



September 7, 2019

Rural Health Task Force
Bipartisan Policy Center
1225 Eye Street, NW Suite 1000
Washington, D.C. 20005

Dear Members of the Rural Health Task Force:

The Healthcare Leadership Council (HLC) applauds the task force efforts to develop focused and pragmatic goals, build consensus around a base of evidence, and develop policy recommendations to improve rural health.

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, home 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 rural areas often have trouble accessing care due to a shortage of healthcare workers and long distances to healthcare services that can be 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 task force to consider the following recommendations.

Telemedicine

Telemedicine drives volume, increases quality of care and reduces costs by reducing readmissions and unnecessary emergency department visits for rural communities. HLC believes telemedicine and mobile health offer solutions for rural providers. Telemedicine offers rural providers a way to serve their patients at better costs and help cuts down on the time it takes patients to receive care—particularly specialty care. Telehealth lessens isolation and provides support to the rural health workforce.

Payment for telehealth services should always connect to the type of service being provided, not the setting in which it is provided so providers are able to choose the delivery system that is most effective for each patient. HLC supports reforming payment and regulatory barriers that prevent the use of telemedicine in this manner.

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 cost of care. 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 also supports 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 healthcare challenges associated with these social determinants for rural residents. CHWs specialize in working with low-income, minority, disenfranchised, and underserved communities. CHWs provide healthcare and social services 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 task force support the increased use of CHWs.

HLC also ask the taskforce to consider creative payment policy solutions for addressing social determinants of health, specifically the transition of healthcare to value-based models. New accountable and value-based care models, which integrate medical resources and global budgets should align incentives for healthcare entities with those for social services and vulnerable patient segments.

Rural Healthcare Workforce

State legislators are broadening the roles of some licensed health professionals through scope of practice laws in rural areas where there are not enough doctors and nurses to keep up with the demand for their services. HLC supports expanding

the authority of nurse practitioners, physician assistants and pharmacists to perform additional procedures and treatments to help alleviate workforce shortages. Licensed professionals can be trained more quickly and less expensively than physicians without compromising quality.

Additionally, HLC recommends the task force support programs that train providers to care for rural residents. These include:

- The Teaching Health Center Graduate Medical Education (THCGME) program, which 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, which aim to improve the diversity, supply, and distribution of the nation's healthcare workforce.

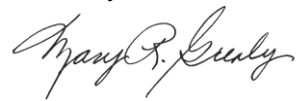
Rural areas especially need healthcare providers who are trained in substance use disorder treatment. The opioid crisis has greatly affected rural communities, and the task force should help address this important issue by supporting H.R. 3414, the "Opioid Workforce Act." This legislation would provide an additional 1,000 residency positions to hospitals with addiction medicine, addiction psychiatry, or pain management programs.

The task force should also focus on reducing barriers to care by supporting legislation that would allow healthcare providers to practice to the full scope of their training. For example, S. 296, the "Home Health Planning Improvement Act," 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. Congress should ensure rural and underserved residents' continued access to these professionals. HLC recommends the task force to support 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, thus HLC believes Congress should pass S. 109 as part of its efforts to address this crisis.

Thank you for the task force efforts to improve rural healthcare. 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,

A handwritten signature in black ink, appearing to read "Mary R. Grealy". The signature is written in a cursive style with a large, prominent initial "M".

Mary R. Grealy
President