Tennessee Legislative Initiatives

- Medicaid Expansion
  - Idaho, Nebraska, and Utah all voted to expand Medicaid and passed.
  - Tennessee does not have the option of a ballot initiative (would require legislatively referred constitutional amendment), but we do have a new governor and new legislators who need to know that a majority of Tennesseans want to expand Medicaid.

- Medicaid Work Requirements
  - RHA of TN submitted a letter and provided public testimony on impact Work Requirements would have on rural providers.

- Medicaid Reimbursement Proposed Rules (RHC & FQHC)
  - TennCare Bureau withdrew proposed rules with future intent to revisit the topic with stakeholders.
**Tennessee Legislative Initiatives**

- **Medicaid Block Grant**
  - TennCare Bureau given 180 days to draft a submission to transition Medicaid into a Block Grant
  - Tennessee will ask the federal government to block grant roughly half the cost of its Medicaid program
  - Such an arrangement would be the first of its kind in the nation, and a political win for the Trump administration
  - Lee said a draft of the plan will be unveiled in mid-September
  - To meet the legislatively imposed deadline, the waiver must be submitted for review by Nov. 20
  - Carving out roughly 50% of $8 Billion current spend in the following services
Tennessee Legislative Initiatives

- Medicaid Block Grant Continued
  - Carving out roughly 50% of $8 Billion current spend in the following services
    - TennCare's administrative costs.
    - Uncompensated care payments to hospitals.
    - Prescription drugs.
    - Services through the Department of Intellectual and Developmental Disabilities.
    - Care for children in the custody of the Department of Children's Services.
    - Individuals dually eligible for TennCare and Medicare.
  - Once details are released, TennCare will host a 30 day listening tour for public comments
Gov Lee’s Healthcare Task Force

- Gov Bill Lee’s Administration has hosted a series of Listening Meeting / Task Force Meetings throughout Tennessee
  - July 10 - Cleveland
  - July 24 - Clarksville
  - July 31 - Memphis
  - Aug 12 - Nashville
  - Aug 13 - Linden (Rural Opportunity Summit)
- Purpose was to hear from industry leaders from Provider, Payor & Patient perspective of ways to address issues in Rural Healthcare delivery, Healthcare Transparency & Healthcare Innovation
- In addition, during the week of Aug 12 National Healthcare partners from CDC, CMS, HRSA, FORHP & NRHA came to TN for a statewide tour of healthcare delivery systems to bring back ideas for grants, healthcare policy and advocacy
Federal Health Professional Shortage Areas
Dental
April, 2018

Designation: Whole County Low-Income Population  Partial Low-Income Population  Whole County Geographic

Data Source: Health Resources and Services Administration, U.S. Department of Health and Human Services, 2018
Federal Health Professional Shortage Areas
Mental Health
April, 2018

Designation:  Whole County Low-Income Population  Partial Low-Income Population  Whole County Geographic

Data Source: Health Resources and Services Administration, U.S. Department of Health and Human Services, 2018
20 TN Counties without a Hospital
Over 300,000 TN live in these Counties

- East TN: Grainger, Meigs, Morgan, Polk and Union
- Middle TN: Clay, Grundy, Jackson, Lewis, Moore, Pickett, Sequatchie, Stewart and Van Buren
- West TN: Chester, Crockett, Fayette, Haywood, Lake and McNairy

Rural Hospitals provide well over $100M annually in Charity Care as Safety Net Facilities in TN
Access to Health Care is a Challenge for Many in Tennessee...
...And the way we deliver health care—especially in rural areas—is changing, too.
Registration for Conference is open at WWW.RHAT.ORG/EVENTS
Invite Your Friends To Join Us

Rural Health Association of Tennessee Membership

- Association
- CAH
- EMS
- FQHC
- Clinics
- Health Dept
- CSH
- Hospitals
- University/students
- Other
Fellow of Rural Health Assoc (FRHA) of TN

- Must have at least 3 years or rural-specific professional experience
- Must complete a minimum of 60 hours of Fellow Approved continuing education
- Must complete a Quality Improvement Project or Regulatory/Policy Position Paper
  - The Quality Improvement Project must create a benefit specific to one’s respective community in rural Tennessee and must be presented in written format (a project paper). The project paper must be a minimum of 4 pages, use supporting literature or research, and contain results from the project.
  - Regulatory/Policy Position Paper must address emerging regulatory or policy initiative specific to rural health in Tennessee. The paper must be a minimum of 4 pages, use supporting literature or research and contain an impact analysis of the position on rural communities.
- To maintain Fellow status, must complete an additional 60 hours of Fellowship Approved continuing education over a 3 year period
- Recertification required every 3rd year
- $100 application fee - submit applications to RHA of TN Board of Directors
Get Involved - Join a Committee

- Survey will be sent out following Annual Conference
- Opportunity to take part in following committees
  - Grand Division Committees (West, Middle & East TN)
  - Legislative Regulatory Policy Council
  - Annual Conference Planning Committee
    - Poster Subcommittee
    - Awards Subcommittee
- Consider Nomination to Board of Directors
  - 4 Board seats open in 2020
  - Must be member of good standing for 1 year prior to seeking nomination
  - Recommended prior committee/council experience
  - Recommended prior engagement with Assoc sponsored activities