



*We Will Empower Bold Change to Elevate
Human Flourishing.*

RURAL HEALTH CARE

Approximately 46 million Americans live in a rural area. These individuals and families face increasing hospital closures, declining economic opportunities, lack of access to quality and affordable public health care and an ongoing struggle to recruit health care workers. Rural hospital closures in many areas of the country continue to put increasing pressure on local communities and public health. Hospital closures and health care workforce shortages have left many rural communities with fewer health care options, forced patients to travel ever-increasing distances to receive primary or emergency health care and left communities struggling to face the consequences of a closed hospital.

The impact of these closures is particularly acute as overall economic and community health continues to decline across many rural communities. In addition to having fewer health care options, rural communities have higher rates of suicide and are more likely to have higher rates of smoking and obesity as well as lack access to healthy food options. The resulting health disparities means people living in rural areas are more likely than urban residents to die prematurely of heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke.¹

In confronting this reality, rural health care providers must confront the challenge of serving an increasingly vulnerable and diverse community stretched across a wide geographic service area, while also facing staffing shortages in many care settings including hospitals and long-term care (LTC) facilities. The increased need, coupled with the increasing cost and challenge of operating a full-service hospital and LTC facility in rural communities, has left health care providers with difficult choices. These challenges are only further exacerbated by a decrease in rural health infrastructure investments.

MINISTRY TRADITION

CHA's *Vision for U.S. Health Care* affirms our call to pay special attention to the needs of the poor and the vulnerable, those most likely to lack access to health care, in our journey towards affordable, and accessible health care for all. We are inspired by the wisdom of the social doctrine of the Church, which teaches that each person is created in the image of God; that each human life is sacred and possesses inalienable worth; and that health care is essential to promoting and protecting the inherent dignity of every individual. This commitment is why the Catholic health ministry continues to work to ensure access to care to meet the needs of rural communities and to advocate for changes in health care policy so that all people have access to quality and compassionate care.

¹ Centers for Disease Control and Prevention National Center for Chronic Disease Prevention and Health Promotion, Preventing Chronic Diseases and Promoting Health in Rural Communities Factsheet, 2021 available at <https://www.cdc.gov/chronicdisease/pdf/factsheets/Rural-Health-Overview-H.pdf>



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CHA'S POSITION AND ACTIVITIES

Consistent with our tradition and the experience of Catholic health care providers throughout rural communities, CHA continues to advocate policy changes that address the underlying systemic challenges facing rural healthcare providers while at the same time advocating increasing investments in community and public health so that rural communities have access to quality, affordable and compassionate care. These policy changes include:

- **Improve health and expand access to health care in rural communities -**
Comprehensive public and private health care coverage, including behavior and mental health, remains a priority for improving broader rural health. Telehealth increasingly plays a critical role in ensuring access to primary care while at the same time providing access to specialized care in communities without it. We support:
 - Making permanent the telehealth flexibilities and financing provided during the COVID-19 pandemic, as well as increased investments in broadband and point-of-service telehealth technologies to ensure greater access to care, especially for individuals living in rural areas.
 - Enhancing Medicaid federal funding to support increased Medicaid enrollment and to encourage state expansion of Medicaid coverage under the Affordable Care Act in states which have yet to expand coverage.
 - Continuing robust funding of the Supplemental Nutrition Assistance Program and housing assistance programs to support those most in need in rural communities.
- **Strengthen the rural health safety net –** Medicare and Medicaid each pay less than 90 cents for every dollar spent on caring for a patient. With rural hospitals forced to meet minimum staffing and service needs to serve smaller, often older, and poorer populations, reimbursement rates should be updated to reflect the cost of providing healthcare in rural communities. We support:
 - The reinstatement of the *necessary provider designation* for the Critical Access Hospital (CAH) program, which provides a waiver of the 35-mile limit for CAH designation so that these providers can receive cost-based Medicare reimbursement for services.
 - Removal of the 96-hour physician certification rule for Critical Access Hospitals (CAHs) enabling them to serve patients needing critical care who have lengths of stay greater than 96 hours. These changes reflect the need for Congress to prioritize innovative strategies for providing cost-effective and quality health care for rural communities.
 - Making the Medicare-dependent Hospital (MDH) & Low-volume Adjustment (LVA) programs permanent to ensure the financial viability of these hospitals and continued access to care.



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- **Address health disparities and access to maternal and obstetric health in rural communities** Access to mental, behavioral, and maternal health in rural communities continues to be an increasing challenge across the country. Today, fewer than 50% of rural women have access to prenatal services within 30 miles of their home and 10 percent have to drive 100 miles or more for these services. This reality affects access to care before, during, and after pregnancy.²
- **Support rural health workforce** - Rural communities continue to struggle to recruit and maintain sufficient number of health professionals and specialists to meet their community's needs. Congress can make meaningful and sustained investments in addressing our rural health workforce shortage by:
 - Increasing the number of Graduate Medical Education Medicare funded residency slots in rural settings;
 - Expanding and extending the Conrad State 30 J-1 visa waiver program for J-1 visa holding physicians, who agree to work for three years in a designated underserved area, and
 - Supporting workforce policies that improve recruitment and retention of health care professionals and allow them to practice at the top of their license.

² Commonwealth Fund. *Restoring Access to Maternity Care in Rural America*. September 2021, <https://www.commonwealthfund.org/publications/2021/sep/restoring-access-maternity-care-rural-america>.