Policy Brief

August 23, 2019

With Rural Votes in the Balance, Senators and Candidates Promise Care

Emerging as unexpected common ground among Republican lawmakers and Democratic candidates is rural health. The issue has grabbed the headlines as presidential hopefuls roll-out plans and legislators prepare bills to earn the support from rural voters.

The rural demographic rose to the forefront in 2016 when President Trump won about two-thirds of the vote from rural states—an advantage that analysts say secured his election. As a result, Democratic candidates are now amplifying their focus on rural health with health plans outlining policies to address cost and access.

Dedicated rural health plans are both practically and politically important for both parties in an election where health care is top-of-mind. People living in rural areas of the United States experience high rates of poverty and limited access to health care, the National Rural Health Association (NRHA) reports. According to NRHA, the per capita income in rural areas is more than $9,000 less than the U.S. average, and there are about 14 less physicians per 100,000 people when compared to urban areas. To pick up voters in farmland counties and promote affordable health care, candidates must account for the unique needs of a bedrock demographic.

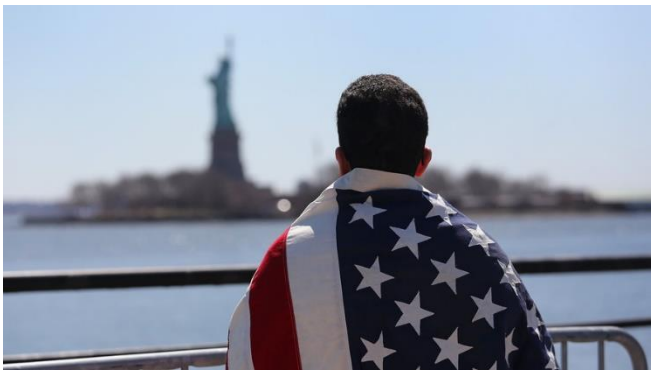
Here are some of the common threads we've seen so far among presidential hopefuls and a legislative package led by Sen. Marsha Blackburn (R-TN):

- **Telehealth**: Leading candidates, such as Mayor Pete Buttigieg and Sen. Elizabeth Warren (D-MA), are promising an expansion of telehealth to address cost and access barriers. Many of these

proposals are linked to a larger rural investment strategy that includes the expansion of broadband internet. In Congress, Sen. Kevin Kramer (R-ND) joined Sen. Blackburn in crafting S. 2408, the Telemedicine Across State Lines Act, which seeks to also expand telehealth.

- **Maternal Health**: An "alphabet soup" of maternal health legislation, much of which candidates themselves authored, has floated around Congress for many sessions now (e.g., MOMS Act, MOMMA Act, MOMMIES Act, Rural MOMS Act). These bills promise to modernize medicine for pregnant women and help address the shortages in human capital and infrastructure that lead to high maternal mortality rates in rural communities.

- **Physician Recruitment**: Other candidates, like Sen. Kamala Harris (D-CA) and former Vice President Joe Biden, joined Sen. Warren and Mayor Buttigieg with plans seeking to enhance federally funded incentives for medical graduates to begin their careers in rural communities. Currently, many living in rural communities forego care simply because health facilities are so far away. Sen. Blackburn's legislation package parallels these efforts with S. 2406, the Rural America Health Corps Act, which seeks to expand loan repayment for rural providers and rotate medical graduates in rural communities.



Trump Administration Finalizes Public Charge Rule

The Department of Homeland Security (DHS) has finalized a controversial proposal changing the way the Department determines a public charge. For the first time, lawful immigrants' use of health, nutrition or housing safety-net programs will negatively influence their immigration status. Instead, preference will be given to wealthier applicants. The rule is worrying to many health systems, as patients may feel pressed to choose between getting assistance and obtaining their green card.

What is in the newly-finalized rule?

The historical definition of a public charge has been one who is *primarily* dependent on cash assistance to survive. The final rule broadens this definition to be someone *likely* to become dependent in the future, prompting lawsuits from several states. The use of many non-cash, public assistance programs, such as SNAP, would negatively impact immigration decisions. The rule also included additional factors that

DHS would consider before making a determination. A large savings account, for example, would positively impact a decision. Lacking health insurance coverage or having a chronic illness would be counted against an applicant.

What is *not* in the final rule?

