West Virginia Rural Health Association
Celebrate the greatness of West Virginia’s rural health providers!

- Rural independence; rural work ethic; rural ingenuity; rural providers doing more with less.
- Fortitude even through the most challenging of times.

✓ Higher quality
✓ Higher patient satisfaction
✓ Cost-effective
✓ Fewer Resources
Today

Challenges continue

Rural Victories

Midterm elections
The continuing challenges in rural West Virginia...

- Workforce Shortages

- Vulnerable Populations: older, poorer, sicker

- Chronic Poverty
Health Professional Shortage Areas
Primary Care

- 6,000 areas in the U.S. are primary care health shortage areas;
- 4,300 areas are dental health shortage areas; and
- 3,500 areas are short of mental health shortage areas.
Rural Mortality Rates.
A Rural Divide in American Death

Center for Disease Control January, 2017 Study:

“The death rate gap between urban and rural America is getting wider”

• Rates of the five leading causes of death — heart disease, cancer, unintentional injuries, chronic respiratory disease, and stroke — are higher among rural Americans.

• Infant mortality rates are 20% higher than in large urban counties.

• Mortality is tied to income and geography.

• Minorities, especially Native Americans die consistently prematurely nation-wide, but more pronounced in rural.

• Startling increase in mortality of white, rural women. Causes:
  • Risky lifestyle (smoking, alcohol abuse, opioid abuse, obesity)
  • Environmental cancer clusters
  • Suicides
15% of all Americans live in rural areas.

Only 1 in 4 rural adults practice at least 4 of 5 health-related behaviors:

- Not smoking
- Maintaining normal body weight
- Being active
- Nondrinking or moderate drinking
- Sufficient sleep

Practice health-related behaviors that can prevent chronic disease.
Prevalence of Medicare Patients with 6 or more Chronic Conditions

The Prevalence of Medicare Fee-for-Service Beneficiaries 65 Years or Older With 6 or More Chronic Conditions, by County, 2012

Age-adjusted prevalence
Quintile classification
- 4.1%–10.3%
- 10.4%–12.9%
- 13.0%–14.9%
- 15.0%–17.2%
- 17.3%–32.3%
- Insufficient data

National age-adjusted prevalence is 15%.
Source: Centers for Medicare & Medicaid Services.
West Virginia: highest rates of death due to overdose:

- West Virginia (52.0 per 100,000)
- Ohio (39.1 per 100,000)
- New Hampshire (39.0 per 100,000)
- Pennsylvania (37.9 per 100,000)
- Kentucky (33.5 per 100,000)
Opioids Ravage Rural America

- 175 deaths each day.
- Up 30% in 2017 from 2016.
- In rural America opioid death rates quadrupled among those 18-25 years old and tripled for females.
- **Death rate is 45% higher in rural counties.**
- “Forgotten people” of opioid epidemic – Native Americans and Alaskan Natives – 30% under-reported.
Every 15 minutes a baby is born with opioid withdrawal syndrome.

The number of babies who were exposed to opioids in the womb rose by more than five-fold in the last four years, according to a new analysis of Medicaid data.

Dr. Stewart Patrick, Vanderbilt University Medical Center before an April, 2018 Senate Help Hearing

Congress is learning: Most vulnerable are at risk
First Lady visits Lily’s Place
Focus is on pill dumping...

- Kermit, West Virginia town of 3200 flooded with 21 million prescription painkillers, a state where more people have overdosed than any other.
"I want you to feel shamed in your roles, respectively, in all of this," David McKinley (R-WV)


- Drug manufactures blame physicians for over-prescribing

- Two Family Discount Pharmacy locations in Mount Gay-Shamrock, population 1,779, and Stollings, population 316, received more than 20 million doses of hydrocodone and oxycodone between 2006 and 2016. The two pharmacies are just 3 miles apart.

