



American Urological Association

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November 29, 2019

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Dear Representatives Davis, Sewell, Wenstrup, and Arrington,

On behalf of the American Urological Association (AUA), the professional organization that represents nearly 15,000 practicing urologists and urologic professionals in the United States, we are pleased to have the opportunity to share our views with the *Rural and Underserved Communities Health Task Force* (Task Force). The AUA shares your commitment to these issues and we look forward to working with the Task Force on identifying policy solutions to address these health inequities.

For the last 100 years, the AUA has led a continual effort to drive transformation and improvement in urological care. Our mission is to promote the highest standards of urological clinical care through education, research, and the formulation of health policy. We applaud your efforts in leading this bipartisan forum convened to discuss the delivery and financing of health care and related social determinants in urban and rural underserved areas. In addition, we thank Chairman Neal and Ranking Member Brady for their commitment to advancing commonsense legislation to improve health care outcomes within underserved communities.

The AUA has a steadfast commitment to America's rural and underserved population and supports state and federal legislative and regulatory policies to ensure all population receives the best care possible. While the AUA cannot directly address the questions outlined in the request for information, I would like to offer some remarks as the Task Force continues to advance their work.

According to a 2019 statement from the Health Resources & Services Administration (HRSA), 252 counties in the rural United States are without a single healthcare provider¹. Furthermore, a specialty such as urology can only

Headquarters

Michael T. Sheppard, CPA, CAE
Chief Executive Officer

1000 Corporate Boulevard
Linthicum, MD 21090

U.S. Toll Free: 1-866-RING-AUA
(1-866-746-4282)

Phone: 410-689-3700

Fax: 410-689-3800

Email: AUA@AUAnet.org

Websites: AUAnet.org

UrologyHealth.org

UrologicHistory.museum

¹ Health Resources and Services Administration. (2019, February 21). *Rural Health Disparities to the Fore*. Retrieved October 03, 2019, from Health Resources and Services Administration: <https://www.hrsa.gov/enews/past-issues/2019/february-21/rural-health-disparities>

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be found in 38 percent of all U.S. counties, and the number of gastroenterologists per 100,000 people varies between rural (.39) and urban (2.55) U.S. counties as well. This variation highlights the access barriers that exist for colorectal cancer screenings and correlates with the increased colorectal cancer mortality rates in rural counties. Moreover, to improve access to care in rural and underserved areas the top motivation for implementing telemedicine capabilities is to provide care to patients from underserved areas. With one-fifth of Americans living in a non-urban region and only 11 percent of physicians practicing in those same areas, access to preventive measures and lifesaving treatments is severely limited for millions of U.S. citizens.

At a time when research shows that being poor is highly correlated with poor health, hospitals and doctors are following privately insured patients to more affluent areas rather than remaining anchored in communities with the greatest health care needs. People who live in cities, particularly those who live in low-income neighborhoods, are not guaranteed better access to health care. A report on health care by the *Pittsburgh Post-Gazette* and *Milwaukee Journal Sentinel*² analyzed data from the largest U.S. metropolitan areas and found that hospitals and doctors are leaving poor city neighborhoods—which have the greatest health care needs—to follow privately insured patients to more areas that are affluent. The number of hospitals in 52 major U.S. cities dropped nearly 46 percent from 1970 to 2010, according to the report. Most of the hospitals that closed were in poor areas, leaving many low-income patients with no nearby access to health care.

Moreover, recent data from the Centers for Disease Control and Prevention (CDC) shows that rural Americans are more likely to die from issues like heart disease and cancer than their urban counterparts.^{3,4} Incidence of heart disease is 56 percent higher in non-urban settings² and, while incidences of common cancers (such as lung, colon, and prostate) are less likely in non-urban settings, mortality rates are found to be higher.⁵ Joint research by the CDC and HRSA

²Lillian Thomas. (June 14, 2014). Hospitals, doctors moving out of poor city neighborhoods to more affluent areas.
<http://archive.jsonline.com/news/health/hospitals-doctors-moving-out-of-poor-city-neighborhoods-to-more-affluent-areas-b99284882z1-262899701.html/>

³Centers for Disease Control and Prevention. (2017, January 12). *Rural Americans at higher risk of death from five leading causes*. Retrieved October 03, 2019, from Centers for Disease Control and Prevention:
<https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html>

⁴Moy E, Garcia MC, Bastain B, et al. (2017, January 13). *Leading Causes of Death in Nonmetropolitan and Metropolitan Areas — United States, 1999–2014*. Retrieved October 03, 2019, from Centers for Disease Control and Prevention:
<http://dx.doi.org/10.15585/mmwr.ss6601a1>

⁵Callaghan TH, Ferdinand AO, et al. (2018, November). *Cancer Mortality in Rural America 1999-2016*. Retrieved October 03, 2019, from Southwest Rural Health Research Center: <https://srhrc.tamhsc.edu/docs/srhrc-pb4-callaghan-cancer.pdf>

show that lack of access to preventive screenings (like prostate-specific antigen screening) and specialized care contribute to these increased mortality rates.^{1, 2}

It is also important for the Task Force to consider that rural areas account for 50 million Americans; however, according the AUA Census, which is a systematically designed, specialty-representative survey of urology, reports that 62 percent of counties in the United States have no urologist and, as a result, the mortality rate for kidney, prostate, and bladder cancer are all higher in these counties. The percentage of practicing urologists outside of metropolitan areas remained stable, slightly higher than 10 percent. However, the likelihood of practicing urologists maintaining their primary practice locations in non-urban areas increases with the age of the urologist. The urologic workforce in rural areas is dwindling, as it is older with smaller groups and fewer trainees choosing to work in rural areas.

As the Task Force strives to improve access to essential health services for many Americans by helping to increase the number of practicing specialty physicians in rural America, the AUA looks forward to working with you to ensure positive developments during this 116th Congress. Please consider the AUA as a resource for your work on these issues and do not hesitate to contact us to assist the Task Force's efforts.

Thank you for your time and consideration of AUA's comments. If you have any questions or would like any additional information, please contact AUA's Legislative & Political Affairs Manager Quardricos Driskell at qdriskell@AUAnet.org or 202-403-8504.

Sincerely,

A handwritten signature in black ink, appearing to read 'Christopher Gonzalez', with a stylized flourish at the end.

Christopher Gonzalez, MD, MBA
Public Policy Council Chair