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Brock Malcolm
Bowles Rice LLP

Attorney Brock Malcolm leads the Health Care Law practice group at Bowles Rice. With experience unique to rural and community care, including his former roles as Chief Operating Officer and in-house counsel to one of West Virginia's largest Federally Qualified Health Centers, Malcolm possesses a deep understanding of regional health issues. He serves as president of the West Virginia Rural Health Association and is a member of the board of directors for The Center for Rural Health Development.

Health Care Infrastructure Will Define Our Future

While most West Virginians may first think of roads, bridges, airports, or expanded broadband access when discussing the Mountain State's most pressing infrastructural needs, the health care industry should be on the short list of infrastructural priorities that will define our future.

Since its passage on November 6, 2021, the Infrastructure Investment and Jobs Act ("Infrastructure Bill") has been intrinsically tied to health care. Through the Infrastructure Bill, nearly a trillion dollars was authorized for federal highways, broadband access, and other development projects – investments to be paid for through changes to several important health care policies, including an additional three-year delay of anticipated Medicare Part D rebates and a two percent cut to all Medicare payments to hospitals and other health care providers. But, if West Virginia is to achieve its goals for job creation and development over the next decade, health care must be more than just the piggy bank that pays for the filling of potholes and the repairing of our ancient bridges. As we have learned through the COVID-19 pandemic, there is an incredible need and opportunity for job creation within the health care industry, which, in turn, will support the creation of other jobs by enticing new businesses to come to West Virginia.

In recent years, economic developers have faced significant hurdles when recruiting Fortune 500 companies to move into West Virginia, even as the state has done significant work to reform our court system and the employment, tax, and workers' compensation laws that were historically blamed for scaring away businesses. Now, the negativity often focuses more on the poor health of our workforce, as West Virginia continues to be among the national leaders for diabetes, chronic obstructive pulmonary

disease, coronary artery disease, depression, and substance use disorder (SUD). Still, despite these serious burdens, opportunities abound in West Virginia, and we need look no further than Pittsburgh for a road map to a brighter future.

Just as Pittsburgh was able to reinvent itself following the loss of more than 150,000 manufacturing jobs and 170,000 residents after the decimation of its steel industry in the 1980s, West Virginia has the chance to write its own future story in the aftermath of our own continuing loss of jobs and population. While it may have taken Pittsburgh a while to get there, those efforts have resulted in Pittsburgh becoming a national center for technology, innovation, education, and health care. There is no reason West Virginia cannot do the same, but first we must recognize, and then prioritize, health care as a promising and (I would argue our most) sustainable industry. In other words, we must shift away from thinking of health care as "just another cost of doing business" and start thinking of it as a path forward to a redefined and healthy West Virginia.

Despite (or, because of) the serious burdens faced by our workforce, West Virginia should begin investing heavily in health care infrastructure. Doing so will not only create new health care jobs – including those for which there is a significant ongoing shortage, such as nurses, care managers, and behavioral health/SUD providers – but it will also increase access to services across our entire population. This increased access, in turn, will lead to better health outcomes and, over time, will positively impact West Virginia's national health rankings. Further, by increasing our workforce of social workers and care managers, we can address the social determinants of health that hold so many of our residents back from their full potential, while simultaneously

decreasing the unprecedented demands placed on our existing medical providers and nurses who are facing increasing rates of professional burnout as a result of the stresses of the pandemic. In addition to developing and expanding health education programs, the state must work to develop creative ways, such as funding new student loan repayment programs or offering state income tax incentives, to bolster our graduate retention rates and encourage our homegrown talent to stay put here in West Virginia.

Of course, any dedication to health care infrastructure must also include facilities and systems. By maintaining, renovating, and building new facilities and acquiring newer and more advanced technologies, we can achieve the dual goals of improving patient care and increasing job satisfaction. Unfortunately, the pressing economic realities of health care often

push these sorts of improvements to somewhere behind the back burner. In times like these, where supply chain inefficiencies and growing inflation have led to increases in all the costs of doing business, health care providers face the greatest risk of financial failure. Unlike virtually all other businesses existing in our economy, health care providers, whose reimbursements are fixed, cannot pass these increased costs onto consumers. Further complicating the financial landscape is the fact that our not-for-profit hospitals and community health centers remain committed to treating patients without regard to their ability to pay, meaning that average rates of reimbursement can fall below the costs of providing the services. Only by continuing to address reimbursements, as the Legislature worked to do with PEIA during this most recent session, can the industry keep up with rising costs and ensure

that there will be any revenues available to invest in improvements to outdated facilities and systems.

At the same time, West Virginia needs to encourage, financially and otherwise, individual communities to invest in health care infrastructure through grassroots projects that inspire local residents to live healthier lives. As an example, Wild, Wonderful & Healthy West Virginia is a program created by the Center for Rural Health Development, which trains local communities – including health care providers, local businesses, civic organizations, churches, schools, and others – to work together to improve local opportunities for better health and, by so doing, to drive new opportunities for economic development in those communities. In Mingo County, Sustainable Williamson, a project of

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Williamson Health and Wellness Center and the town of Williamson, describes itself as “a living-lab platform working through vibrant, community-driven processes to breathe life back into central Appalachia.” Through the efforts of Sustainable Williamson, a community in distress has risen up to revitalize its downtown, to address its community’s food delivery needs, and to inspire residents to live healthier lives. Similarly, in Harrison County, a non-profit called Healthy Harrison has

united the health care and business communities in the creation of a new and growing health-focused community within the larger overall community. Through these efforts, families and friends are exercising together, losing lots of weight in a healthy, sustainable way, and enjoying a sense of connectedness that was lost for so many during the pandemic.

In each of these examples, there is an understanding that we can improve economic development by creating a healthier, more attractive community in which to invite new business. From there, these new businesses will lead to an increased ability for local residents to afford better food and to access quality health care services, which will lead to improved health results throughout the community, which will lead to more businesses targeting the area. And on it goes. Or, it will – once we commit to investing in our health as we do with our roads, bridges, and other infrastructure. ▼