



April 9, 2020

The Honorable Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
U.S. Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

**Re: Maternal and Infant Health Care in Rural Communities RFI**

Dear Administrator Verma:

The Healthcare Leadership Council (HLC) appreciates the opportunity to provide comments on improving health care access, quality, and outcomes for women and infants in rural communities before, during, and after pregnancy.

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 makes the following recommendations:

## **Telemedicine**

Telemedicine increases quality of care and decreases costs by reducing readmissions and unnecessary emergency department visits for those in rural communities. HLC believes telemedicine and mobile health offer solutions for rural providers. Telemedicine offers rural providers a way to serve their patients at lower costs and helps reduce 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 site that is most effective for each patient. HLC supports reforming payment and regulatory barriers that prevent the use of telemedicine in this manner. Many of these rules have been waived during the COVID-19 pandemic and CMS should make these changes permanent.

HLC is a strong supporter of removing regulatory barriers to the use of telemedicine and remote patient monitoring. HLC lauded the “Creating Opportunities Now for Necessary and Effective Care Technologies (CONNECT) for Health Act” in both the 114th and 115th Congresses. We supported provisions within the CONNECT for Health Act that would 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 supported the provision to allow rural health clinics and federally qualified health centers (FQHCs) to serve as distant sites. This legislation would help to increase access to virtual care for various patient populations in need, particularly in rural areas. HLC believes Congress and the administration should work to further expand coverage for telehealth services.

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 support of an increased use of CHWs.

HLC also asks CMS 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.

Thank you for CMS's efforts to improve health care access, quality, and outcomes in rural communities. 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](mailto:dwitchey@hlc.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Mary R. Greal".

Mary R. Greal  
President