

Legislation introduced to help ambulance service

A group of Jacobson Memorial Hospital Care Center (JMHCC) staff and board members met with Congresswoman Julie Fedorchak (R-N.D.) Monday, Oct. 5, to discuss the challenges facing rural healthcare facilities. The discussion ranged from Medicare reimbursements to telehealth game-changers to the challenges of operating a rural ambulance service.

The visit comes on the heels of Fedorchak and Sen. John Hoeven (R-N.D.) introducing legislation to extend the Frontier Community Health Integration Project (FCHIP) for five years.

FCHIP is a national project overseen by the Center for Medicare and Medicaid Services Innovation to develop and test health care delivery and reimbursement models for critical access hospitals (CAHs) in the most sparsely populated rural counties with the goal of improving health outcomes and reducing Medicare expenditures.

In the Senate, the legislation is cosponsored by Sen. Kevin Cramer (R-N.D.), Tim Sheehy (R-Mont.) and Steve Daines (R-Mont.).

Currently, five CAHs participate in the program nationwide and three in North Dakota, including JMHCC, McKenzie County Healthcare Systems in Watford City and Southwest Healthcare Services in Bowman.

Most notably, JMHCC is able to operate the New Leipzig-Elgin Ambulance Service through the FCHIP program. Effective July 1, 2022, JMHCC became one of the critical access hospitals in the nation selected to participate in the federal FCHIP demonstration project, allowing it to receive cost-based reimbursement to operate an ambulance.

The project allowed JMHCC to sign a management agreement to lease the ambulances and equipment and provide the physical service, including all the labor.

Through the cost-based reimbursement, JMHCC is able to operate the ambulance with paid staff, including having a paramedic with the ambulance, which is unique to rural ambulance services. Paramedics add another level to emergency care to increase the chance of someone surviving, particularly in outlying areas, and they also provide extra staffing within the hospital itself.

Before the FCHIP program buoyed the New Leipzig-Elgin Ambulance Service, only three local EMTs (emergency medical technicians) were available for daytime calls, signaling a difficulty in continuation of the service using only volunteers.

The funding does not cover the entire cost of operating an ambulance, but the program is set to expire in 2027, which could potentially create a crisis for ambulance services.

A recently passed mill levy will be used by the Western Grant Ambulance District to help fund the ambulance services. Even with FCHIP funding and the mill levy, the service faces a revenue shortfall, which JMHCC is absorbing, but FCHIP lessens the shortfall.

FCHIP also allows JMHCC to increase from 25 to 30 beds and to further utilize telehealth services.

“Critical access hospitals play a key role in ensuring that North Dakotans, regardless of their ZIP code, have improved access and better health care services. Our bicameral legislation extends this demonstration program for five years to help strengthen the care available to Medicare beneficiaries in rural areas while helping find ways to save on Medicare costs,” Hoeven said.

“North Dakotans should be able to get quality care close to home, even in our most rural of communities,” Fedorchak said. “Critical access hospitals are lifelines for rural families. Extending FCHIP will give participating hospitals more flexibility to provide skilled nursing care, expand telehealth and sustain ambulance services. I’m glad to partner with Sen. Hoeven on a practical way to strengthen rural health care while testing ways to save Medicare dollars.”

“For families across rural America, having access to a local health care provider can make all the difference,” Cramer said. “But low patient volumes and government restrictions can make it difficult for rural hospitals to keep their doors open and provide the care their communities need. Our bill to extend the FCHIP demonstration will give rural hospitals greater flexibility to deliver essential services and help preserve access to quality health care for families in rural North Dakota.”

The legislation is endorsed by the National Rural Health Association, North Dakota Hospital Association and the Montana Hospital Association.