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***Testimony Submitted for the Record to the House Committee on Appropriations Subcommittee on Labor, Health and Human Services, Education and Related Agencies – FY 2024***

On behalf of the National Rural Health Association (NRHA), I urge continued funding for critically important rural health programs in the Fiscal Year (FY) 2024 budget. NRHA appreciates the Subcommittee’s attention to the challenges facing rural communities by holding this hearing and applaud your leadership in supporting the rural health care infrastructure. Our testimony outlines recommendations we believe 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. We 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 Subcommittee fund programs that seek to address the 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. The rural hospital closure crisis continues to intensify. Since 2010, 147 rural hospitals have shuttered their doors. As many as one in three rural hospitals are vulnerable to closure, with another third of these being at high risk of ceasing services. The pandemic also exacerbated health care workforce shortages that have plagued rural communities for decades. Nearly seventy percent of rural counties are Health Professional Shortage Areas, and one in ten rural counties have no physicians at all. With far fewer clinicians 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. Further, untreated behavioral health needs, including treatment for substance and opioid use disorders continue to plague our rural communities at alarming rates.

Rural residents often encounter barriers to healthcare that limit their ability to obtain the services they need. COVID-19 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 healthcare services. In one of the more distressing examples, rural communities across the nation are struggling to maintain obstetric services, with two in three maternity care deserts located in rural counties.

NRHA recognizes the critical role that rural communities play in the overall wellbeing of America. Rural areas provide the fuel, food, fiber, and fun (recreation) that urban and suburban parts of our country rely on. Strong, productive rural communities depend on access to healthcare facilities and providers to fulfill their critical role in our nation's economy.

The 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 Subcommittee to recognize that rural America has a healthcare crisis and desperately needs immediate solutions. Several indispensable discretionary programs help ensure the efficient and equitable delivery of health care services in rural areas. The HHS Federal Office of Rural Health Policy works to increase rural healthcare access, strengthen health

networks, and supported innovative research and programmatic efforts to address the unique needs of rural America. NRHA asks for continued funding for core rural health programs such as the **State Offices of Rural Health (\$18m)**, **Rural Health Policy Development (\$14.5m)**, and the portfolio of **Rural Health Care Services Outreach Grants (\$90m)**.

Further, NRHA urges the Subcommittee to appropriate targeted funding to support programs addressing the most pressing health care and public health needs in our rural communities.

**Stemming Rural Hospital Closures:** When a rural hospital closes, not only does the community lose access to vital health care, but a major employer and community lynchpin ends, impacting the larger community. Investing in a strong rural health infrastructure is critical to the future of rural areas. NRHA calls on Congress for continued support for crucial programs like Health Resources and Services Administration's (HRSA) **Rural Hospital Flexibility grants (\$73m)**, which are used by states to implement specific rural strategies to ensure access to primary care in rural communities. Utilization of these grants is an effective way to provide relief and resources to struggling small rural hospitals. This proven grant program can be used by rural hospitals, rural health clinics, and other rural providers for community-based initiatives for health equity, behavioral health, telehealth, and new models of care.

Further NRHA urges the Subcommittee to support the President's FY24 budget proposal for HRSA's **Financial and Community Sustainability for At-Risk Rural Hospitals Program (\$10m)**, which is a new program that will target rural hospitals at-risk for imminent closure. The program will serve communities nationwide to provide intensive, short-term technical assistance to struggling rural hospitals, focusing on those sites that are essential access points in particularly vulnerable rural communities. The **Rural Hospital Stabilization Pilot Program (\$20m)** is a

pilot program to provide support to at-risk rural hospitals to enhance and/or expand needed service lines in order to improve long-term rural hospital viability. The program would assess gaps in rural hospital services where expansion would meet local need and generate additional service volume to improve financial operations for the participating hospital working towards longer term viability for rural safety net facilities.

**Building a Robust Rural Healthcare Workforce:** Research shows rural exposure during health care clinical training results in higher rates of rural practice. However, less than 2 percent of physician residency training is located in rural settings. HRSA’s **Rural Residency Planning and Development Program (\$14.5m)** seeks to expand the capacity of rural areas to train future clinicians by increasing number of rural residency training programs to subsequently increase the number of physicians choosing to practice in rural areas. Since 2019, the program has created 32 new accredited rural residency programs in family medicine, internal medicine, psychiatry, and general surgery and received approval for approximately 415 new residency positions in rural areas. Additionally, NRHA calls on the Subcommittee to continue funding of core HRSA workforce development and distribution programs such as **Area Health Education Centers, Title VII and VIII Workforce Training grants, and National Health Service Corps.**

**Ending the Rural Opioid Epidemic:** Opioid use disorder (OUD) is the fast-growing subtype of substance use disorders (SUD) nationwide, with overdoses related to synthetic opioids significantly higher in rural communities. The **Rural Communities Opioid Response Program (RCORP) (\$165m)** is a multi-year initiative that addresses barriers to treatment and prevention services for SUD, including for OUD. RCORP is one of the only federal programs with a uniquely tailored rural response to the opioid public health emergency facing our country.

Further, solutions are needed to address the severe behavioral healthcare workforce shortages through rural America. The **Rural Health Clinic (RHC) Behavioral Health Initiative (\$10m)** increases access to mental health services to allow clinics in rural areas without existing behavioral health providers to expand the availability of mental healthcare.

**Addressing Rural Maternity Deserts:** More than half of all now rural counties lack access to hospital-based obstetric services, with rates of closures increasing at an alarming rate. Rural maternal mortality rates are nearly 60 percent higher in rural areas when compared to large metropolitan communities. HRSA's **Rural Maternal and Obstetric Management Strategies (RMOMS) (\$24.8m)** 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. In FY 2024, NRHA encourages the Subcommittee to provide funding to continue established and expand new RMOMS grantee program cohorts, as well as support the Rural Maternal and Obstetric Care Training demonstration.

**Protecting Rural Public Health:** Rural areas throughout the country were disproportionately impact by mortality rates caused by COVID-19. The newly established **Centers for Disease Control and Prevention (CDC) Office of Rural Health (\$10m)** will serve as an essential voice for rural public health within the Administration. NRHA calls on the Subcommittee to ensure the office has resources to effectively address health disparities facing the 60 million Americans living in rural communities.

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.