

Support Public Health Infrastructure

Our County Health Departments are the backbone of the Public Health system in NYS, and they have been working diligently to address the current Public Health Emergency since Day One. They deserve our respect, and the resources and staffing to do the job they are statutorily mandated to do.

- **Increase Article 6 funding**

There has been a lack of investment for years. Counties are understaffed and face thousands of retirements in the near future

- **Fully fund the 2019 Lead mandate**

Lead poisoning causes irreversible damage to young children. Fully fund lead surveillance and abatement programs based on the updated 2019 mandate

- **Support pathology & toxicology services provided by Counties**

Public health practitioners learn about disease from toxicology and pathology investigations; often the cause of death is more complicated than it initially appears. Provide funding for Medical Examiners.

- **Consider Public Health as a “first responder” on the front lines of the defense against disease**

As new diseases continue to emerge, now more than ever, NYS needs to support a robust public health system. Readiness is the hallmark of public health.

Support Mental and Behavioral Health

During COVID we all became more aware of the stress and anxiety experienced by our children. It is important that children receive mental health services in a child-friendly setting. One of the greatest challenges of the Human Service sector was our long-term need for a cost-of-living adjustment (COLA). The COLA is for voluntary operated providers of services for OPWDD, OMH, OASAS, OCFS, OTDA and SOFA and to provide immediate relief to providers. Implementation of a 9-8-8 crisis line is scheduled to begin this year.

- **Support providing behavioral health services in pediatric care settings & in schools**
Authorize and fund mental health services for children in pediatric offices and schools.
- **Implement 5.4% cost-of-living increases**
Approve the Executive Budget 5.4% COLA for Human Services as well as the proposed Retention Bonuses
- **Develop the 9-8-8 crisis response system**
Support the development of a robust 9-8-8 crisis response system for mental/behavioral health emergencies

Support Aging and Disability Services

Few programs have been affected by COVID more than aging and disability services. Populations already vulnerable, often with pre-existing conditions, continue to struggle with staffing shortages and social isolation. Funding for the home-visiting workforce should recognize the true cost in rural communities. It is important to support BOTH residential and community-based care. The whole continuum needs to function well to be prepared for the aging baby boomers at its doorstep.

- **Increase funding for home care and community-based programs**
Home and community-based services include:
 - Rehabilitation therapies
 - Home care
 - Personal assistance
 - Habilitation
 - PACE programs
 - Hospice – comfort care
 - Consumer-directed services
- **Provide needed resources to nursing homes and other residential facilities**
Residential facilities include:
 - Nursing Homes
 - Assisted Living
 - Group Homes
- **Expand accessible supportive housing**
There is a need for more accessible and affordable housing

Expand Rural Broadband and Telehealth Options

The FCC has allowed telecom companies to utilize a flawed formula to calculate coverage. The Reimagine New York Commission did extensive outreach and analysis and determined that 20% of New Yorkers do not have access to Broadband. This number is as high as 50% in some rural communities. Broadband has become an essential utility to preserve rural lifestyles. Without access to broadband, the population of rural counties will continue to shrink. The medical and behavioral health sector was moving toward telehealth services before the pandemic, but the adoption of telehealth options has greatly accelerated. This has permitted multiple parallel rapid cycle quality improvement efforts to occur all over the State, improving our collective understanding of best practices.

- **Require telecom companies to serve more rural communities**

Change the formula for calculating coverage and require telecom companies to serve less-profitable communities.

- **Enact reimbursement parity for audio-only and audio-video visits when clinically appropriate**

Permanently allow and require adequate insurance reimbursement for audio-only telephonic as well as for audio-video visits when clinically appropriate.

Promote Workforce Recruitment, Training & Retention

Rural clinicians are retiring and have difficulty recruiting young providers to more remote settings. Governor Hochul has proposed some bold strategies that NYSARH supports in concept. NYSARH believes we need to offer more opportunity for young New Yorkers who already live in rural settings to train for a bright future in healthcare and affiliated careers.

