

**Testimony of the National Rural Health Association (NRHA)**

*Submitted for the Record to the Senate Committee on Appropriations Subcommittee on Labor,  
Health and Human Services, Education and Related Agencies – FY 2022*

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 2022 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 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 before, it is crucial that the Committee support programs that seek to address the severe health care crises in rural America. Rural health care providers, who were struggling to keep their doors open prior to COVID-19, have been hit hard by the pandemic. Continued relief is needed for health care providers to address the unique needs of rural America.

The rural hospital closure crisis continues to intensify. In 2020, the United States experienced the greatest number of rural hospital closures in a single year since the beginning of the century, with 137 rural hospital closures since 2010. Unfortunately, 453 rural hospitals are operating at margins similar to the more than 20 rural hospitals that closed last year. The

pandemic has also exacerbated health care workforce shortages that have plagued rural communities for decades. Seventy-seven percent of rural counties are Health Professional Shortage Areas, and nine percent have no physicians at all. With far fewer physicians per capita, the maldistribution of health care providers between rural and urban areas results in unequal access to care and negatively impacts rural health outcomes.

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 is a small portion of federal health care spending, but it is critical to rural Americans. We encourage the Committee to recognize that rural America is in crises and desperately needs immediate solutions. Several indispensable discretionary programs help ensure the efficient and equitable delivery of health care services in rural areas. To better meet these needs, while understanding the significant investments made by Congress in the last year, the NRHA requests a modest, across-the-board funding increase of 10%. These programs include:

**The Health Resources and Services Administration's (HRSA) Rural Health Care Services Outreach, Network and Quality Improvement Grants** (Outreach programs) (**\$90.8m**) 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 Hospital Flexibility Grants (\$61.2m)** 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 (CAHs) provide essential services to their communities, and their continued viability supports access to care and the health of the rural economy.

Funding for HRSA's **Rural Health Policy Development (\$12.2m)** 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 (\$15m)**, 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.

**Telehealth (\$37.4m)** 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 Maternal and Obstetric Management Strategies (RMOMS) (\$12m)** program aims to develop financially sustainable and integrated network models to increase access to maternal and obstetrics care in rural communities and ultimately improve maternal and neonatal outcomes.

HRSA's **Rural Residency Planning and Development Program (\$11m)** seeks to expand the number of rural residency training programs and subsequently increase the number of physicians choosing to practice in rural areas. For the purpose of this program, rural residencies are allopathic and osteopathic physician residency training programs that primarily train in rural communities.

HRSA's **Rural Communities Opioid Response Program (RCORP) (\$121m)** 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 **National Health Service Corps (\$158m)** 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) (\$47.6m)** 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.

HRSA's **Geriatrics Workforce Enhancement Program (GWEP) (\$47m)** improves health care for older adults by developing a health care workforce to provide value-based care that improves health outcomes for older adults by integrating geriatrics and primary care delivery sites/systems.

Additionally, NRHA urges Congress to create **Office of Rural Health at the Center for Disease Control and Prevention (CDC) (\$1m)** to strengthen programs serving the rural health safety net. Given known rural health disparities, coupled with the devastation created by 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.

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.