

2022 Advocacy Priorities

Since 1995, the mission of Rural Health Association of Tennessee (RHA of TN) (www.tnruralhealth.org) is to lead the way to a healthy Tennessee through partnerships, advocacy, education, and resources. Our 600+ members include rural hospitals, school health professionals, mental and behavioral health providers, and others who work to address health disparities in rural and other minority populations.

Through interviews, listening sessions, and surveys, RHA of TN has identified the below areas as the top policy priorities:

- **Rural Health Equity** – Rural populations are more likely to be uninsured and experience more barriers to care. 100% of Tennessee’s rural counties are designated as Health Professional Shortage Areas for primary care, obstetrics, dental health, and mental and behavioral health. RHA of TN supports initiatives that increase access to care including strengthening the state’s Medicaid (TennCare) services, expanding broadband and telehealth services, and removing barriers to patients and providers in rural communities.
- **Rural Health Workforce** – Rural Tennessee has always struggled to recruit and retain adequate healthcare workforce and this problem has been exacerbated by COVID-19. These workforce issues are not limited to higher credentialed medical providers, but also entry level positions such as certified nursing assistants, dental hygienists, and peer recovery specialists. RHA of TN supports innovative programs that aim to recruit new entrants into the healthcare workforce and upskill existing employees to address healthcare workforce shortages.
- **Rural Health Infrastructure** – Investments in rural health programs is a small portion of healthcare spending, but it is critical to rural Tennesseans. Safety net programs expand access to health care, improve health outcomes, and increase the quality and efficiency of health care delivery in the state. RHA of TN advocates for a strong Safety Net Infrastructure.

Tennessee’s Coordinated School Health (CSH) program is an important part of our state’s Rural Health Infrastructure. CSH Directors and Coordinators are especially important in rural communities that lack resources for preventive health programming and education.

RHA of TN opposes any action that weakens the CSH program or reduces transparency in reporting. As such RHA of TN is monitoring ***SB1888/HB1891*** requiring CSH program to submit mid-year report to determine if funds need to be redistributed and ***SB2416/HB2166*** that would eliminate reporting requirements of CSH programs.

Strengthening and sustaining access to telehealth services is an important part of building the rural health infrastructure, especially for seniors and persons who experience barriers such as transportation, childcare, and/or are in jobs that cannot accommodate significant time of.

RHA of TN supports SB1846/HB1843 to allow audio only telehealth under certain conditions and SB2453/HB2655 to extend telehealth allowability beyond the 4/1/2022 Sunset.

Requests to Address Rural Health Equity

- **Dental Coverage** - Strong evidence exists linking dental benefits lead to improved oral health, improved behavioral and mental health, and increased employment opportunities. Regular preventive care is important to preventing diseases such as diabetes and heart disease, which are chronic problems in rural Tennessee.

RHA of TN supports and thanks Governor Lee and the Division of TennCare for budgeting for preventive oral care among Tennessee's 600,000 adults receiving Medicaid benefits.

- **Postpartum Coverage** - Over a quarter (27%) of pregnancy-related deaths occurred at 7-42 days postpartum, and a third (33%) occurred at 43-365 days postpartum. 55% of those deaths occur in a rural county. Black women in Tennessee are 3-times more likely to die from pregnancy complications than white women.

RHA of TN Supports SB1906/HB1973 allowing TennCare to pilot a 3-year remote patient monitoring service for maternal health and SB2046/HB2051 to extend TennCare postpartum coverage from 60 days to 12 months.

- **Naloxone Access** – Addressing fatal overdoses due to fentanyl and other opiates continue to be a pressing need for rural populations and require new strategies. An open standing order rather than the existing pharmacy practice agreements will allow for purchase and distribution by community agencies, faith leaders and others. A standing order will allow community agencies to qualify for more grants and other programs that give Naloxone directly for distribution.

RHA of TN supports SB2572/HB2465(Access to Naloxone Act) to make naloxone more available to community-based leaders.

Rural Health Workforce

- **Direct Service Professionals** – The past year RHA of TN has been working to support recruitment and retention of direct service professionals working in rural communities at hospitals, community-based programs, and with behavioral and dental providers. We have learned that wages for direct service professionals are not competitive and wage increases are needed to address the workforce challenges in rural Tennessee.

RHA of TN supports SB1930/HB1971 allowing Tennessee's Department of Health to develop grant program for new mothers for workforce transition.