



Health Policy Stakeholder Meeting Template National Rural Health Association

In order to accurately capture and understand your organization's priorities for health care reform and other health care policy issues, we ask that you briefly detail your priorities:

- **Health policy priorities/goals in the short term**

Expanding health care coverage is necessary and laudable - - in fact rural Americans lack insurance at a higher rate than their urban counterparts - - but there is a greater crisis in rural America: access to health care. Coverage does not equate to access.

- Over 50 million Americans live in areas where there are too few providers to meet their basic primary care needs.
- Yet these rural patients face the most daunting of health care challenges: per capita, rural populations are older, poorer and sicker.

In the short term, the rural health care safety net must be prevented from crumbling. Three reforms are crucial:

1. Equity in reimbursement must occur;
2. The workforce shortage crisis must be abated;
3. Decaying rural health care infrastructure must be repaired and non-existent infrastructure must be created.

- **Health policy priorities/goals in the long term**

If access is improved in the short term in rural America, then lack of coverage can finally be addressed. The NRHA strongly endorses health care reform that increases coverage to rural Americans and supports this Administration's efforts. However, access will always be a concern in rural America and any long-term health plan must include a mechanism for creating systemic and sustainable quality care for rural Americans. To ensure that mechanism, long-term solutions must address **payment, workforce and infrastructure needs**.

- **The mechanisms for achieving the goal (i.e., executive order, regulation, guidelines, policy change or legislation)**

To best ensure that 50 million Americans are not left behind in any health care reform, it is critical that a rural voice be continued to be heard by both the Legislative and Executive Branches. HHS should reinstitute an agency-wide rural task force to ensure that rural concerns are heard.

Immediately addressing reimbursement issues:

- Enact legislation to address pending cuts and inequities in rural reimbursement issues (S. 1605, H.R. 2680).
- Reinstate "necessary provider" language for Critical Access Hospitals (or at minimum reexamine regulations jeopardizing access to acute care).
- Reexamining several Bush Administration regulations that jeopardize access to primary care, e.g., a proposed rule on Rural Health Clinic (June, 2008).
- Increase prescription drug access to rural communities by expanding the 340B program..

Immediately addressing the workforce shortage crisis:

- Require CMS to implement Integrated Rural Training Tracks (which would vastly increase medical residents to rural areas).
- Increase funding for invaluable rural workforce programs such as AHEC and NHSC.
- Establish an Office of Healthcare Workforce within HRSA to create, coordinate and oversee workforce initiatives, research, and data collection and management within the Administration.

Immediately addressing the infrastructure crisis:

- Economic stimulus and job-creation programs must occur in rural America and must address the grave disparities in infrastructure. Such programs must address EMR, broadband and other technological infrastructure as well as facility brick-and-mortar infrastructure disparities.
- Current lending and grant programs for rural infrastructure (e.g., USDA programs) must be increased and improved to better meet the need in rural health care.
- The Universal Service Fund is woefully underutilized. It must be better targeted to achieve greater health care access.

- **Any budgetary or appropriations concerns or impact**



Funding levels for HHS programs that sustain the critical rural health safety net must be increased to address decades of disparities.

- **Any other HHS related issue**
Supplemental information will be provided upon request.