Statement by

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Chairman Blunt, Ranking Member Murray, and members of the subcommittee, thank you for the opportunity to testify today on behalf of the Health Resources and Services Administration (HRSA) and the Federal Office of Rural Health Policy (FORHP) on the topic of rural health programs. I am pleased to discuss not only the challenges and difficulties of rural health delivery but also the accomplishments of our programs.

HRSA is the primary Federal agency charged with improving access to health care services for people who are medically underserved because of their economic circumstances, geographic isolation, or serious chronic disease. FORHP serves as a focal point for rural health activities within the Department of Health and Human Services (HHS) and advises the Secretary on the impact of HHS policies and regulations on rural communities.

Across HHS, there are a range of programs and resources that support rural communities. In FY 2014, HHS awarded approximately $11 billion in grant funding to rural communities.[1] FORHP ensures that there is a continual focus on improving access to care, ranging from the recruitment and retention of health care professionals to maintaining the economic viability of hospitals and rural health clinics to supporting telehealth and other innovative practices in rural communities.

To begin, I want to thank members of this Subcommittee and your colleagues in the Senate and the House of Representatives for the bipartisan, bicameral efforts you have just undertaken in passing the Medicare Access and CHIP Reauthorization Act of 2015. That legislation extended funding for the Health Centers, National Health Service Corps, and the Maternal, Infant, and

[1] According to data pulled from the Tracking Accountability in Government Grants System (TAGGS) on February24, 2015, HHS awarded 7,394 rural awards totaling $11,082,510,598 in FY 2014.

Early Childhood Home Visiting programs. The President's Budget for these and other HRSA programs provides important health resources to rural communities.

Rural Health Status

Today, there are nearly 50 million people living in rural areas, representing approximately 15 percent of the population spread across 80 percent of the landmass of the United States. Individuals in rural communities have to travel farther for regular check-ups and emergency services, which can significantly increase the cost of medical treatment and impact outcomes in emergencies when time is critical. Fewer doctors (or other health professionals) and access points, unfortunately, can translate to fewer check-ups, less early detection of disease, and worse outcomes.

New research from HRSA shows that over the past 20 years, life expectancy in rural areas has been consistently lower than in urban areas, and the gap is widening. Mortality from cardiovascular diseases, injuries, lung cancer, diabetes, and chronic obstructive pulmonary disease is much higher in rural areas than in urban areas.

Rural America has traditionally had lower rates of health insurance coverage and higher rates of chronic disease than the population as a whole. Therefore, increased access to insurance and health care services is key to improving the health status of rural America. From September 2013 to March 2015, insurance coverage for adults in rural areas has increased 7.2 percentage points from 78.4 percent to 85.6 percent.[2]

[2] Karpman, M., et. al. QuickTake: Substantial Gains in Health Insurance Coverage Occurring for

HRSA's Support for Rural Health

Rural health care challenges are fairly well known, ranging from physical access to services to attracting qualified health professionals. Care in rural communities is often delivered through rural health safety net providers such as Critical Access Hospitals, Community Health Centers, and rural health clinics. HRSA helps support this infrastructure to improve access to quality health care in rural communities through a variety of programs that include supporting rural health facilities, investing in Community Health Centers, building a strong health workforce, and expanding telehealth usage.

Supporting Rural Health Capacity

As part of its statutory charge, FORHP continually monitors the rural health environment. For example, FORHP's Rural Health Research Centers are analyzing issues such as rural health infrastructure, access to care, and rates of disease and mortality. Since FY 2013, 34 rural hospitals have closed or suspended operations. Our initial review shows there is no single factor driving this issue, and FORHP continues to analyze this issue and the impact on access to care.

The State Office of Rural Health Grant program supports each of the 50 states' rural activities, depending on the needs of their state. State Offices of Rural Health may support quality improvement networks, loan repayment programs for health care providers, rural health clinics or emergency medical services. FORHP also provides direct support to facilities through the

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Adults in Both Rural and Urban Areas. *Urban Institute: Health Reform Monitoring* Survey, April 16, 2015 (http://hrms.urban.org/quicktakes/Substantial-Gains-in-Health-Insurance-Coverage-Occurring-for-Adults-in-Both-Rural-and-Urban-Areas.html).

