



## Rural Emergency Hospital Talking Points

### Internal Audiences, Including Board Members and Staff

**Pursuing the new Rural Emergency Hospital (REH) designation will provide our hospital with the financial support needed to maintain crucial community services.**

- 100 rural hospitals across the country have [closed](#) since 2005. Our community cannot afford to have **[hospital name]** added to that list.

**Based on the final rules from the Centers for Medicare and Medicaid Services, our hospital will be required to eliminate our inpatient beds in exchange for reimbursement at the Medicare outpatient fee schedule level plus 5% and an average facility fee payment of \$3.2 million a year.**

- Converted hospitals must always have a clinician on call, staff their emergency departments 24 hours per day, implement a quality reporting and performance improvement program, have a per-patient average length of stay under 24 hours, and maintain an infection prevention program. Even though there will no longer be inpatient beds, our facility will remain a hospital.

**Impacted staff can be reallocated to other service areas.**

- Minnesota's health care workforce is in critical condition, and we cannot afford to lose any existing staff. This year, there is a 17% vacancy rate in the health care field in Minnesota – a 253% increase since 2019. We have **X** open positions now at **[hospital]**. Jobs will be kept in our community by becoming an REH.

### External Audiences/General Public

**Rural hospitals are essential to providing access to care in Greater Minnesota communities. In addition, they contribute significantly to their communities' economic vitality.**

- Every organization and the communities they serve are different. They have different workforce needs, different strengths and challenges, different complexities and capacity. The REH provider type was created to meet the needs of communities like ours.

**Hospital finances are dire in Minnesota and across the country, especially for rural hospitals. We need to adapt to the changing financial landscape to continue to provide the services our community relies on.**

- The new REH provider type provides 24-hour emergency services but does not include inpatient care. The REH designation was created in response to a period of ongoing hospital closures in rural communities like ours.

**Pursuing the new REH designation will provide our hospital with the financial support we need to maintain services in our community well into the future.**

- Hospitals across Minnesota and the nation, especially those in rural communities, are in jeopardy because of rising costs and stagnate reimbursement. The new hospital designation is a way to help small communities keep a health care facility close to home. This year alone, the cost of providing health care in Minnesota increased drastically, with labor costs increasing by 7.4 % and non-labor costs increasing by 9.5%.

- Becoming an REH means keeping doctors, outpatient surgeries, lab and imaging services, closer to your home. The changes that will come from the conversion will have no impact on the quality of patient care and allow us to maintain access to skilled clinicians.
- While becoming an REH does mean the closure of inpatient units, it provides the financial ability to maintain many other services the hospital offers in the community.
  - This transition allows us to maintain the most utilized services and to continue providing our community with care close to home.

**In many cases, individuals who need inpatient care may be transferred to another facility. This conversion will have a limited impact on those who only need outpatient or emergency services.**

- You can still expect a staffed emergency department available 24/7 year-round to address emergency situations.
- While the designation requires per-patient average length of stay to be under 24 hours, you will still be able to stay overnight at the hospital if observation services are required.

**This change will provide hospitals with consistent yearly funding that is not tied to the number of patients seen.**

- Minnesota's hospitals are facing the worst financial outlook we have seen in decades.
- During the pandemic when many nonemergency services were postponed, the revenue of most rural hospitals was significantly impacted. The REH annual facility fee will help alleviate funding gaps.

**Health care is becoming more accessible, and you will be able to receive more medical services outside of the four walls of our hospital.**

- The health care needs of any community are constantly changing, but those changes can be addressed in different ways than was required 10 or 20 years ago with improved care options such as telehealth.