

News Briefs

August 1, 2025

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Wyoming Hospital Association



2025 WHA Auction



Rustic Gourmet Basket

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Hannes Joins the Colorado Hospital Association

The Wyoming Hospital Association (WHA) bids a warm and heartfelt farewell to Josh Hannes, who has served as Vice President with distinction and dedication. After over a decade of service to the organization and to Wyoming's health care community, Josh will be leaving WHA to pursue an exciting new professional opportunity. Josh has been named Vice President of Rural Strategy and Policy for the Colorado Hospital Association.

During his tenure, Josh played a vital role in advancing policy initiatives, strengthening member engagement, and representing Wyoming hospitals on both state and national levels. His work has been instrumental in shaping health care discussions, supporting hospital leadership, and helping WHA navigate complex issues—from Medicaid policy to emergency preparedness. He has also grown WHA Resources by forging partnerships with vendors in the industry.

"Bringing Josh onto the WHA team was one of the easiest decisions I've ever made. I knew I wanted him as my VP and the board allowed me to go get him. Josh has been a trusted advisor, a strong advocate, and a valued colleague, as well as an incredible friend" said WHA President Eric Boley. "His contributions to WHA and to health care across Wyoming will be felt for years to come. We wish him nothing but success in his next chapter."

Josh's thoughtful leadership, policy expertise, and deep commitment to Wyoming communities have earned him the respect and appreciation of hospital leaders, lawmakers, and partners across the state.

Please join us in congratulating Josh on his new role and in thanking him for his many years of dedicated service to WHA and to improving health care in Wyoming.

Josh will end his tenure with the WHA at the conclusion of this year's WHA Annual Meeting in September.

The One Big Beautiful Bill is a Historic Investment in Rural Healthcare Summary

OBBB Rural Memo Released by [whitehouse.gov](https://www.whitehouse.gov)

Summary: The One Big Beautiful Bill (OBBB) contains unprecedented levels of federal assistance to rural and other vulnerable hospitals. The newly created Rural Health Transformation Program will deliver an investment of \$50 billion over five years to transparently and efficiently transform rural health access. The status quo has left rural hospitals vulnerable, and the President's landmark legislation makes historic investments to ensure sustainability of rural access points and improve health outcomes for Americans who rely on this care.

Overview: The Rural Health Transformation Program will provide new funding to states for a range of uses designed to make rural healthcare more effective and sustainable for the long term. Collaborating with the Centers for Medicare and Medicaid Services (CMS), states must submit detailed rural health transformation plans for improving access to community healthcare providers and ultimately improving health outcomes. CMS will monitor implementation and hold states accountable to this plan to ensure resources are delivered to the most deserving care providers and their patients, not the most politically well-connected.

Scale of Investment: To put the scale of this investment into context consider the CMS Office of the Actuary estimates Medicaid in total spent \$19 billion on rural hospitals in 2024.¹ The Rural Health Transformation Program will provide an additional \$10 billion each year from 2026 through 2030, representing a substantial increase in overall funding for rural hospitals.

Comparison to Other Federal Aid Programs for Rural Hospitals: Unlike other, smaller CMS programs to promote rural care, the Rural Health Transformation Program is uniquely designed to promote innovation and long-term sustainability of rural healthcare. Other Federal programs tie enhanced reimbursement to volume of services and the size or type of the hospital, limiting the ability to change over time to meet the needs of the community. Additionally, some tie Federal reimbursement to cost, reducing incentives for quality and efficiency.

- **Critical Access Hospital Program.** Created in 1997, this program provides Medicare reimbursement at 101 percent of cost for small rural hospitals under 25 beds. This program increased the revenue of 1,369 facilities by an estimated payment of \$4 million each in

2022. However, cost-based reimbursement was abandoned by Medicare for almost every other hospital type in the 1980s due to its widely accepted negative impact on cost and efficiency of care.

- **Sole Community Hospital Program.** Created in 1983, this program provides extra Medicare reimbursement to facilities where generally other hospitals are located more than 35 miles away. The payment adjustments increased Medicare reimbursement for 467 hospitals by an estimated \$835 million in 2022.
- **Medicare Low-Volume Hospital Adjustment.** Created in 2003 but expanded and extended on a temporary basis ever since, this program provides extra Medicare reimbursement to hospitals with under 3,800 annual discharges. The payment adjustments increase Medicare reimbursement by around \$400 million annually to 450 facilities
- **Medicare Dependent Hospital (MDH) Program.** Created as a temporary program in 1989, the MDH program has been expanded and extended ever since. This program provides extra Medicare reimbursement to hospitals with 100 or fewer beds and 60 percent of inpatient days covered by Medicare. This program increases payment by about \$125 million annually at 140 facilities.