- Just one drug manufacturer supplied nearly 6 million pills to the Mount Gay-Shamrock location between 2008 and 2012. That means the manufacturer shipped an average of 3,561 pills every day to this single pharmacy for four years, the House panel said.
Poverty in Rural America

- In 1980, 70% of rural Americans living in poverty were working.
- Today, less than half of the rural poor are working.
Persistent Poverty in West Virginia

- Despite economic growth, West Virginia was one of just two states to see its poverty rate increase from 2016 to 2017, according to data released in September by the U.S. Census Bureau.

- An estimated 336,301 West Virginians lived in poverty in 2017, for a total poverty rate of 19.1 percent - an increase of 1.2 percentage points from 2016. West Virginia's poverty rate in 2017 was 5.7 percent higher than the national average, and the state had the fourth highest poverty rate among the 50 states in 2017.

- The Mountain State's poverty rate has not declined since the end of the Great Recession.

“Rural poverty skyrockets as jobs move away,”
The Hill, December 5, 2017
A Closer Look...

- West Virginia's child poverty rate in 2017 was 25.5 percent, up 1.9 percentage points from 2016. An estimated 91,734 children lived in poverty in 2017. West Virginia had the fourth highest child poverty rate among the 50 states in 2017.

- Strong possibility it is linked to the opioid epidemic.

- "It's always been at about this level for about a decade, and it's always possible it will increase one year then decrease the next," he said. "The fact it's been stuck at this level while the economy is supposedly growing is troubling."

- Poverty remains a more serious problem for blacks in West Virginia at 31.7 percent in 2017.

- Women in West Virginia face higher poverty rates than men. In 2017, West Virginia's poverty rate for women was 20.9 percent, compared with 17.2 percent for men.

- Seniors, on the other hand, are less likely to be in poverty than the rest of the state. The state's senior poverty rate in 2017 was 10.2 percent. An estimated 34,792 West Virginians over the age of 65 lived in poverty in 2017.
Job growth in America

Since 2008, job growth in metropolitan areas has outpaced that in rural areas.

The Conversation, CC-BY-ND
Status of State Medicaid Expansion Decisions

NOTES: Current status for each state is based on KFF tracking and analysis of state activity. *AR, AZ, IA, IN, KY, MI, MT, and NH have approved Section 1115 expansion waivers. CMS approved the Kentucky HEALTH expansion waiver on January 12, 2018; implementation of some provisions was scheduled to begin in April 2018. VA is considering adopting expansion in their FY 2019 state budget. UT passed a law directing the state to seek CMS approval to partially expand Medicaid to 100% FPL using the ACA enhanced match, and UT also has a measure on the ballot in November to fully expand to 138% FPL. Expansion proponents in ID and NE are collecting signatures to place expansion on their November ballots. ME adopted the Medicaid expansion through a ballot initiative in November 2017, but the Governor failed to meet the SPA submission deadline (April 3). (See the link below for more detailed state-specific notes.)

More than 4,500 Arkansans could lose Medicaid over work requirements

- Could be the first state to lose coverage under rules that took effect in June.
- New rules condition Medicaid enrollment on employment or community engagement. Arkansas is the only state enforcing such a requirement.
- The state has been criticized over its requirement that hours be reported online.
- Kentucky had its Medicaid work requirements blocked by a federal judge in July. A similar suit, seeking to block the Arkansas requirements, is pending in federal court.

Medicaid Work Requirements – Arkansas
"Health Advocacy Groups unite to push for Medicaid expansion"

• "It's hard to look at people in the face and tell them to pull themselves up by their bootstraps when they can't afford boots," said Rebecca Jolley of Rural Health Association of Tennessee.

• Jolley said **18 to 22% of people in rural Tennessee communities are uninsured**. She said that's not the only problem they face.

• "We have seen **eight hospital closures** in the recent past," she said. "Travel times increase for everyone. For people in cases of emergency, it can be a matter of life and death literally. **If you want to see a small town not thrive, close its hospital**. We have a lot more in peril of closing. A lot of our rural hospitals are surviving on bare bones, negative margins."
Rural Health Clinics Advocacy

- 4,100 RHCs nationwide furnish primary care and preventive health services in rural and underserved areas.

