

2012 POLICY AND LEGISLATIVE PRIORITIES

Protect Funding for Rural Providers and Facilities

Colorado's rural and frontier communities rely on an under-resourced network of healthcare providers and facilities. The rural healthcare delivery system includes Critical Access Hospitals (CAHs), rural hospitals, Rural Health Clinics (RHCs), Community-funded Safety Net Clinics, Federally Qualified Health Centers, long term care, mental health organizations, public health departments, and emergency medical service agencies as well as private practices with dentists, physicians, physician assistants, and nurse practitioners. Colorado cannot afford to shortchange rural providers and facilities by reducing or delaying Medicare or Medicaid reimbursements. Cutting already-low public insurance rates for primary care providers threatens the viability of many rural practices and diminishes access to care for thousands of rural Coloradans. CRHC will continue to work with our partner organizations to protect Medicare and Medicaid reimbursement for all providers, particularly those serving rural and frontier communities, and minimize any proposed reductions.

Practitioners face great uncertainties as a result of the many changes in healthcare that are occurring at the state and federal levels. Colorado has continued to chip away at Medicaid provider rates and is redesigning how the program will be managed and how care is provided through the Accountable Care Collaborative. New initiatives, regulations, and proposals to change Medicare and Medicaid are flowing out of Washington DC at a rapid pace as the nation addresses its fiscal issues and also implements various aspects of federal health reform. CRHC will remain engaged in state and federal efforts toward payment reform and changes in service delivery models to ensure these proposals are compatible with the rural delivery system and that rural providers and facilities have opportunities to fully participate.

Expand the Rural Healthcare Workforce and Support Innovative Models of Care

Colorado's rural and frontier communities do not have an adequate supply of providers to meet their current and future healthcare needs. While approximately 20 percent of Colorado's population lives in rural counties and communities, only about nine percent of all physicians practice in rural communities¹. Oral and behavioral healthcare professionals are also in short supply in rural and frontier communities, with the majority of these professionals working in the Front Range area. State and federal efforts to expand access to health insurance coverage may further increase demand for services, as newly insured adults and children seek healthcare.

CRHC will engage in diverse strategies and partnerships to expand the rural healthcare workforce to ensure that rural Coloradans have access to comprehensive, affordable, high quality healthcare including supporting Colorado's loan repayment program Colorado Health Service Corps. CRHC will also support communities as they adapt their healthcare systems and facilities to develop new models of care that meet local needs, including community paramedics, expansion of telemedicine, and models such as frontier extended stay clinics.

Thoughtful expansion includes understanding the current supply of providers and proactive planning for the future. Toward this end, CRHC will support efforts to collect meaningful data on healthcare workforce through the state licensure system. CRHC will continue to serve on the Colorado Health Professions Workforce Policy Collaborative to develop and promote policy strategies and solutions.

¹ Colorado Health Institute (Jan. 2010) Workforce Data Elements: <http://www.coloradohealthinstitute.org>

Build Support for Rural Health Clinics and Community-Funded Safety-Net Clinics

Colorado's healthcare safety net system is comprised of many partners including Rural Health Clinics (RHCs), Community-Funded Safety Net Clinics (CSNCs), Federally Qualified Health Centers, School Based Health Centers, Behavioral Health Centers, and Critical Access Hospitals. All of these partners play important roles; however RHCs and CSNCs continue to be disadvantaged due to their limited ability to access funding that is available to other safety net providers. In partnership with [ClinicNET](#), CRHC will continue to build support for RHCs and CSNCs by engaging and educating elected officials and policymakers about these clinics and their efforts to deliver high quality, patient centered healthcare services in rural and underserved areas of Colorado.

Promote Affordable Health Insurance Options that Work for Rural Coloradans

Colorado's rural and frontier counties have a higher rate of uninsured individuals than its urban counties. Rural Coloradans face additional challenges in obtaining affordable health insurance due to a large number of small businesses in rural communities, higher costs for individual and small group plans, and limited availability of plans. As Colorado takes steps to improve the accessibility and affordability of health insurance through the development of a state health insurance benefit exchange, CRHC will continue advocating for system improvements that are feasible for rural Coloradans and address their needs.

Monitor Federal and State Regulatory Impacts on Rural Providers

Recent statutory and legislative changes in Colorado and Washington DC that are shifting the healthcare delivery landscape frequently result in regulatory changes. Implementing federal healthcare reform will require the state to also revise some regulations to Colorado's programs. CRHC will closely monitor proposed regulatory changes at the state and federal levels and, in collaboration with our members, will analyze their impact on rural providers and develop recommendations to ensure regulations appropriately support the rural healthcare delivery system.

Expand Rural Access to Health Information Technology

Health Information Technology (HIT), the use of computers and computer network systems to store, protect, retrieve, and transfer clinical, administrative, and financial information electronically within healthcare settings, is one of the most significant elements of the healthcare reform.² HIT is quickly becoming an essential element in safe and effective healthcare delivery, ranging from pre-acute episodes with emergency medical services to home monitoring, long term care, and post-acute services. Confidential and protected access to medical information allows rural providers, already limited in number, to optimize their efforts and reduce overutilization of scarce healthcare services.

The current infrastructure of rural Colorado may not be sufficient to meet the needs of the population. Broadband access, technology, and resources are lagging in rural Colorado. Without adequate broadband capabilities, rural providers and facilities cannot fully utilize whatever HIT is available nor can they adequately link to the state's health information exchange. CRHC is working collaboratively with multiple partners to ensure rural Colorado is not left behind as our state moves forward with HIT. CRHC recognizes the incentive funding gaps that exist in the current legislation (Health Information Technology for Economic and Clinical Health Act, or HITECH Act) for RHCs, CSNCs, and CAHs and will continue to encourage state and federal legislation and regulatory changes to ensure all clinic providers in these settings are eligible for funding.

² National Organization of State Offices of Rural Health (2009). *Platform for Supporting SORH Efforts to Improve Health Care in Rural America*.