

We need to make rural America work again, and that starts with making rural Americans healthy.

200,000 annual job loss in rural communities


19% of rural Americans are living in poverty

749 rural counties experience increasing unemployment

In most rural communities, the hospital is the first or second largest employer, but only if the community still has a hospital.

83 rural hospitals have closed since 2010 and **674** are vulnerable to closure

44% of rural hospitals operate at a loss and **30%** operate below a **-3%** margin



\$318 million in cuts have been absorbed by rural hospitals under sequestration resulting in a loss of **7,129** health care and community jobs and **\$769 million** in GDP

And if all **674** vulnerable hospitals close, we will lose **99,000** direct health care jobs, **137,000** community jobs, and **\$277** billion in GDP. Per-Capita annual income in rural communities will decrease by **\$703**, while rural employment would increase by **1.6** percentage points.

Small infrastructure investments. **Big rural health gains.**

We need **3** things to rebuild our health care infrastructure:

1. Save Rural Providers

- Pass legislation to keep rural hospitals open, maintain jobs, and ensure access to care.

2. Cut Red Tape

- Reform existing programs that don't bring funding to the communities that need it most.

3. Build Infrastructure

- Improve telehealth and transportation services to increase availability and delivery of care.

Rebuild Rural: Infrastructure Development and Health Care

1. Save Rural Providers

- Hospitals are often one of the largest employers in rural areas, thus these institutions are essential to the economic vitality of a rural community.
- If residents are traveling out of the community for healthcare services, we need to provide those services locally to prevent money from leaving the community.
- Access to healthcare is necessary to attract and retain businesses in a rural community. Employers do not want to locate in a community without an emergency room to care for an employee injured on the job, a place to deliver a baby, or a doctor for basic preventive care.

2. Cut Red Tape

- Many of the programs offered by USDA Rural Development and other agencies are underutilized or grants are not awarded to those in the greatest need or for whom the grant would provide the greatest benefit. Changes are necessary to help these agencies more aggressively promote and market assistance programs offered to rural communities to ensure these resources are going where they are needed.
- Applicants for grant and loan applications often complain that the process is inefficient and not business friendly. Hiring expensive consultants should not be necessary to obtain these needed resources. We need to examine changes that can be made to ensure that applications are easy to complete and easy to access, and we must work improve the process in order to have applications considered more efficiently.

3. Build Infrastructure

- Telehealth
 - Telehealth is an important tool in providing access to care in rural America. In 2013, over 40,000 rural beneficiaries received at least one telemedicine visit. Patients report high levels of satisfaction in receiving care via telemedicine. In one CMMI demo 96 percent of patients would recommend telemedicine care to family and friends. Still, telemedicine is only used in 0.2 percent of Medicare Part B visits. We need policies that foster growth.
 - In almost every state, over 90% of the rural population has access to high-speed internet access. However, urban areas are twice as likely as rural areas to have access to copper and cable modem wireline technologies.
 - Provide access to capital through grants and loans for rural facilities to adopt new technology to meet the ever-changing requirements of health care, including all stages of meaningful use. In addition, provide educational programs to train rural IT professionals in health care, as well as doctors, nurses, and medical staff how to use technology, including utilization of data and analytic tools to demonstrate and improve quality.
- Transportation
 - Rural public transit is either non-existent or very limited and more than 90 percent requires a reservation, limiting options for people who need to make unscheduled visits to health care providers, grocery stores or other activities of daily living.
 - Identify strategies to assist individuals to ensure that they can access local and distant care.
- EMS Services
 - In the wake of the rural hospital closure crisis, Emergency Medical Services (EMS) often become the only guaranteed access to health services. Dwindling population, losses in the volunteer workforce, and decreased reimbursement threaten access to EMS. Nearly one-third of rural EMS are in immediate operational jeopardy.
 - Research grant programs are needed to fund the study of best practices and innovations from local EMS agencies across the U.S. In turn, grants can be offered to states authorities, as well as local EMS officials that adopt innovations and best practices found through this research to encourage broader application of best practices.