- **Fund student loan repayment**

Support programs that encourage, recruit, train, incentivize and support the rural health and human services workforce. Health Workforce programs include

- Doctors Across New York
- Nurses Across New York [proposed]
- Diversity in Medicine
- Rural Residency Programs
- Primary Care Service Corps
- J-1 Visa Waiver Programs
- Take a Tour
- Health Workforce Retraining Initiative

- **Support Area Health Education Centers (AHEC)**

The State's 9 Area Health Education Centers (AHECs) encourage people, and particularly people of color, to enter the health professions

- **Facilitate regulatory change to permit more professionals to practice in NYS**

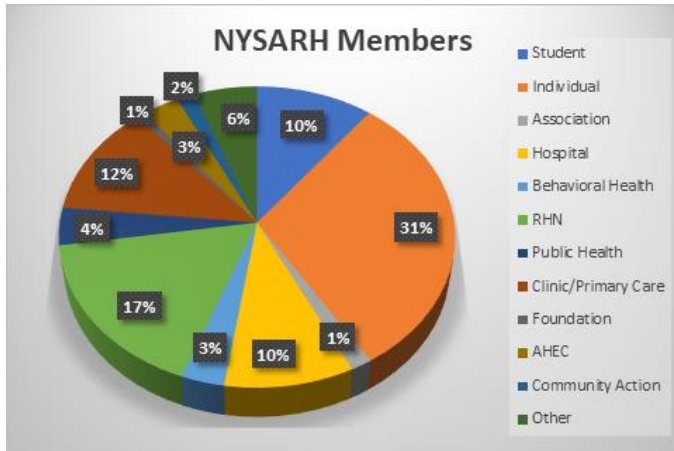
Support recognition of out-of-state licenses

- **Support the Executive Budget's cost-of-living and retention bonus plan**

Support the workforce initiatives outlined by the Governor

The mission of NYSARH is to improve the health and well-being of rural New Yorkers and their communities.

The New York State Association for Rural Health (NYSARH) is a statewide membership organization founded in 2001 with a mission to improve the health and well-being of rural New Yorkers and their communities. As a not-for-profit, non-partisan, grassroots organization affiliated with the National Rural Health Association, NYSARH provides leadership and advocacy at the national and state levels, serving as a critically important "voice for rural health."



NYSARH has members from all over the state, including government agencies and officials, private, not-for-profit organizations, and private, for-profit entities. They are also consumers and a wide range of health and human service providers, including hospitals and other healthcare facilities, emergency medical service providers, and long-term care organizations, as well as businesses, universities, foundations, associations, and other stakeholders in rural health. NYSARH

members foster collaboration to improve access to and the quality of healthcare for rural residents. We work with other organizations to bolster the economic vitality and strengthen the social determinants of health in rural communities.

NYSARH is overseen by an active Board of Directors. Most of the activities of the organization are conceived and implemented through the volunteer efforts of several board committees, frequently in collaboration with other statewide Associations.

New York State defines a county as being rural if it has a population of less than 200,000. The scope of NYSARH includes all rural counties in New York State.

- Fewer than 50,000 residents: Allegany, Cortland, Delaware, Essex, Greene, Hamilton, Lewis, Orleans, Schoharie, Schuyler, Seneca, Wyoming, Yates
- 50,000 – 100,000 residents: Cattaraugus, Cayuga, Chemung, Chenango, Clinton, Columbia, Franklin, Fulton, Genesee, Herkimer, Livingston, Madison, Montgomery, Otsego, Putnam, Steuben, Sullivan, Tioga, Warren, Washington, Wayne
- 100,000 – 200,000 residents: Broome, Chautauqua, Jefferson, Ontario, Oswego, Rensselaer, St. Lawrence, Schenectady, Tompkins, Ulster



For more information about NYSARH, please visit our website at www.NYSARH.org or contact us via email at Info@NYSARH.org