Distinct from these other programs, the Rural Health Transformation Program is designed to provide a flexible source of investment that will promote innovation and efficiency in how states, hospitals, and other healthcare providers meet the needs of their communities.

Legacy Programs do not Solve Systemic Challenges : Rural hospitals suffer from longstanding challenges with extremely low patient volume. They have both smaller bed counts than urban hospitals and occupancy rates that are much lower (37%) than those of their urban counterparts (62%). By linking funding support to reimbursement for services, legacy programs do not promote long-term sustainability because the overall volume of services provided in these facilities remains low. This leaves these hospitals without the resources to make proactive upgrades in technology to improve efficiency or adapt to changing models of care. The Rural Hospital Transformation Program, however, will provide these facilities with flexible support that can be used to help these facilities make investments necessary to make the hospital better meet the needs of the communities they serve and become more sustainable over the long term.

Overall Medicaid Spending As a Flawed Proxy for Rural Hospital Financial Health : The proliferation of analyses financed by industry or partisan critics that crudely rely on total Medicaid spending as a proxy for rural hospital financial health are flawed for a number of reasons. Due to much lower volume in rural areas, the CMS Actuary estimates only 7% of Medicaid hospital spending (inpatient and outpatient) even reaches rural hospitals. This is why despite record growth in Medicaid spending and enrollment over the past decade, immense challenges related to healthcare access in rural areas persist in both expansion and non-expansion states. Additionally, these analyses rely on an overly pessimistic and skewed projection of the provisions to incentivize work among the able-bodied, working age population on Medicaid. The estimates rely on an extrapolation from one analysis of the experience in one state over a period of four months six years ago and apply it nationwide despite significant updates in technology and learned experience from the application of work requirements in other Federal programs.

Conclusion: The OBBB departs from the failed policy roadmap followed over the past decades that has left rural America behind. Decades of minor funding tweaks for struggling hospitals tied to the volume of services, followed by a singular focus by the Biden and Obama administrations on expanding enrollment in government healthcare programs, has left many rural communities on the brink of losing access to care. By eliminating waste, fraud, and abuse in the broader Medicaid program, the OBBB freed up resources for a transparent and direct, once-in-a-generation investment in rural care.

**THE WYOMING HOSPITAL ASSOCIATION HAS BEEN INFORMED THAT
GUIDANCE FOR APPLICATIONS AND DISTRIBUTION OF FUNDS IS EXPECTED BY
MID-AUGUST.**



NRTRC Telehealth Survey

The 2025 NRTRC Regional Telehealth Survey is now open! Each year, this important effort gathers insight from health systems, public health leaders, rural health offices, and telehealth practitioners across the Northwest. The feedback you share informs strategic planning and allows to better align our support and technical assistance with the evolving needs of those implementing and sustaining virtual care services.

☐ Take the 2025 Survey:

Access the survey here

Estimated time to complete: 5 minutes

Survey closes: Mid-August

☐ See last year's results:

View the 2024 NRTRC Survey Summary

Whether your organization is actively delivering telehealth services or planning future implementation, your voice matters. We kindly ask you to participate and to share the survey directly with your colleagues and telehealth contacts throughout the region.

Your input not only benefits your own organization but also contributes to a regional snapshot that informs funding priorities, policy considerations, and telehealth infrastructure investments. As always, we appreciate your continued partnership and dedication to advancing equitable and accessible care through telehealth.

The NRTRC Team - www.nrtrc.org



Powell Valley Healthcare

PVHC's Nutrition Services Team Receives 2024 Turnip The Beet! Gold Award

Providing nutritious meals that are tasty and wholesome has been the mission of the Summer Food Service Program since it began 8 years ago. Coordinated by Powell Valley Healthcare's nutrition services department, the program provides free meals in the community for children under 18 years of age during the summer. On July 7, the nutrition services department was notified that they had received the prestigious Turnip The Beet! Gold award through the USDA and joined the ranks with 85 other summer food service program sponsors from across the nation. The one other Wyoming sponsor to make the list is the Feeding Laramie Valley Kids Out to Lunch program located in Laramie.

According to the USDA Food and Nutrition Service website, the Turnip the Beet! Awards were created to showcase sponsors who are going above and beyond to ensure that children in their care are receiving high-quality meals that are both nutritious and appetizing. "Our goal is to always work at making the program better and we've consistently had great help from our kitchen staff, student aides, and volunteers," said Travis Tucker, nutrition services director at PVHC. "I'm proud of our team and all the work they put in to make the Summer Food Service Program successful. This award is a nice recognition for all they do," said Tucker.

For more information about the USDA's Turnip The Beet! High Quality Summer Meals Award Program, visit <https://www.fns.usda.gov/sfsp/turnip-the-beet>.



