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VIA EMAIL: Rural_Urban@mail.house.gov

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Rep. Terri Sewell
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Rep. Brad Wenstrup
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Rep. Jodey Arrington
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The Rural and Underserved Communities Health Task Force
U.S. House Ways and Means Committee

RE: Rural and Underserved Communities Health Task Force RFI

Dear Task Force Co-Chairs:

I am writing on behalf of Greater New York Hospital Association (GNYHA) in response to the Request for Information (RFI) from the Rural and Underserved Communities Health Task Force of the House Committee on Ways and Means for information about the delivery and financing of health care and related social determinants in urban and rural underserved areas.

GNYHA understands that the Task Force and Committee may use the responses to inform the development of bipartisan legislation to improve health care outcomes within rural and urban underserved communities, among other purposes. For the purposes of this response, GNYHA focuses on the potential to expand rural training tracks (RTTs). These models of partnership between urban and rural areas have the potential to significantly improve the provision of care in the nation's rural areas.

GNYHA Background
GNYHA represents approximately 160 hospitals and health systems throughout New York, Connecticut, New Jersey, and Rhode Island. The vast majority of these hospitals are in urban and suburban areas, and some of them are located in underserved areas. GNYHA advocates for its hospital members and works with executive, clinical, and educational leadership on initiatives to advance the health outcomes of communities. GNYHA also provides policy and program resources for its members in various areas, including quality improvement, population health, and medical education. GNYHA has always sought to identify policy solutions for member

hospitals located in underserved areas. We have particularly encouraged these members to access programs and opportunities available through various governmental agencies, including their state departments of health and the U.S. Health Resources and Services Administration (HRSA).

Access to Physician Services for Those Living in Rural Areas
GNYHA has recently been working to identify solutions to the access challenges for people residing in rural areas, particularly as those challenges relate to availability of physicians. In that context, GNYHA is pleased to discuss the untapped potential of RTTs in its responses to questions 6 and 7 in the RFI.

> ***6. What successful models show a demonstrable, positive impact on addressing workforce shortages in rural and underserved areas? What makes these models successful?***

The RTT program has been shown to be a successful model that brings physicians to rural areas of the country. RTT is fundamentally a partnership between urban and rural teaching hospitals to train residents in and on behalf of the rural area. Graduates of RTT programs have shown a higher likelihood of practicing in rural communities. While trainees with rural backgrounds may be more likely to pursue a rural-based practice, studies have also shown that the strongest predictor of the likelihood of medical school graduates choosing rural practice is exposure to rural practice during clinical training. Additionally, the strongest predictive factor in rural physician retention is rural-based residency training. RTTs provide an opportunity to capitalize on this research, and GNYHA supports the expansion of these efforts through the growth of these model programs.

An RTT provision was added to the Medicare statute in 1999 to incentivize urban teaching hospitals to partner with rural hospitals and clinics for the purpose of cross-training medical residents and increasing the supply of physicians in rural areas. However, the authorization is restrictive, making it challenging for rural hospitals (and urban hospitals) to access targeted Medicare funding to support the training of physicians for the rural areas. To date, the RTT provision has been limited to family medicine and a small number of hospitals. Twenty years after the RTT provision was added to the Medicare statute, there are only about 30 family medicine RTT programs availing themselves of the Medicare provision.

> ***7. Access to providers that address oral, behavioral, and substance use needs in rural and underserved communities can be particularly limited. What approaches have communities or states taken to address such gaps in care delivery?***

GNYHA recognizes that rural and other underserved areas need physicians that address oral, behavioral health, and substance use. Unfortunately, the Medicare RTT provision was designed around a family medicine accreditation model that does not currently work for other specialty program requirements. GNYHA believes that RTTs can help address other specialty needs, but there are difficulties that prevent these specialties and more hospitals from participating. In particular, unlike urban hospitals, rural hospitals often cannot receive Medicare support for RTT because of the current statutory language. In addition, the support provided by HRSA to assist rural hospitals with the infrastructure costs for developing RTTs is insufficient.

Partly as a result of these limitations, urban hospitals are hindered from helping rural areas meet physician workforce challenges in many specialty areas, including oral health, behavioral health, and specialties targeting substance use. GNYHA has had discussions with the Centers for Medicare & Medicaid Services, the Accreditation Council for Graduate Medical Education, and House Ways and Means Committee staff about how to make the current statutory provision and accreditation barriers workable for other specialty programs. We believe a small technical fix to the current Medicare statutory language, as well as additional HRSA funding, would go a long way to making RTT more viable. GNYHA encourages the Task Force to work with stakeholders to use RTT to help address oral health, behavioral health, and substance use needs in rural and underserved communities.

Contact Information
Should you wish to discuss the contents of this letter, please feel free to contact us (jcooper@gnyha.org/212-506-5505 or tjohnson@gnyha.org/212-506-5420).

Sincerely,

Jon Cooper
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Tim Johnson
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