- Rural Health Clinics across rural America face long-standing challenges:
  - inadequate reimbursement rates;
  - workforce shortages; and
  - technology challenges.
Raising RHC Caps

• Prospects of Raising the RHC Cap ($110 per visit proposal by the Senate Rural Health Caucus)
• Medicare Spending on Rural Health Clinics remains woefully low (1% of all Medicare spending)
RHCs - Sequestration cuts continue

- Amount allowed: $79.17
- 80% Medicare Payment of All-inclusive Rate: $63.84
- 2% Sequestration on Medicare share: $1.28
- Net payment from Medicare: $62.56

Net Payment decrease from Medicare is 1.62% of capitated rate.
Hospital Closure Crisis

Rural Hospital Closures: 2005 – 2016

Press play or drag the timeline handle to see the locations of rural hospital closures over the last decade. The size of the bubble represents the number of hospital beds.

Total for JAN 2005:
MAY 2006
Rural Hospital Closures and Risk of Closures

Closures Escalating

89 Since 2010

[Map of the United States highlighting areas with closed hospitals]
Rural Hospital Closures Continue...
Rural Health Safety Net is Under Fire Pressure

Current and Pending Health Policies Negatively Impact Rural Providers

Total Rural Hospitals Operating in the Red Jumped Four Percentage Points Since Last Year

- 2017: 40%
- 2018: 44%

The Chartis Group
Chartis Center for Rural Health
Why are hospitals losing money?
RURAL PROVIDERS ARE SUBSIDIZING CARE.

Impact of Bad Debt
• Medicare and Medicaid bad debt has increased by nearly 50% since the ACA was signed into law.
• Private bad debt?
• Bad debt cuts cause $3.8 billion over 10 years to be lost.
Impact of Sequestration

- Projected impact of the Sequester to rural hospitals and communities within one year.¹

- Median rural hospital loses $71,000 from sequestration;
- Rural Health Clinics net payment decrease from Medicare is 1.62% of capitated rate.

Revenue Lost within 1 year²: $320M
Jobs Lost within 1 year³: 7,100
GDP Lost within 1 year⁴: $800M
State snapshot: Georgia

- Over half of Georgia’s rural hospitals are losing money.
- 6 have closed since ACA was signed into law (2010).
- Only 60 rural hospitals remain in Georgia.
- 30 hospitals are CAHs.
- 90 Rural Health Clinics
“If you want to watch a rural community die, kill its hospital”

Sept. 22, 2017, HuffPost

GLENWOOD, Ga. — After the Lower Oconee Community Hospital shut down in June 2014, other mainstays of the community followed. The bank and the pharmacy in the small town of Glenwood shuttered. Then the only grocery store in all of Wheeler County closed in the middle of August this year.

On Glenwood’s main street, building after building is now for sale, closing, falling apart or infested with weeds growing through the foundation’s cracks...

The hospital’s closure eliminated the county’s biggest health care provider and dispatched yet another major employer. Glenwood’s mayor of 34 years, G.M. Joiner, doubts that the town will ever recover.

“It’s been devastating,” the 72-year-old mayor said, leaning on one of the counters in Glenwood’s one-room city hall. “I tell folks that move here, ‘This is a beautiful place to live, but you better have brought money, because you can’t make any here.’”

Rural hospitals are in danger across the country, their closures both a symptom of economic trouble in small-town America and a catalyst for further decline.
Maternity Care is Disappearing in Rural America

• In 1985, 24% of rural counties lacked OB services. Today, 54% of rural counties are without hospital based obstetrics.

• More than 200 rural maternity wards closed between 2004 and 2014.
Rural Obstetric Factors

• Rural areas have higher rates of chronic conditions that make pregnancy more challenging, higher rates of childbirth-related hemorrhages and higher rates of maternal and infant deaths.

• Half of rural women in rural communities live more than the recommended 30 minutes from a hospital offering maternity services.