Wyoming Hospital
Association/LeadingAge Wyoming
Annual Meeting
September 3-4, 2025

Hotel room block expires
August 6th

Register Here for Annual Meeting



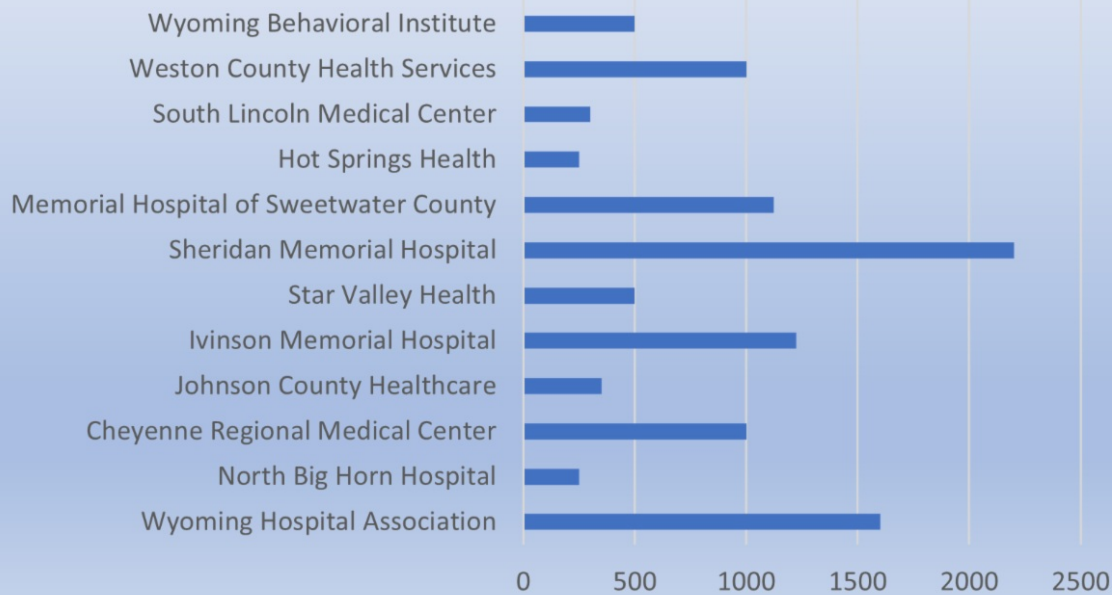
September 2, 2025
WHA Golf Tournament - Jacoby Golf
Course, Laramie

September 3-4, 2025
WHA/LAW Annual Meeting -
Laramie, Wyoming

WHA PAC Goal for 2025

Contributors

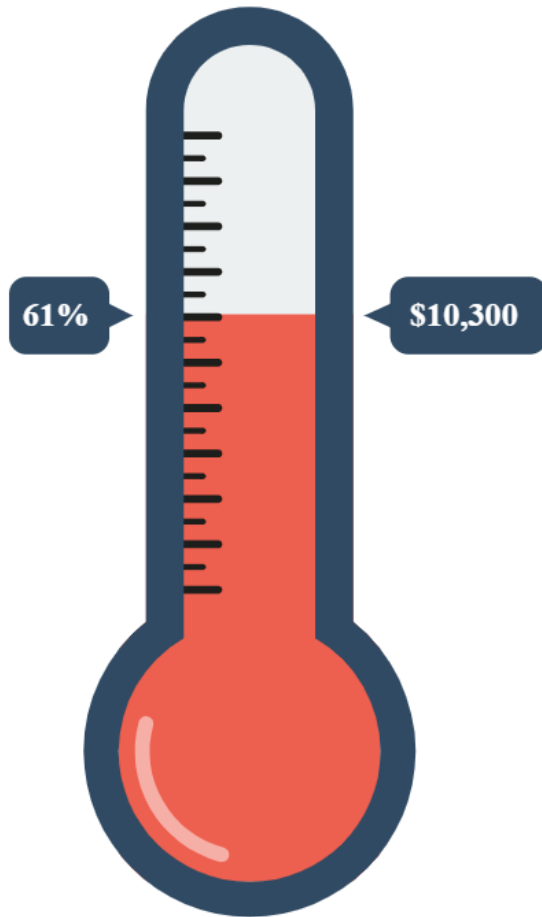
PAC CONTRIBUTIONS



WHA PAC

Barry Burkart
Eric Boley
Eric Connell
Tim Thornell
Shelli Shelton
Doug Faus
Mike Hunsaker
Ron Mischke

GOAL: \$17,000



Darcy Robertson
Barbara Sowada
Scott Alwin
Luke Senden
Dave Ryerse
Shirley Coulter
Gary Crum
Joseph Steiner
Kelly Lieb
Terry Moss
Irene Richardson
Joe Wright
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