

## NARHC Pitches RHC Modernization Legislation on Capitol Hill



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On September 20th, a small contingent of individuals from across the Rural Health Clinic (RHC) community and country came to Washington D.C. for a series of meetings with Congress on modernizing the RHC statute. This “fly-in” was organized and coordinated by NARHC as part of an effort to build support for legislation that we hope will pass this year or early next year.

Jeff Harper from the RHC consulting firm inQuiseek was one of the attendees. “For NARHC’s first Fly-in,” Jeff tells me, “we were encouraged by the welcome we received from each legislative office. The Hill expressed a real interest in knowing more about RHCs and how they can assist us in providing healthcare to the rural communities we serve and they represent.”

The RHC community already knows this, but the RHC statute is in dire need of modernization. As we explained to Congress, medicine has evolved since 1977, but RHC laws have not. A tentatively titled “RHC Modernization Act of 2018” is currently circulating around the Hill in draft form and it addresses many of the outdated aspects of the RHC statute.

While healthcare issues are often very controversial, we have heard that modernizing the RHC program is by-and-large a popular and bipartisan issue. I asked Amanda Shelast, a Regional Clinic Director for Aspirus in Michigan, to gage how she thought her meetings went.

“I had the honor of hitting Capitol Hill with Teresa [Treiber] from Spectrum Health in Michigan.” Amanda explains, “In speaking with each of the offices, we felt good about gaining support and traction for our modernization proposals.”

The draft bill includes vital updates to the RHC statute such as raising the cap on RHC reimbursement & allowing RHCs to bill as distant site providers under the Medicare telehealth benefit. The legislation also fixes outdated provisions such as the RHC lab requirements and certain physician supervision rules in PA-led or NP-led clinics.

Dr. Keith Davis from Shoshone Family Medical Center in Shoshone Idaho gave me an upbeat report.

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“All NARHC recommendations seemed straightforward to the staffers,” Dr. Davis writes, “even section 6 (to raise the RHC cap incrementally) made sense to the staffers, given that traditional Medicare will exceed the RHC rate by 2019 if nothing is done. Clearly NOT the intent of the RHC program!”

Looking forward, our objective is to build additional support for this legislation in Congress. In order to do that effectively, we will need help from you ~ the RHC community. As always, we encourage RHCs to reach out to their Members of Congress and engage them on RHC issues as often as they can.

Additionally, once the legislation is formally introduced, we will be organizing a grassroots advocacy campaign whereby we will be asking Members of Congress to cosponsor and support the legislation. Your participation will be crucial to that campaign’s success. Please be on the lookout for info from NARHC regarding the next steps.

Finally, I would like to acknowledge and thank everyone who volunteered their time and money to come to Washington D.C. to advocate for Rural Health Clinics:

- Angie Charlet – Illinois
- Dr. Keith Davis – Idaho
- John Gill – Florida
- Patty Harper – Louisiana
- Jeff Harper – Louisiana
- Kate Hill – Pennsylvania
- Charles James – Missouri/Illinois
- Jennifer O’Riley – Texas
- Amanda Shelast – Michigan
- Teresa Treiber – Michigan