• Workforce shortages and medical liability costs.
Rural Minority Mothers and Babies

*Rural counties with higher percentages of African American women were more than 10 times as likely as rural counties with higher percentages of white women to have never had hospital-based obstetric services and more than 4 times as likely to have lost obstetric services between 2004-2014.*

*University of MN Rural Health Research Center*
Victories: A year ago we told you the politically powerful are listening...

“If we’ve learned nothing from the last election, it’s that we can’t listen to rural America enough.”

Senate Minority Leader Chuck Schumer
• First time in more than a decade, a L-HHS Bill has been approved by Congress.

• Unprecedented Funding for:
  • Rural Health Safety Net;
  • Opioid prevention funding;
  • National Institute of Health.

• Remember also operating off of 2-year budget bill that passed in February, which included significant rural funding.
The Details

- **Medicare Rural Hospital Flexibility Grants** - $53.6 million -- $3.2 million over NRHA request.
  - Of **Rural Hospital Flexibility Grants funds**, $19.9 million is specifically provided for the **Small Rural Hospital Improvement Grant**.

- **State Offices of Rural Health (SORH)**
  $10 million to help the SORH improve rural health care across our country.

- **Telehealth Programs**: The bill focuses resources toward efforts and programs to help rural communities, including $25.5 million, $2 million above FY2018, for Telehealth.

- **Workforce**: The committee appropriated $40.25 million, $2 million above FY2018 for Area Health Education Centers (AHECs). An additional $15,000,000 will be available through September 30, 2021 to support the Rural Residency Development Program.
And, Opioid Funding in Approps Bill...

- $3.7 billion, an increase of $145 million, to fight the opioid crisis
- For treatment and prevention efforts; finding alternative pain medications; workforce needs, especially in our rural communities; and behavioral health.

- **Two Specific Rural Victories:**
  - $200 million for Community Health Centers to support and enhance behavioral health, mental health, or substance use disorder services.
  - $120 million focused on specifically on responding to the opioid epidemic in rural communities.
Examples of Rural Focus in Appropriations Bill

- **New Grant dollars for Obstetric Shortages**: Senators Lisa Murkowski (R-AK) and Heidi Heitkamp (D-ND) $1 million grants for the purchase and implementation of telehealth services or other necessary technology and equipment to improve care coordination and delivery for pregnant women in rural (Sens. Heitkamp (D-ND) and Murkowski (R-AK)).

- **Coal Workers Surveillance Program Improvements**: (Sens. Manchin (D-WV), Shelley Moore Capito (R-WV), Sherrod Brown (D-OH), and Bob Casey (D-PA)).
Opioid Funding Agreement Reached. Huge amounts of spending.

- **Changes funding formula** for states to receive funds - will help rural states with most significant problem.
- **Expands Medicaid Inpatient Coverage.**
- **Technical Assistance and Grants for Tribes**
- **First Responder Training** – allows first responders to administer a drug or device, like naloxone, to treat an opioid overdose.
- **Health Providers Shortages Areas** – Allows National Health Services Corps (NHSC) to provide services in schools and with mental health professional shortages.
- **Loan Repayment for Substance Abuse Treatment Providers** – modifies NHSC for behavioral health providers practicing in substance use disorder treatment facilities in mental health professional shortage areas through NHSC.
- **Grants for Communities Building Programs.**
- **Expanding Medication Assisted-Treatment (MAT) for Recovery from Addiction**
- **Eliminates Certain Site Requirements for Telemedicine** under Medicare.
- **Improving Access to Telemedicine** – allows use of MAT through the use of telemedicine.
- **Neonatal Abstinence Syndrome (NAS)** - Provides support for NAS care in residential pediatric recovery centers and for services to mothers and caretakers under Medicaid. (Like Lily’s Place in WV).
- **Huge SMHSA and Centers for Disease Control Research increases.**
2018 Farm Bill

More Rural Victories:

- New Rural Health Title in bill
- Rural Health Liaison
- Farer Suicide Prevention
- Loan Assistance Program

- USDA conducting Series of roundtables on how to improve economic development and health in rural farm communities.
Veterans Health Care

• Major overhaul of Veteran’s Choice Act

• VA Mission Act, would alter eligibility criteria for veterans to access private-sector health care, extend benefits for veteran caregivers and initiate a review of VA infrastructure, among other changes.

