



October 20, 2023

Ranking Member Bill Cassidy
Senate Committee on Health, Education, Labor, and Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Cassidy,

The National Rural Health Association (NRHA) thanks the Senator for putting forth this Request for Information (RFI) on opportunities to continue modernizing the Centers for Disease Control and Prevention (CDC). We appreciate the chance to provide information and policy solutions on important issues facing rural health care and look forward to working together to increase access to quality care for the 60 million individuals living in rural America.

NRHA is a non-profit membership organization with more than 21,000 members nationwide that provides leadership on rural health issues. Our membership includes nearly every component of rural America's health care, including rural community hospitals, critical access hospitals, doctors, nurses, and patients. NRHA works to improve rural America's health needs through government advocacy, communications, education, and research.

NRHA has long been committed to working with Congress and U.S. Executive Agencies to set policies and implement programs that address the healthcare challenges of people living in rural America. We look forward to continuing to work together to improve rural health by investing in a strong rural safety net, building a robust rural healthcare workforce, and addressing rural health equity.

Fostering Innovation and Collaboration

The CDC Office of Rural Health

Obstacles in public health and the delivery of health care in rural communities differ significantly from those in urban areas. Rural health providers continue to face enduring workforce shortages and socioeconomic hurdles, coupled with the hardships worsened by the COVID-19 pandemic. Further, rural America faces unique public health challenges, including increased rates of chronic disease, behavioral health conditions, and unintentional injury compared to their urban counterparts. As demonstrated over the course of the pandemic where about 37% more rural Americans than urban Americans died from COVID-19.¹

NRHA applauds Congress for appropriating 5 million dollars to stand up an Office of Rural Health (ORH) within the CDC in the Consolidated Appropriations Act of 2023. Prior to the passage, CDC did not have a dedicated voice to ensure rural communities are represented in their data collection, priority setting and funding dissemination. A designated office will serve as the primary point of contact in the CDC's health portfolio, coordinate efforts across CDC programs, and develop a strategic plan for rural health that maps the way forward both administratively and programmatically.

In considering innovative and collaborative solutions for improving rural health, NRHA strongly encourages the HELP committee to fully authorize the CDC Office of Rural Health to ensure this important work continues beyond a single year appropriation. As such, **we urge your support for S.2799/H.R.5481 to establish a CDC Office of Rural Health sponsored by Senators Hyde-Smith and**

¹ <https://dailyyonder.com/rural-america-sees-stability-in-covid-19-death-rates-coming-into-year-four-of-pandemic/2023/02/06/>

Merkley. The COVID-19 pandemic has shown starkly that public health support in rural populations is behind that of their urban counterparts. A sustained commitment will ultimately improve rural public health agencies' abilities to serve their communities and better the health outcomes moving forward.

Making Data Work for Everyone

Healthcare Data Interoperability

CDC has adopted the Healthcare Data Interoperability infrastructure put in place by the Centers for Medicare and Medicaid (CMS) and the Department of Health and Human Services (HHS). This framework provides for effective collaboration between public and private partners and agencies by ensuring that electronic health information is shared through compatible formats, through the appropriate channels, in a timely fashion. Particularly for rural communities, Electronic Medical Records (EMRs) are instrumental in delivering quality care to patients and ensuring smooth transitions of care when patients seek treatment outside of their home community. However, rural hospitals report more challenges in exchanging and receiving data with health systems using various Electronic Health Record (EHR) platforms when compared to hospitals with more resources.

CDC states that the goal of data interoperability is to improve electronic reporting to public health and ultimately improve patient care. As part of this infrastructure CMS requires eligible hospitals, CAHs, and clinicians to adopt, implement, and upgrade various applications of certified EHR technologies. These changes will promote interoperable data exchange between state, local, territorial public health departments, and clinical care providers. In addition, it will standardize data elements for data exchange, improving efficiency across the public health system. Included in CDC's goals for improving data exchange are implementations of its Public Health Registry and Clinical Data Registry reporting objectives. These include electronic case reporting, electronic laboratory reporting, an immunization information system, a syndromic surveillance program, and public health registries reporting.

As part of these efforts, NRHA urges Congress to include allocation of funding to resource-poor rural hospitals, community health centers, rural health clinics, and other rural health providers for the purpose of upgrading and purchasing infrastructure that allows EHRs to fully utilize Application Programming Interfaces (APIs) and become interoperable. Further, funding is needed for rural health systems to implement these technologies within their frameworks through federal and state grant funding, as well as Medicaid programs. Finally, resources are required for safety-net rural hospitals and health systems for hiring experienced EHR specialists to train physicians and staff on how to better use their EHR related technologies.

Improving Upon What Works & Mechanisms to Modernize

Ensure Rural Areas Receive Adequate Allocation

While rural needs are more acute, state block grant funding initiatives are often directed at high population areas to meet grant objectives for the numbers served directly through campaigns, education, services, access, or research for efficiency or lack of representation. These challenges are particularly relevant to federal funding streams that allocate dollars to states with the expectation that states will equitably distribute funding to local entities. While states often favor these funding sources due to their flexibility, resources are often distributed in an inequitable manner based on geography, population density and other factors. Research conducted on public health funding found that federal chronic disease funding from the CDC was often insufficient to distribute effectively to local and rural communities.

Ensuring that federal funding allocated to states is equitably distributed to address the needs of rural communities will ultimately help to reduce long-standing rural health disparities. A focus on rural



communities needs to be included in federally funded state health programs to improve community-level health behaviors, access through workforce, technology, and financial resources. **Therefore, NRHA recommends Congress appropriate federal funds requiring a designated percentage, or “carve out” for rural residents in funding opportunities to ensure equitable distribution of resources regardless of geographic location.**

CDC needs the resources and support of Congress to ensure the health of rural America.

As CDC looks to modernize its structures, systems, and processes around developing and deploying its programs, an Office of Rural Health is essential to give voice to the needs of rural communities. NRHA urges Congress to finalize the Fiscal Year 2024 Labor, Health and Human Services, Education, and Related Agencies appropriations bill with the highest possible levels of funding for the Centers for Disease Control and Prevention. In previous years, CDC programs have not received the necessary resources to adequately address the many health challenges faced in rural areas. As CDC begins to address domestic health threats in rural America through the new Office of Rural Health, strong funding for CDC is critical to supporting all of CDC’s activities and programs at state and local public health departments, all of which play an essential role in protecting the public’s health in our communities.

For further information on rural public health needs, please see NRHA’s policy briefs: [Rural Carve-Out Funding](#) and [Rural Public Health](#). If you have any questions, please contact Carrie Cochran-McClain at ccochran@ruralhealth.us or Doson Nguyen at dnguyen@ruralhealth.us. Thank you for your consideration of this important issue.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan Morgan", is written over a light blue horizontal line.

Alan Morgan
Chief Executive Officer
National Rural Health Association

RuralHealth.US

50 F. St., N.W., Suite 520
Washington, DC 20001 | 202-639-0550