



September 24, 2018

The Honorable Lamar Alexander
Chairman
U.S. Senate Committee on Health,
Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

The Honorable Patty Murray
Ranking Member
U.S. Senate Committee on Health,
Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, D.C. 20510

Dear Chairman Alexander and Ranking Member Murray:

The Healthcare Leadership Council (HLC) applauds the HELP Committee's efforts to further examine healthcare experiences and cost in rural America.

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 healthcare 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, post-acute care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach.

Rural healthcare is an urgent and critical issue. The 46 million Americans who live in these areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that often are made more challenging by difficult terrain and severe weather. Rural residents are at greater risk of dying from heart disease, cancer, unintentional injuries, chronic lower respiratory disease, and stroke, than their urban counterparts. Medicare costs for socially isolated older adults are \$1,609 per year per person higher than non-isolated people. To assist these individuals and improve their access to care, HLC asks the Committee to support the following recommendations.

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. HLC also 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 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. 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 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 provide this service within their own 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.

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 would allow nurse practitioners, certified nurse specialists, certified nurse-midwives, and physician assistants to certify that their patients need home healthcare.

Finally, 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. 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 the Committee’s work on improving healthcare in rural America. HLC looks forward to continuing to collaborate with you on our shared priorities. Should you have any questions, please do not hesitate to contact Debbie Witchey at (202) 449-3435 or dwitchey@hlc.org.

Sincerely,



Mary R. Grealy
President