• $51 billion over a five-year period.
More Congressional efforts to help rural providers

• Ways and Means Releases Red Tape Relief Report
  • Report discusses opportunities to reduce regulatory burdens placed on Medicare providers while also ensuring increased efficiency and quality of Medicare programs.
  • Exclusive use
  • Physician supervision
  • Star Rating
  • 96 hour rule

• Senate Finance Committee Rural Hearing
• Senate HELP Committee Rural Hearing
And, tomorrow...

A BETTER DEAL
FOR
RURAL AMERICA
Thank you - - YOU have made a difference! Remember what happens when you speak up!
RURAL
HAPPENDED
“If Medicaid is cut, that hospital will not survive. It’s the biggest employer in town. It has 180 good-paying jobs. So not only would people lose access to health care that they need, it would be a devastating blow to the community. You could go all over the state and find that would be true.”

Senator Susan Collins speaking about rural hospital in Greenville, Maine.
Regulatory Victories with Administration
New “rural lens” at CMS

“For the first time, CMS is organizing and focusing our efforts to apply a rural lens to the vision and work of the agency.”

CMS Administrator Seema Verma

Five objectives to achieve the agency’s vision for rural health:

• Apply a rural lens to CMS programs and policies
• Improve access to care
• Advance telehealth and telemedicine
• Empower patients in rural communities
• Leverage partnerships
CAH Mileage Requirement Victory

Earlier this year...

• CMS Improperly Reinterpreted CAH Mileage Requirements.

• Misguided view was:
  • Opposite of clear legislative language (as well as CMS’s previous and consistent interpretation.
  • Would cause hundreds of CAHs to lose their CAH status, forcing the vast majority to close.

• For the first time, CMS deemed that an outpatient clinic (which has no emergency care, limited operating hours and services) is considered a “like facility.”

• After challenging the issue, CMS withdrew the altered interpretation.
- Rural Exemptions from 340B cuts – protected CAHs and Sole Community Hospitals
- Star Rating – no more grey stars for comparison
- Low Volume Hospitals-Indian Health Service fix
- Physician Supervision moratorium

More Regulatory Victories:
Administrative Victories: New Federal Assistance for Rural Hospitals

- **HHS Vulnerable Rural Hospital Assistance Program**
  - Targeted, in-depth assistance program to vulnerable rural hospitals with communities struggling to maintain access to care.
  - Funding with be utilized to help rural hospitals stay financially stable, keep care local, and best meet needs of the community.
  - Currently being rolled out - likely available in October.

- **USDA Rural Hospital Assistance Program**
  - Help struggling hospitals who have received a USDA loan.
  - Offers hand-on technical and financial assistance
  - Goal to keep rural hospital doors open.
Growing Support for New Payment Models...

• Global budget concept growth: PA, OK, WA
• Other Associations are now advancing as well.
• Greater interest on Capitol Hill and with the Administration.
• NRHA IS LEADING THE WAY!
Importance of Global Budget Model

- Enables a focus on prevention and chronic disease management.
- Creates sustainability, long-term model.
- Solves the paradox of changing your payment arrangements to keep pace with your delivery system reforms.
Save Rural Hospitals Act

Rural hospital stabilization (Stop the bleeding)
- Elimination of Medicare Sequestration for rural hospitals;
- Reversal of all “bad debt” reimbursement cuts (Middle Class Tax Relief and Job Creation Act of 2012);
- Permanent extension of current Low-Volume and Medicare Dependent Hospital payment levels;
- Reinstatement of Sole Community Hospital “Hold Harmless” payments;
- Extension of Medicaid primary care payments;
- Elimination of Medicare and Medicaid DSH payment reductions; and
- Establishment of Meaningful Use support payments for rural facilities struggling.
- Permanent extension of the rural ambulance and super-rural ambulance payment.