Originally, the proposal considered also penalizing applicants for enrolling in CHIP or using a subsidy to offset the cost of purchasing insurance on the Health Insurance Exchanges. The final rule excludes these benefits from public charge determinations. Also excluded is the use of Medicaid by pregnant applicants or benefits used by other family members within the same household. Despite these exclusions, the final rule will have a chilling effect on nearly 26 million people.

What are the potential ramifications?

Lawfully present immigrants are more likely to earn lower salaries and work jobs that do not provide insurance. For these families, Medicaid and SNAP are important public health supports. Although the scope of the rule is limited to green card applicants, it will likely be misunderstood—especially because obtaining a green card is an important first step in the naturalization process. Even the announcement of the proposed rule caused a dip in public health program enrollment, especially in families with members of different immigration statuses.

What can hospitals do to help?

A survey conducted by the Urban Institute found that one in seven adults in immigrant families are avoiding public benefits as a result of this rule. Despite being lawfully present and having great financial need, they are too afraid of jeopardizing their immigration decision. Providers and patient financial advocates can help by clearly communicating the scope of the rule to patients. Pregnant women, naturalized citizens, refugees and asylum-seekers need to know that they will *not* be deported or denied for obtaining public benefits.

Providers Respond to Mass Casualty Shootings

Over one weekend, two mass shootings that occurred in Dayton, Ohio and El Paso, Texas led to the loss of 31 lives. Due to the rise of gun violence, more health care groups, such as the Greater New York Hospital Association, have been releasing resources for hospitals to prepare for these types of mass casualties. In addition, the shootings are prompting providers to advocate more strongly for gun reforms, increasing the pressure on Congress to take action. Below is more about advocacy efforts taking place in Congress and among health care providers, as well as resources for mass casualty responses from the medical community.

What Congress is Doing

Gun reform is a hot button topic in Congress, which makes any of the 110 gun bills introduced this year difficult to pass. Language that would allow the Centers for Disease Control and Prevention (CDC) to research gun violence was included in last year's spending bill, but no funds have been allocated towards it. "Red Flag" gun control bills, which would allow the police to confiscate firearms from people deemed dangerous, and expanded background checks are gaining some traction among some Republicans. However, it is yet to be seen if and how far the growing number of voices advocating for gun reform will move Congress to act.

What Providers are Doing

Physicians have been more outspoken on social media about gun reform because they are continuing to encounter the aftermath of all gun-related injuries and deaths. After the El Paso and Dayton shootings, the American Medical Association and six other large industry organizations representing around 731,000 physicians also unified behind a policy paper on gun reforms. This eight-step policy paper includes proposed reforms for comprehensive background checks and restrictions to access high-capacity magazines. It also proposes policies that would prevent gun-related accidents, such as holding firearm owners accountable for the storage of guns around minors. Additionally, the health care industry continues to release resources on how to respond to these tragedies, which can be found below:

- Mass Casualty Incident Response Toolkit – *Greater New York Hospital Association*
- Hospital Mass Casualty Incident Planning Checklist – *Florida Department of Health*

- Planning for Active Shooter Incidents – *California Hospital Association*

Update on Surprise Billing Legislation

Although Congress has been in recess, the issue of surprise billing has not dissipated. The increased advocacy from hospitals and physicians have prompted the House Ways and Means Committee to draft their own legislation on surprise billing. The House Education and Labor Committee is also expected to consider existing legislation after the August recess. These continued discussions in the House and potential differences between the Committee bills will likely delay a vote in the full chamber. Meanwhile, Senator Bill Cassidy (R-LA) stated that he and Senator Lamar Alexander (R-TN) are working on a compromise and expect to have an agreement when Congress returns from recess. Senator Cassidy noted that he expects "at least a nod towards an independent dispute resolution or a third-party, like FAIR Health database" to help resolve out-of-network payments. Due to these ongoing discussions and differences between the bills, it is uncertain when legislation on surprise billing will pass Congress.

A Look at the Federal Register

Inadmissibility on Public Charge Grounds

The U.S. Department of Homeland Security published a final rule (84 CFR 41292) that implements public benefit thresholds for the utilization of services like Medicaid and the Supplemental Nutrition Assistance Program. Certain classes of aliens applying for admission or adjustment of status may be

deemed inadmissible if their utilization of these benefits exceeds the threshold. The final rule is effective on October 15, 2019.

Promoting Telehealth for Low-Income Consumers

The Federal Communications Commission (FCC) issued a proposed rule (84 FR 36865) for the establishment of a Pilot program to utilize the Universal Service Fund to support connecting low-income Americans and veterans to health care providers.

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