

Contact: Carrie Cochran-McClain
Chief Policy Officer
National Rural Health Association

ccochran@ruralhealth.us
(202) 639-0550
50 F. St NW, Suite 520, WDC, 20001

Testimony of the National Rural Health Association (NRHA)

Concerning Programs Impacting Rural Health at the Department of Health and Human Services
(HHS)

***Submitted for the Record to the Senate Committee on Appropriations Subcommittee on Labor,
Health and Human Services, Education and Related Agencies – FY 2023***

On behalf of the National Rural Health Association (NRHA), we ask that you continue to support critically important rural health programs as you move forward with Fiscal Year 2023 funding measures. We appreciate the efforts of the Subcommittee on Labor, Health and Human Services, Education, and Related Agencies immensely and applaud your leadership in supporting rural health programs. Our testimony outlines recommendations that will strengthen the rural health care safety net and ensure that rural Americans maintain access to critical health care services. NRHA requests a total of \$726.5 million for rural health programs outlined below.

NRHA is a national nonprofit membership organization with more than 21,000 members, whose mission is to improve the health and health care of rural Americans and to provide leadership on rural issues through advocacy, communications, education, and research. NRHA's membership is a diverse collection of individuals and organizations that share a common interest in ensuring all rural communities have access to quality, affordable health care.

Now, more than ever, it is critical that Congress fully funds and supports the rural health safety net. Rural health care providers, who were struggling to keep their doors open prior to the COVID-19, have been hit hard by the pandemic. As the nation begins to rebuild, continued relief is needed to ensure rural providers can remain in their communities and provide the care that is needed. Additionally, rural communities have disproportionately felt the impact of COVID-19.

Compared to their urban counterparts, rural Americans are older, more likely to have underlying health conditions, and less likely to have health insurance or financial resources to build back post-COVID-19. Individuals living in rural areas are more likely to die of the five leading causes of death (heart disease, cancer, stroke, and chronic lower respiratory disease). Rural residents often encounter barriers to healthcare that limit their ability to obtain the care they need. COVID-19 has devastated the financial viability of rural practices, disrupted rural economies, and eroded availability of care. Medical deserts are appearing across rural America, leaving many without timely access to care.

The federal investment in rural health programs at the US Department of Health and Human Services (HHS) is a small portion of federal health care spending, but it is critical to rural Americans. We encourage the Committee to support rural communities across the country by increasing funding for indispensable programs. These programs include:

The Health Resources and Services Administration's (HRSA) Medicare Rural Hospital Flexibility (FLEX) Program (\$68.5m). FLEX Program grants are used by states to

implement specific rural strategies to ensure access to primary care in rural communities. Utilization of these grants is the most effective way to provide relief and resources to rural areas that have been severely impacted by COVID-19. These grants allow flexibility, targeted funding, and rapid distribution. This extraordinarily successful grant program can be used by hospitals to procure needed equipment, expand telehealth, and establish rural-specific pandemic recovery plans. Critical Access Hospitals (CAH) provide essential services to their communities, and their continued viability supports access to care and the health of the rural economy.

HRSA's **Rural Maternal and Obstetric Management Strategies (RMOMS) Program (\$15m)** to enhance maternity and obstetric care in rural communities. This includes \$10 million for Rural Obstetric Network Grants under Section 330A-2 of the Public Health Service grant and \$5 million for the Rural Maternal and Obstetric Care Training Demonstration. The Committee encourages HRSA to ensure that rural and Critical Access Hospitals, Rural Emergency Hospitals, Federally Qualified Health Centers or Rural Health Clinics are included in the funded networks. The Committee also encourages HRSA to consider the broad range of health care professions be included in the training demonstration.

HRSA's **Rural Residency Planning and Development Program (\$13m)**. Workforce shortages have been identified by rural providers as one of the greatest challenges throughout, and coming out of, the COVID-19 pandemic. Expanding this program helps to increase the number of rural residency training programs and subsequently the number of physicians choosing to practice in rural areas. For the purposes of this program, rural residencies are allopathic and osteopathic physician residency training programs that primarily train in rural communities.

HRSA's **Rural Health Care Services Outreach, Network and Quality Improvement Grants** (Outreach programs) (**\$90m**) to improve rural community health by focusing on quality improvement, increasing health care access, coordination of care, and integration of services. The Outreach Grant Program funds critical community-based projects to increase access to care in rural communities, and Network Development Grants address the financial challenges of working with underserved rural communities. These grants can be targeted for specific pandemic needs, such as outreach and enrollment for COVID-19 vaccine. Additionally, these programs have the flexibility to focus on community-specific outreach and have an excellent track record of improving population health. More than 2 million people have benefited from Outreach programs, and more than 85% of funded programs continue to deliver services after grants have ended.

