



Robert "Bo" Ryall
President and CEO

November 27, 2019

The Honorable Danny Davis
U.S. House of Representatives
2159 Rayburn House Office Building
Washington, DC 20515

The Honorable Terri Sewell
U.S. House of Representatives
2201 Rayburn House Office Building
Washington, DC 20515

The Honorable Brad Wenstrup
U.S. House of Representatives
2419 Rayburn House Office Building
Washington, DC 20515

The Honorable Jodey Arrington
U.S. House of Representatives
1029 Longworth House Office Building
Washington, DC 20515

Submitted Electronically to Rural_Urban@mail.house.gov

Re: Rural and Underserved Communities Health Task Force (Task Force) Request for Information

Dear Task Force Co-Chairs Davis, Sewell, Wenstrup, and Arrington:

The Arkansas Hospital Association (AHA) is a membership organization that proudly represents more than one hundred healthcare facilities and their more than 45,000 employees as they strive to care for all Arkansans who seek care. The Association works to support, safeguard, and assist our members in providing safe, high quality, patient-centered care in a rapidly evolving – and highly regulated – healthcare environment.

The AHA is grateful for the opportunity to comment on rural health and convey our support of legislation that will have a positive impact in rural communities. Across Arkansas, hospitals are the constant in our communities. Our facilities and care teams are the foundation of the healthcare system, and in fact, for many rural areas, hospitals are the sole available provider of care for all patients. As the backbone of the Arkansas healthcare system, it is crucial that hospitals are appropriately able to efficiently provide the full array of services that a community needs – emergency care, inpatient care, and outpatient services – and to be adequately reimbursed for those services.



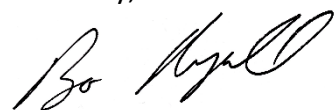
While Arkansas has seen many fewer hospital closures than our neighboring states – largely due to Arkansas’s expansion of Medicaid coverage – Arkansas’s rural hospitals are struggling to survive. Part of that struggle is directly due to the expense of recruiting and retaining physicians and other healthcare workers who care for our patients. The AHA advocates the passage of H.R. 4898 and 4899, two important pieces of legislation intended to diminish the physician shortages that are so prevalent in Arkansas’s rural communities.

The AHA is also supportive of H.R. 4899, the Rural American Health Corps Act, which will offer loan repayment to physicians who complete their residencies in rural areas. As has been well documented, physicians tend to establish their medical practices in close proximity to their residency programs. The AHA sees H.R. 4899 as a perfect incentive for introducing physicians to rural areas and attracting them to stay in our communities with the highest need of access to health care services.

Further, the AHA champions H.R. 4898, the Rural Health Innovation Act, which would create innovation awards to encourage and expand best ideas and practices for improving health care access in rural areas. In particular, H.R. 4898 would direct CMS' Innovation Center to test a new telehealth payment model. As health care delivery systems evolve, innovation must include testing new payment models for telehealth. While telehealth promises to be a great resource to improve access to care in rural America, the payment models are lagging years behind the innovation and without adequate reimbursement, new innovations are out of reach.

The AHA appreciates the work of the Ways and Means Committee and, in particular, the Rural and Underserved Communities Health Task Force. We stand ready to assist the task force with any information required to improve health care in our rural communities.

Sincerely,

A handwritten signature in black ink, appearing to read "Bo Ryall". The signature is fluid and cursive, with the first name "Bo" and last name "Ryall" clearly distinguishable.

Bo Ryall
President & CEO
Arkansas Hospital Association

BR/ae