

November 24, 2019

Dear House Ways and Means Committee:

Thank you for forming the bipartisan Rural and Underserved Communities Health Task Force in July 2019. I believe the creation of the task force signals a commitment to ensuring sustainable delivery of health care in rural regions in the United States such as the one in western North Carolina in which I live and work.

As a member of a rural population and an employee of a hospital system serving non-urban communities, I am requesting your consideration of and attention to issues affecting rural areas of America in 2020 and going forward.

The primary area of focus is the Rural Health Agenda which includes three bills aimed at increasing access to quality care and preventing hospital closures; preventing the elimination of vital inpatient service lines in rural communities; and supporting rural broadband infrastructure to enable the delivery of telehealth to remote communities. Specifically, the three bills comprising the Rural Health Agenda are:

- H.R. 4899, *Rural America Health Corps Act* will offer loan repayment to physicians who do residencies in rural areas and potentially attract physicians to stay in these areas
 - Would encourage academic medical centers and health care professionals to spend time in rural and underserved areas
 - Would offer loan repayment to physicians who do residencies in rural areas and potentially attract physicians to stay in these areas
 - Sponsors include: Senator Blackburn (R-TN), Doug Jones (D-AL) and Senator Murkowski (R-AK) and in the House, Rep. Roe, M.D. (R-TN), Rep. Kustoff (R-TN)
- H.R. 4898, *Rural Health Innovation Act* will offer innovation awards to encourage and expand the best ideas for improving health care access in rural areas
 - Would create a pilot program expanding rural health departments' urgent care services
 - Would also direct CMS' Innovation Center to test out a new telehealth payment mode
 - Sponsors Include: Senator Blackburn (R-TN) and Senator Murkowski (R-AK) and in the House, Rep. Roe, M.D. (R-TN), Rep. Kustoff (R-TN)
- H.R. 4900, *Telehealth Across State Lines Act* will expand telehealth to improve accessibility and access to qualified providers
 - Would direct HHS Secretary to come up with guidelines for virtual care across state lines, part of a larger rural health care plan in the Senate
 - Under current telehealth policy, clinicians are generally required to be licensed in the state from which the patient originates
 - Experts state that requiring separate licenses limits the technology's adoption
 - The V.A. in recent years has allowed its clinicians to operate telehealth across state lines
 - Establish a new grant program helping telemedicine projects expand into rural areas
 - Sponsors include: Senator Blackburn (R-TN) in the Senate and Rep. Roe, M.D. (R-TN) and Rep. Kustoff (R-TN) in the House

In addition to this letter, my health care organization has requested that the North Carolina Hospital Association make the Rural Health Agenda a priority focus. North Carolina has a long history of health advocacy for its residents and thus the hospital association and other organizations that champion

expanded access to care will request relevant Congressional delegations to be co-sponsors of the agenda's legislation. In my district (NC-11th), U.S. Rep. Mark Meadows has typically demonstrated openness to understanding health care access issues in rural areas. Additionally, my organization will urge our state hospital association to petition U.S. Health and Human Services and the Centers for Medicare and Medicaid Services to endorse the Rural Health Agenda. This bottom-up approach will demonstrate to the Committee the importance of bipartisan, multi-stakeholder support for issues affecting health care in rural areas of the country.

There are multiple other areas of focus for rural regions in America, including those in western North Carolina. I have provided some of the key message points espoused by my organization for U.S. lawmakers:

- Behavioral Health/Opioids: Support a rural healthcare plan that includes creating behavioral health services and combating the opioid crisis in rural hospitals
 - Most rural and non-urban hospitals do not have a psychiatrist
 - Coordination of care with FQHC and allow tax-paying hospitals the ability to receive reimbursement for FQHC services
 - New behavioral health service lines would also address the needs related to the opioid crisis
 - These service lines further reduce physician losses – grows the pool of hospitals that can do this – and increases volume to help stabilize rural hospitals
 - Behavioral health service lines would keep access to quality healthcare close to a patient's home
 - Congress should support enhanced access to Medication Assisted Treatment
 - Congress should support strengthening prescription drug monitoring programs and prescriber's education through medical and dental school training
 - Increasing funding will support better access to services, promote policies that better integrate mental and physical health, and create parity in coverage
 - Congress should also remove barriers to treatment, such as amending the Medicaid Institution for Mental Disease exclusion, eliminating the Medicare 190-day lifetime limit on inpatient psychiatric treatment.
- Hospital Ownership Parity: Change archaic laws, grants, regulations and statutes that unintentionally discriminate against a hospital or hospital system based on ownership (340B, Nurse & Physician Loan Repayment, Broadband, and Stafford Act).
 - Congress should support CMS' recent 340B Drug Pricing Program payment policy that benefits tax-paying hospitals and systems
 - The Federal government should support disaster recovery assistance for tax-paying hospitals
 - Support changes that would allow nurses and physicians that select to work at a tax-paying hospital to receive loan repayment. This would more effectively combat the current nursing and physician shortage and help meet the high demand for qualified nurses and physicians in underserved and remote areas, regardless of a facility's tax status
 - Eligibility for funding should be given to tax-paying hospitals and systems for broadband and telecommunications services under the FCC Rural Health Care Program

- Currently, tax-paying hospitals and health systems also do not qualify for financial relief through the Stafford Act, Social Services Block Grants or the Pandemic and All Hazards Preparedness Act.
- Nurse Loan Repayment Program: Support S. 1399 and H.R. 728, Title VIII Nursing Workforce Reauthorization Act of 2019
 - The bill would more effectively combat the current nursing shortage and help meet the high demand for qualified nurses in underserved and remote areas, regardless of a facilities tax status.
 - By including an amendment by Rep. Doris Matsui (D-CA) would allow nurses to access Section 846 loans at any community hospital that fits the parameters of a Critical Shortage Facility to participate in the loan repayment program, regardless of tax status.
- Rural Hospital Designation: Support efforts to protect all rural hospital designations to help rural and non-urban communities maintain or develop access to quality healthcare close to patients' homes
 - Support legislation as a last option that allows critical access hospitals and prospective payment system hospitals with 50 or fewer beds to convert to rural emergency hospitals, receive enhanced reimbursement rates of 110% of reasonable costs, and provide outpatient services only
 - Support rural hospitals with ability to provide Behavioral & Addiction Medicine
 - Support legislation that would enhance reimbursement for Telehealth services.

Thank you again for forming the Committee to evaluate on the national scale the issues that affect access to health care in rural communities across America. Thank you for the opportunity to submit a letter.

Sincerely,

Lucretia Stargell

Sources:

<https://waysandmeans.house.gov/media-center/press-releases/ways-and-means-committee-launches-rural-and-underserved-communities>

<https://www.tennessean.com/story/opinion/2019/11/13/trump-administration-makes-health-care-rural-areas-priority/2580283001/>