HEALTHCARE LEADERSHIP COUNCIL

May 24, 2018

The Honorable Orrin Hatch
Chairman
Committee on Finance
United States Senate
Washington, D.C. 20510

The Honorable Ron Wyden
Ranking Member
Committee on Finance
United States Senate
Washington, D.C. 20510

Dear Chairman Hatch and Ranking Member Wyden:

On behalf of the Healthcare Leadership Council (HLC), I am writing in regards to the Senate Finance Committee hearing on "Rural Healthcare in America: Challenges and Opportunities."

HLC is a coalition of chief executives from all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century health system that makes affordable, high-quality care accessible to all Americans. Members of HLC – hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, pharmacies, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach. Through our diversity, we develop a nuanced perspective on the impact of any legislation or regulation affecting access to quality affordable healthcare.

HLC believes access to affordable healthcare in rural areas is an urgent and important issue. The 46 million Americans who live in these areas often have trouble accessing care due to a shortage of healthcare workers. Long distances, difficult terrain, and severe weather also inhibit patient access to these services. As a result, rural residents are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease, and stroke than their urban counterparts.[1] To assist these individuals and improve their access to care, HLC asks the Committee to support the following recommendations.

[1] Centers for Disease Control and Prevention, "Rural Americans at Higher Risk of Death from Five Leading Causes," January 12, 2017, https://www.cdc.gov/media/releases/2017/p0112-rural-death-risk.html.

Market Stabilization

HLC believes that all Americans should have access to affordable, high-quality healthcare. This is especially critical for rural areas, many of which are only covered by one or two insurers. Congress and the administration should bolster the stability of the health insurance marketplace, encourage greater competition, and give rural Americans enhanced choice in their coverage by guaranteeing issue of health insurance without preexisting, annual, or lifetime coverage limits but in conjunction with continuous coverage requirements and other critical safeguards against adverse selection. Congress should also establish a reinsurance program with predictable, reliable, and broad-based funding.

Regulatory Reform

The Department of Health and Human Services (HHS) should also act to stabilize the health insurance market in rural areas by restoring regulatory oversight of health insurance to the states. States are the traditional regulators of health insurance and know best how to meet their residents' health insurance needs, especially the needs of rural residents. HHS should defer to the states for regulatory approval authority of products and rates in the individual and small-group markets.

Another regulatory reform issue that would benefit rural residents is ensuring that the implementation of home health agency (HHA) rules meets the needs of rural patients. In these areas, it can be particularly difficult to find nurses and other home health professionals who are able to care for patients on an ongoing, uninterrupted basis. In many cases, without a clear plan to discharge a patient to other providers when there are these shortages, it would be difficult for HHAs to take on new patients whose homes are far away from the HHA's service area. To help ensure better patient access to home health, the Centers for Medicare and Medicaid Services (CMS) should delay and improve the Medicare and Medicaid conditions of participation for HHAs.

Telemedicine

HLC is a strong supporter of removing regulatory barriers to the use of telemedicine and remote patient monitoring. Telehealth can enable patients to connect with providers and increases access to care, improves the quality of care, and decreases the costs of care. HLC commends Congress for passing the CHRONIC Care Act that expanded telehealth and remote patient monitoring services in Medicare, including the addition of home dialysis sites as originating sites for those patients and the lifting of evaluation restrictions for telestroke. HLC also lauds the introduction of the CONNECT for Health Act, and requests the inclusion of provisions to grant the HHS Secretary waiver authority to lift existing restrictions when certain quality and cost-effective criteria are met, and to lift restrictions for certain mental health services. Lastly, HLC supports the provision to allow rural health clinics and federally qualified health centers (FQHCs) to serve as originating and distant sites. This legislation will help to increase access to virtual care for various patient populations in need, particularly in rural areas.

HLC is also a staunch supporter of using telemedicine to prevent chronic diseases and promote wellness among rural residents. Many chronic diseases are caused by a lack of physical activity, inadequate nutrition, and tobacco use, to name a few. Medicare beneficiaries need access to comprehensive and evidenced-based wellness programs that can help prevent these diseases. One such program, the Diabetes Prevention Program (DPP), has already demonstrated positive results. A CMS model test found that DPP helped 45 percent of beneficiaries meet their five percent weight loss target, which lowered their risk of developing type 2 diabetes.[2] HLC endorsed the expansion of DPP into Medicare and supports virtual DPP. We believe virtual DPP will help Medicare beneficiaries who reside in areas without a DPP provider.

