WISCONSIN HOSPITAL ASSOCIATION
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WHA Comments on House Ways and Means Request for Information on Improving Access to Health Care in Rural and Underserved Areas

On Oct. 5, WHA responded to a request for information from the U.S. House Ways and Means Committee on Improving Access to Health Care in Rural and Underserved Areas.

WHA focused its comment letter on seven recent areas of federal advocacy for rural health care:

- **Recommending Congress re-evaluate the Medicare Wage Index** given examples of politicians manipulating it to benefit certain states at the expense of others like Wisconsin, including the "Bay State Boondoggle" and imputed rural floor.
- **Improving Medicare Behavioral Health Reimbursement for Distinct Part Units attached to Critical Access Hospitals (CAHs).** While policymakers continue to tout the need for expanded access to behavioral health care, paying these units at a rate lower than Medicare pays the rest of the services at the hospital disincentivizes this type of care, and in fact pulls away resources from these hospitals.
- **Making the Medicare Low Volume Adjustment and Medicare Dependent Hospital Program permanent and reopening Necessary Provider Status for CAHs.** These programs help sustain rural "tweener" hospitals, but short-term extensions lead to unnecessary stress and uncertainty for these hospitals. Additionally, Congress could further aid some of these hospitals with very low volumes by restoring the option of allowing them to convert to critical access hospitals under the necessary provider status that existed prior to 2006.
- **Bringing back COVID waiver flexibility for the CAH 96-Hour Rule and Nursing Home 3-day Stay Rule.** These waivers that existed during the public health emergency helped hospitals provide better care closer to home. They also helped expedite transitions to rehabilitative nursing home care while expanding hospital capacity to treat patients that truly need higher-acuity hospital care.
- **Adequately funding and providing flexibility for Rural Health Clinics (RHCs).** Congress could help sustain and expand health care services in rural areas by restoring the higher reimbursement hospital-based rural health clinics received prior to changes made by Congress in 2021. They could also expand access to behavioral health and dental care by allowing such care to count toward an RHC's primary care threshold that requires 51% of its services to be primary care, but currently excludes such services from the definition of primary care.
- **Protecting Health Professional Shortage Area designations (HPSAs).** Wisconsin hospitals benefit from being located in HPSAs but the federal agency overseeing the program has announced it will be withdrawing a large number of hospitals from these designated HPSA areas.
- **Abandoning site-neutral payment policies.** These policies would pay safety-net hospitals and their affiliated outpatient departments the same rate as independent clinics that do not have to fund safety-net services such as 24/7 emergency and inpatient care and that do not serve the same level of Medicaid and Medicare patients. Site-neutral payment cuts have had a disproportionately high impact on rural, tweener hospitals.

WHA also invited committee members to visit Wisconsin hospitals to hear directly from our leaders and gather ideas aimed at expanding access to high-quality rural health care.

You can read the full letter here.

Other Articles in this Issue

- WHA Comments on House Ways and Means Request for Information on Improving Access to Health Care in Rural and Underserved Areas
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