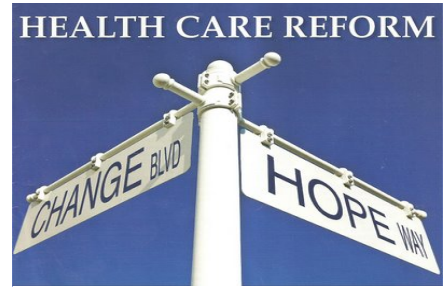


# The Fight to Modernize the Rural Health Clinics Program

*As I hope you are all aware, we are working extremely hard to pass the Rural Health Clinic Modernization Act through Congress. This legislation will modernize outdated RHC rules and raise the cap or upper payment limit on Medicare reimbursement for rural health clinics.*



As soon as the Rural Health Clinic Services Act was signed into law by President Jimmy Carter in 1977, the world was a dramatically different place.

In 1977, Star Wars first premiered, the average house cost \$49,300, and Apple Computers launched the Apple II.

In 1977, hospitals still received “cost-plus” reimbursement from Medicare while the Physician Assistant and Nurse Practitioner professions were still in their infancy not yet recognized by Medicare.

In 1977, the [average page length](#) of a Congressional bill was 8.5 pages. The Rural Health Clinic Services Act itself, is only 7 pages long.

I can go on, but you get the point. While the world has changed, the laws governing the rural health clinic program have not kept up.

Unfortunately, the legislative realities of 2019 mean that the [Rural Health Clinic Modernization Act](#), (H.R. 2788, S. 1037) has no chance of being signed into law ~ at least by itself. Instead, the path forward for us involves being included in a larger “must-pass” legislative package. These so-called “must-pass” bills are necessary to keep the very basics of the government operational.

For instance, Congress must pass a debt ceiling increase in September in order to avoid defaulting on our spending obligations. Congress must also pass FY 2020 appropriations bills before October 1<sup>st</sup> to avoid a government shutdown. Furthermore, there are several federal healthcare programs that are set to expire this year such as the National Health Service Corps unless Congress extends their funding.

These bills could be split apart and passed independently or packaged together in an “omnibus” style bill. Those legislative decisions will be made by Congress and are above our paygrade. However, all these items (debt ceiling, government funding, healthcare extenders) must be addressed via legislation this fall and therefore represent opportunities for us to pass the Rural Health Clinic Modernization Act.

Since introduction, the Rural Health Clinic Modernization Act has earned 13 cosponsors in the House and 4 cosponsors in the Senate. While this is a good start, and it took a lot of work to get to this point, we simply need more. Every additional cosponsor we get in Congress, the better chance we have at ultimately passing the legislation. Cosponsorship sends a clear message not only to the public, but also to Congressional leadership that this issue, is popular and worth addressing as a part of the must-pass package or packages they are negotiating.

There is a perception, particularly in times of divided government, that Washington D.C. is frozen in partisan gridlock and not actually doing anything. Like most political things, the reality is more nuanced. There are certain issues, typically headline issues, wherein partisan gridlock absolutely does paralyze political action for better or for worse. However, there are also a plethora of under-the-surface issues that are being worked on by members of both parties in Washington D.C. These may not garner as many headlines, but laws of real consequence to the American public are passed and signed into law more often than it may seem.

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*The Fight to Modernize the Rural Health Clinics Program continued...*

I am not trying to convince you that Congress is in fact doing a good job or vice versa. I am only trying to point out that significant changes in policy can and do occur even in the midst of seemingly endless gridlock. We hope that one of these under-the-surface policy changes will be the modernization of the rural health clinic program.

If we are to succeed, we need to continue to build grassroots support for the legislation. I would like to thank everyone who has already contacted their Representative or Senator and implore those of you who have not yet sent email, to please do so. NARHC cannot be the only entity pushing for this legislation if we want this to pass. Politicians want to know that what they are doing will make their constituents happy and only you, the RHC community, will we be able to demonstrate that.

For those of you who want to learn more or learn how you can help, we have all the resources you need to advocate for the Rural Health Clinic Modernization Act on this webpage:

[https://www.web.narhc.org/narhc/RHC\\_Modernization\\_Act\\_Advocacy.asp](https://www.web.narhc.org/narhc/RHC_Modernization_Act_Advocacy.asp)

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