HRSA's **Rural Health Research and Policy Development Program (\$13m)** program is used to support the Federal Office of Rural Health Policy (FORHP) in advising the Secretary on rural health issues, conducting research on rural health, and providing support for grants that enhance health care delivery in rural communities. The program provides critical data and policy on rural access to care, the viability of rural hospitals, and availability of the rural health workforce.

HRSA's **State Offices of Rural Health (\$14m)**, located in all 50 states, help their rural communities build health care delivery systems. They accomplish this mission by collecting and

disseminating information, providing technical assistance, helping to coordinate state rural health interests state, and by supporting efforts to improve recruitment of health professionals.

The **Rural Health Clinic (RHC) Behavioral Health Initiative (\$10m)**. The COVID-19 pandemic has exacerbated and underscored behavioral health challenges facing rural communities. Fully funding the President's request for this initiative would be crucial for addressing the mental health needs in rural areas.

Telehealth (\$44m) funding for the HHS Office for the Advancement of Telehealth, including the Telehealth Network Grant Program, promotes the effective use of technologies to improve access to health services and to provide distance education for health professionals. NRHA calls on Congress to enhance the HHS Office for the Advancement of Telehealth authority to: advise the secretary on telehealth issues; create and staff an HHS Telehealth Advisory Committee; and administer grants, cooperative agreements, and contracts.

HRSA's **Rural Communities Opioid Response Program (RCORP) (\$165m)** initiative aims to reduce the morbidity and mortality associated with substance use disorder (SUD), including opioid use disorder (OUD), in high-risk rural communities by providing funding and technical assistance to multi-sector consortia to enable them to identify and address OUD prevention, treatment, and recovery needs at the community, county, state, and/or regional levels.

HRSA's **340B Drug Pricing Program and Office of Pharmacy Affairs (\$17m)**. The 340B program allows eligible rural health care organizations serving uninsured and low-income patients to purchase drugs at deeply discounted prices. 340B-eligible hospitals are indispensable parts of the rural health safety net and help rural patients receive the essential drugs and care that they require.

HRSA's **National Health Service Corps (\$210m)** supports qualified health care providers that are dedicated to working in underserved areas by providing scholarship and loan-repayment programs for those serving medically underserved communities and populations with health professional shortages and/or high unmet needs for health services.

HRSA's **Area Health Education Centers (AHEC) (\$67m)** Program develops and enhances education and training networks within communities, academic institutions, and community-based organizations. AHECs develop and maintain a diverse health care workforce, aim to broaden the distribution of the health workforce, and invest in interprofessional networks that address social determinants of health.

Additionally, NRHA urges Congress to **establish an Office of Rural Health within the Centers for Disease Control and Prevention (CDC)** (\$10m annually) to strengthen programs serving the rural health safety net. Given known rural health disparities, coupled with the devastation of the COVID-19 pandemic, it is critical for CDC to facilitate coordination with rural communities directly and serve as a direct resource for rural providers and patients. This Office would play an important role in leading and coordinating activities designed to improve the health of rural Americans.

NRHA is grateful for your support in recognizing the need for providing a sound future for the delivery of rural health care. We hope you will continue to support the millions of Americans in rural and underserved areas by acknowledging and considering these funding priorities.

Protect the Rural Health Care Safety Net NRHA FY 2023 Request (dollars in millions)			
Discretionary Funding Program	FY 2021 Omnibus	FY 2022 Omnibus	NRHA FY2023 Request
<i>Federal Office of Rural Health Policy Programs</i>			
Rural Hospital Flexibility Grants	55.6	62	68.5
Rural Maternity & Obstetrics Management Strategies Program	5	6	15
Rural Residency Planning & Development	10	10.5	13
Rural Health Care Services Outreach, Network & Quality Improvement Grants	82.5	86	90
Rural Health Research & Policy Development	11.1	11.1	13
State Offices of Rural Health	12.5	12.5	14
Telehealth	34	36	44
Rural Communities Opioid Response	110	135	165
340B Drug Pricing Program and Office of Pharmacy Affairs	10	11	17
<i>HRSA Health Workforce Programs</i>			
National Health Service Corps	144	122	210
Area Health Education Centers	43.3	45	67
<i>Centers for Medicare and Medicaid Services</i>			
Rural Health Clinic Behavioral Health Initiative	-	-	10

Centers for Disease Control and Prevention

Office of Rural Health	-	-	10
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