

November 29, 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 Request for Information (RFI)

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

On behalf of South Carolina's hospitals and health care systems, the South Carolina Hospital Association (SCHA) appreciates the opportunity to provide our comments in response to the Rural and Underserved Communities Health Task Force's RFI.

1. What are the main health care-related factors that influence patient outcomes in rural and/or urban underserved areas? Are there additional systems or factors outside of the health care industry that influence health outcomes within these communities?

Patients in underserved and rural communities face unique and significant challenges such as: addressing the opioid epidemic, geographic isolation, lack of broadband, workforce shortages, capacity challenges, increased need for behavioral health services, aging infrastructure, provider retention and payer mix, to name a few. In addition, patient care in these communities is often limited by transportation challenges including extreme distances and lack of access to a primary care provider and specialists.

2. What successful models show a demonstrable, positive impact on health outcomes within rural or underserved communities, for example initiatives that address: a) social determinants of health (particularly transportation, housing instability, food insecurity); b) multiple chronic conditions; c) broadband access; or d) the use of telehealth/telemedicine/telemonitoring?

Telehealth is pivotal to bringing personalized care to rural America. New technological advancements can increase timely access to patient-centered care, enhance patient choice and, through early intervention, can help prevent long-term, costly health events for many Americans who call rural America home.

Telehealth can reduce geographic challenges and provide patients convenient and more timely access to providers. As the utilization of telehealth continues to grow, SCHA believes that such modalities should be reimbursed by Medicare, Medicaid, private insurance and other payers at the same level as when those services are delivered in person.

Using telehealth in rural areas expands access to and improves the quality of health care millions of Americans receive. However, there is often a lack of infrastructure in place to achieve the expansion of telehealth – namely, a lack of broadband internet. While broadband is used in everything from agriculture to education, expanding rural America’s access to reliable internet service is pivotal to increasing access to quality health care for rural communities.

For this reason, SCHA encourages Congress to expand funding for the Federal Communications Commission’s Rural Health Care program, which provides participating facilities with subsidies that help to offset their costs associated with deploying the infrastructure and obtaining the connectivity that is needed to support the provision of crucial telehealth services.

3. What should the Committee consider with respect to patient volume adequacy in rural areas?

Rural hospitals serve more than 60 million Americans who live in rural regions, representing approximately 20% of the entire U.S. population. Rural hospitals are often the sole provider of comprehensive medical care in their communities and are the largest or second largest employer and economic engine in these areas.

Rural hospitals traditionally serve older, low-income populations. This unique patient demographic in rural regions often lends to a dichotomy: a high volume of Medicaid as well as Medicare-dependent patients, but a lower volume of commercially insured and total patients overall. As such, the Medicare Dependent Hospital (MDH) and the Low Volume Hospital (LVH) payment programs should be made permanent to ensure patient access to hospitals in rural America. These programs, which currently sunset in 2022, are essential to ensure the financial viability of rural hospitals. We urge policymakers to permanently extend these vital programs.

SCHA would also encourage the Task Force to consider new designations for rural facilities, such as what was proposed in Sen. Grassley's Rural Emergency Acute Care Hospital Act (most recently introduced as S. 1130 in the 115th Congress).

5. If states or health systems have formed regional networks of care, leveraging for example systems of transport or the use of telehealth/telemedicine, what states or entities are these, what approaches did they use to form these networks, what challenges did they overcome, and what challenges persist?

As policymakers consider opportunities to improve the delivery of services via telehealth, SCHA recommends the following principles to guide future legislative and regulatory activity:

- Medical and behavioral health services that can be appropriately delivered via telehealth technology should be reimbursed by Medicare, Medicaid, private insurance, and other payers at the same level as when those services are delivered in person
- Originating site restrictions should be updated continually as new technologies develop with the goal of eliminating originating site restrictions in order to make telehealth services available to patients where most convenient for them
- Access for telehealth services should not be restricted by geography, and all patients, whether in rural, suburban or urban areas, should be able to avail themselves of medical and behavioral health services via telehealth
- Reimbursement should encourage the use of real-time secure bi-directional audio and video, home health monitoring technologies, store-and-forward technologies, and other synchronous, asynchronous, and remote monitoring technologies
- The federal government, through its role in oversight of the Medicaid program, should encourage states to broadly adopt telehealth services in state Medicaid programs
- Health care providers and practitioners engaged in the delivery of services via telehealth should continually strengthen safeguards that ensure the privacy and security of patient data

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

SCHA applauds the passage of H.R. 728, Title VIII Nursing Workforce Reauthorization Act of 2019, which extends critical nursing workforce development programs that invest in the education and training of our nation's nurses. This legislation will help ensure that nurses continue to provide high-quality care to patients, including in rural and underserved communities, by supporting nursing education, practice, recruitment, and retention.

10. Are there two or three institutional, policy, or programmatic efforts needed to further strengthen patient safety and care quality in health systems that provide care to rural and underserved populations?

SCHA is encouraged that Members of Congress have introduced bipartisan legislation to address a wide array of issues that will improve the quality, safety, and availability of health care in rural America. In particular, we urge Congress to examine three bills, including: H.R. 4899, Rural America Health Corps Act; H.R. 4900, The Telehealth Across State Lines Act; and H.R. 4898, The Rural Health Innovation Act.

Sincerely,

A handwritten signature in blue ink, appearing to read "J. Kirby", with a stylized flourish at the end.

J. Thornton Kirby
President and CEO

cc: The Honorable Richard Neal, Chairman, Committee on Ways and Means
The Honorable Kevin Brady, Ranking Member, Committee on Ways and Means