Rural Medicare beneficiary equity. Eliminate higher out-of-pocket charges for rural patients (total charges vs. allowed Medicare charges.)

Regulatory Relief
- Elimination of the CAH 96-Hour Condition of Payment (See Critical Access Hospital Relief Act of 2014);
- Rebase of supervision requirements for outpatient therapy services at CAHs and rural PPS (See PARTS Act);
- Modification to 2-Midnight Rule and RAC audit and appeals process.

Future of rural health care (Bridge to the Future)
Innovation model for rural hospitals who continue to struggle.
Future Model: Community Outpatient Model

• 24/7 emergency Services

• Flexibility to Meet the Needs of Your Community through Outpatient Care:
  • Meet Needs of Your Community through a Community Needs Assessment:
  • Rural Health Clinic
  • FFQHC look-a-like
  • Swing beds
  • No preclusions to home health, skilled nursing, infusions services observation care.

• TELEHEALTH SERVICES AS REASONABLE COSTS.—For purposes of this subsection, with respect to qualified outpatient services, costs reasonably associated with having a backup physician available via a telecommunications system shall be considered reasonable costs.”.

• “The amount of payment for qualified outpatient services is equal to 105 percent of the reasonable costs of providing such services.”

• $50 million in wrap-around population health grants.
Alternative Model for the Future: 
Graves-Loebsack Save Rural Hospital Act

• Under the Save Rural Hospitals Act, Community Outpatient Hospital status would preserve emergency and outpatient care for rural communities.¹

This model is based upon the three key elements of the Community Outpatient Hospital reimbursement structure: 105% of reasonable costs reimbursed, exemption from 2% sequestration, and 100% of bad debt reimbursed (not inclusive of grant funding). Modeled impact reflects revenue, jobs and GDP preserved across all 1,654 eligible providers (rural hospitals with no more than 50 beds) that would financially benefit from conversion to the proposed provider status.
Current Regulatory Comments

- **OPPS Propose Reg** – NRHA Comments
  - Expand rural carve out to prevent 340B cuts
  - Oppose site-neutral policy changes
  - Prevent limitations on off campus provider-based services for rural providers
  - Oppose national floor wage index

- **ACO Proposed Reg** – Due Oct 15th. Significant concern regarding proposal to require the taking on of more risk.
The Politics of Today -- the Midterm Elections
House and Senate flips are possible

- Senate: Favorable Map for Senate Republicans – 33 elections (23 Ds, 2 Is that caucus with D, 8 Rs)
  - 3 R retirements (TN, UT, AZ)
  - 2 Special Elections MN (D – Franken resignation) and MS (R – Cochran resignation)
- Each party wants to help rural but each party doesn’t want to help the other.
Health Care and Election

• Remains a campaign issue

• A Recent Politico poll:
  • Health care should be a top priority - 55%
  • Reducing the federal budget deficit came close with 51%
  • 60% of Americans think insurance premiums will go up
26 seats up for election in 2018 are held by Democrats and Independents out of a total of 34

States with U.S. Senate seats up for election

- Republican held seat
- Democrat held seat
- Independent held seat


May 17, 2018 | Madelaine Pisani
Democrats, Republicans will take turns playing defense in upcoming elections

Senate seats in play, by election year

- Republican seats
- Democrat seats

Control of the Senate will depend on the eight “toss up” seats

Breakdown of 2018 Senate races

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<th>Likely Democrat</th>
<th>Lean Democrat</th>
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* Announced retirement

May 17, 2018 | Madelaine Pisani
The House...

House Republicans are defending many more vulnerable seats

Cook Political Report ratings

COMPETITIVE 2018 HOUSE RACES

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Source: Cook Political Report.

May 17, 2018 | Daniel Stublen
Follow us today. @NRHA_Advocacy #RebuildRural #SaveRural #RuralHealth
THANK YOU!
Maggie Elehwany
Vice President of
Government Affairs and
Policy
National Rural Health
Association