

CRITICAL ACCESS HOSPITAL MODERNIZATION ACT

Utilizing CAH infrastructure to provide needed services to underserved rural communities.

As the healthcare delivery system for rural America, critical access hospitals should be supported in providing community identified health needs without financial disincentives.

01

Critical access hospitals have a financial disincentive to providing opioid use disorder treatment, specialty behavioral health, home health, and hospice

02

The list of cost-report eligible services was developed in 1997 and needs revisiting.

03

Critical access hospitals can be used as infrastructure to provide additional services depending on community need.

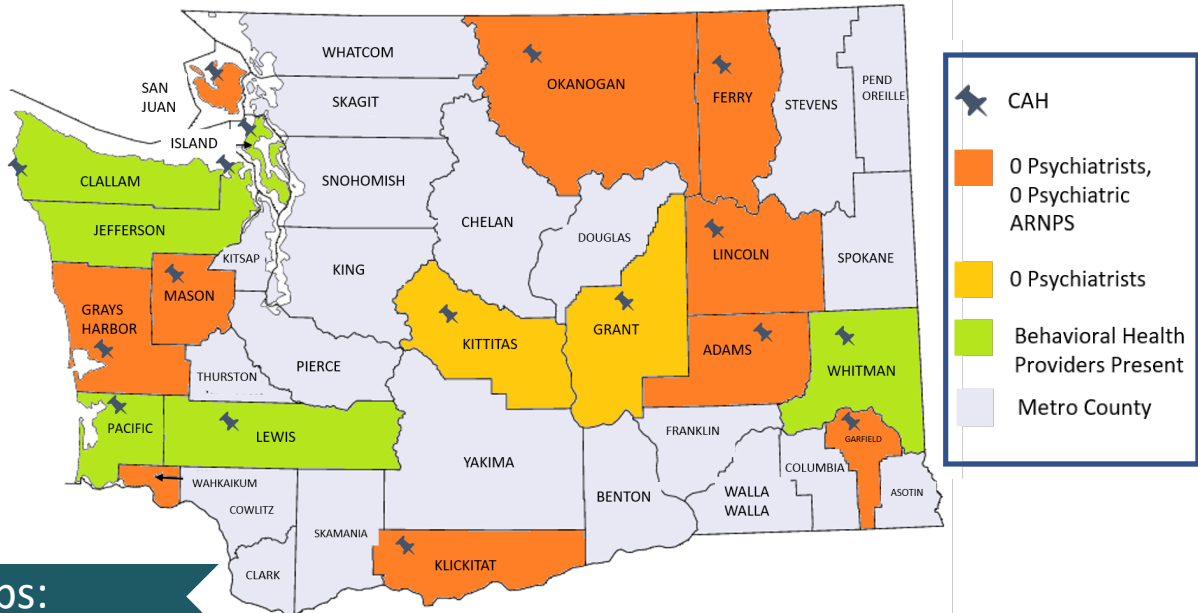
Example: Need for Behavioral Health

There are 18 non-metro counties in Washington State.

Of these, 12 counties have 0 psychiatrists, and 10 also have 0 psychiatric nurse practitioners.

17 of the 18 non-metro counties in Washington State has a Critical Access Hospital serving the area.

Utilizing existing CAH infrastructure to provide non-traditional health services would increase access across the nation to non-traditional hospital services.



Steps:



Determine what services to include. In short? Anything a community needs.



Prioritize included services. Opioid use disorder, behavioral health, home health, hospice, dental, skilled nursing facilities, among others.



Develop a groundswell across the region and nation.



Partner with legislators to understand options for change.