Rural Hospital Flexibility Grant program and the Small Hospital Improvement Grant program, which work with small rural hospitals and Critical Access Hospitals to support quality improvement and stabilize finances.

HRSA also supports the Rural Health Care Outreach program, which provides start-up funding for pilot grants in rural communities. This includes the Rural Health Outreach Services, Rural Network Development, Small Health Care Provider Quality Improvement, and Delta States Network grant programs. These community-based programs have a new emphasis on performance metrics and program outcomes while building on successful models to expand their services with a focus on sustaining these projects without Federal funding. All of the grantees who completed their pilots in FY 2014 are maintaining their programs without continued HRSA grant support.

HRSA's Maternal and Child Health programs have also improved access to care in rural areas. For instance, the Maternal, Infant, and Early Childhood Home Visiting Program has expanded services to more rural areas. In FY 2014, home visiting services were provided in 321 rural counties or 17 percent of all rural counties in the United States. This is an increase of over 130 percent compared to FY 2010.

Investing in Health Centers

Health Centers are an essential component of the rural health care system because they provide an accessible, affordable, and dependable source of primary care for insured and medically underserved patients. HRSA supports nearly 1,300 health centers operating approximately 9,000

health center service sites across the country, and approximately 50 percent of them serve rural communities. This week HRSA awarded 164 New Access Point grants, of which 74, totaling $45.6 million, will create new health center sites in rural communities.

Building a Strong Workforce

A key program focus at HRSA is to increase access for rural Americans to a healthcare provider through its health professional training programs. In FY 2014, HRSA provided rural health exposure to students through 11,389 training sites in rural communities. In addition, HRSA's primary care, oral health, geriatrics, public health and behavioral health training grants supported 180,401 students from rural areas.

The National Health Service Corps supports loan repayment and scholarships for primary care providers, with almost half of the participants serving in rural areas. As of September 30, 2014, 3,529 National Health Service Corps members, or 44 percent of the National Health Service Corps field strength, were working in rural communities and 75 NHSC clinicians were working at Critical Access Hospitals. Half of the nearly 5,000 active NHSC-approved sites are located in rural communities.

HRSA also invests in community-based residency training to improve access to healthcare in rural areas. Rural Training Tracks (RTT) are an innovative model where residents spend two of their three residency years in a rural community. Over the past six years, HRSA has worked to expand the RTT residencies nationally, and the number of training sites has grown from 23 to 34.

Our research shows that 70 percent of RTT graduates choose to practice in rural locations after completing the program.

The Affordable Care Act established the Teaching Health Center Graduate Medical Education Program to fund primary care and dental residency programs with a focus on community-based training. This includes a number of rural sites, with over 50 percent of Teaching Health Center grantees training residents in rural communities.

Expanding Telehealth Usage

Telehealth plays an important role in enhancing the reach of the health care workforce. HRSA is currently funding telehealth projects that bring specialty care to 231 rural and underserved communities in 48 different clinical areas. This initiative has resulted in innovative applications, such as E-emergency care, as well as advances in home monitoring. Telehealth technology also improves access to and the coordination of mental health services in rural areas, where psychiatrists and psychologists are often scarce. In addition to supporting the development of telehealth networks, HRSA also administers a national network of 14 Telehealth Resource Centers, which provide free technical assistance to communities and providers interested in leveraging this technology including assistance on licensure issues.

Interagency Efforts

Rural communities have also benefited from the collaborative work of the White House Rural Council, which was created in July 2011, and on which I serve as the HHS representative. The Council is focused on enhancing the ability of Federal programs to serve rural communities

through collaboration and coordination. For instance, through the work on the Council, HRSA expanded eligibility for the National Health Service Corps Program to Critical Access Hospitals in 2012. This resulted in 229 Critical Access Hospitals being designated as service sites for National Health Service Corps clinicians. The Council also worked with the Centers for Medicare and Medicare Services (CMS) and HRSA to include a number of rural provisions in a Regulatory Burden Reduction regulation that take into account the unique practice environment for clinicians in rural areas; this regulation was finalized May 2014. Beyond encouraging collaborations among federal agencies, the Council initiated a public-private partnership with approximately 50 private foundations and trusts that focus on improving rural health care.

Conclusion

Thank you again for the opportunity to discuss rural health issues with you today and for your support of HRSA's work to improve access in rural communities across the country. I would be pleased to answer any questions you may have.