Social Determinants of Health

The barriers and difficulties rural residents face in accessing healthcare often stem from social determinants, including their income, education, and race or ethnicity. Community Health Workers (CHWs) play a critical role in addressing these social determinants for rural residents. CHWs specialize in working with low-income, minority, disenfranchised, and underserved communities. CHWs are members of these communities and spend time with patients in the community and in their homes. CHWs therefore have a unique understanding of their patients' needs and are able to address social determinants of health by linking patients to the support and social services they need to become, and stay, healthy. Such services can include, but are not limited to, transportation to medical appointments, access to healthy foods, and assistance in securing safe housing. HLC recommends the Committee support the increased use of CHWs.

Community-Based Care for Medicare Advantage Beneficiaries

Low-income seniors living in rural areas are especially likely to face barriers related to social determinants of health. To address their needs, HLC urges the Committee to support H.R. 4006, the "Community-Based Independence for Seniors Act." This legislation would create a Community-Based Institutional Special Needs Plan (CBI-SNP) demonstration. This program would provide home- and community-based services to low-income Medicare beneficiaries who are unable to perform two or more activities of daily living. These services would improve their care and maintain their health while eliminating the need for them to spend down their income and assets to qualify for Medicaid. They would instead be able to stay in their home and community and be provided with long-term care services and support.

[2] Seema Verma, "CMS Encourages Eligible Suppliers to Participate in Expanded Medicare Diabetes Prevention Program Model," The CMS Blog, April 30, 2018, https://blog.cms.gov/2018/04/30/cms-encourages-eligible-suppliers-to-participate-in-expanded-medicare-diabetes-prevention-program-model/.

State Offices of Rural Health

HLC believes state-run rural health programs play a pivotal role in delivering quality healthcare services to individuals in need of care. We would like to thank the Senate Health, Education, Labor and Pensions Committee for passing S. 2278, the "State Offices of Rural Health Act," and encourage the full Senate to support the bill. HLC is especially supportive of the provision that would provide grants to the offices for their work in recruiting and retaining health professionals. Rural areas require a trained, highly skilled, and stable healthcare workforce, but it is often difficult for communities to attract those professionals. With the additional resources given by this legislation, the state offices can assist with this important issue.

Rural Healthcare Workforce

HLC urges the Committee's continued support of programs that train providers to care for rural residents. These include:

- The Teaching Health Center Graduate Medical Education (THCGME) program that focuses on training doctors in community-based primary care settings such as FQHCs. These community health centers bridge coverage and access gaps for Americans in rural areas, and the THCGME program provides care while also educating physicians on how best to treat this population.
- The National Health Service Corps (NHSC), which offers loan repayment assistance to healthcare providers who practice in rural and underserved areas. The NHSC serves as an effective and efficient recruiting tool, since many providers continue to practice in rural areas after they fulfill their NHSC commitment.
- The Title VII diversity and primary care training programs, as well as the Title VIII nursing programs, that aim to improve the diversity, supply, and distribution of the nation's healthcare workforce.

Rural areas especially need healthcare providers who are trained in substance use disorder treatment. The opioid crisis has greatly affected rural communities, and the Committee should help address this important issue by supporting S. 2483, the "Opioid Workforce Act." This legislation will provide an additional 1,000 residency positions to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

HLC also asks the Committee to reduce barriers to care by supporting legislation that will allow healthcare providers to practice to the full scope of their training. For example, the Committee should support S. 445, the "Home Health Planning Improvement Act," which will allow nurse practitioners, certified nurse specialists, certified nurse-midwives, and physician assistants to certify that their patients need home healthcare.

Pharmacists are the most accessible healthcare provider for Americans, 89% of whom live within 5 miles of a community pharmacy. In coordination with other healthcare

providers, pharmacists can provide underserved Medicare beneficiaries with the care they need and deserve. HLC asks the Committee to ensure rural and underserved residents' continued access to these professionals by supporting S. 109, the "Pharmacy and Medically Underserved Areas Enhancement Act." This legislation would provide additional site of care options for patients by leveraging pharmacists' comprehensive and unique education and training in the use of medications to treat, manage, and prevent diseases. Further, pharmacists play an important role in helping to address opioid misuse and abuse, as well as treatment, and HLC asks the Committee to pass S. 109 as part of its efforts to address this crisis.

Thank you for your work on these critical issues. Please feel free to reach out to Tina Grande, Senior Vice President for Policy at the Healthcare Leadership Council, at (202) 449-3433 or tgrande@hlc.org with any questions.

Sincerely,

Mary R. Grealy
President
Healthcare Leadership Council