

IMPROVE RURAL WORKFORCE SHORTAGES

One of the most enduring characteristics of the rural health landscape is the uneven distribution and shortage of health care professionals. As a result, many rural residents experience a lack of basic services.



Primary Care Shortages

Over three-fourths of rural counties are primary care Health Professional Shortage Areas (HPSAs). While 20% of the population lives in rural America, only nine percent of physicians practice in rural communities. Workforce shortages in primary care and specialty care must be addressed through robust funding of programs like Area Health Education Centers and the National Health Service Corps (NHSC). Rural residency programs and other rural training programs must be expanded and supported. Extreme shortages of mental health and oral health professionals in rural America must be also addressed. **SUPPORT: S. 289, S. 3194, S. 2902, H.R. 2788/S. 1037, & S. 2406.**

- **S. 289, The Rural Physician Workforce Production Act** - One of the best methods to recruit physicians to rural areas is through rural residency training. Currently, Medicare discourages rural hospitals from providing such opportunities. S. 289 provides new incentives for rural hospitals (including CAHs) to provide rural training opportunities for medical residents.
- **S. 3194, Improving Access to Health Care in Rural and Underserved Areas Act** - This bill creates a five-year pilot program that provides a funding opportunity for up to 100 FQHCs and RHCs to boost capacity in specific areas of medical need within their communities, enhancing skills in these areas and expanding access to care.
- **S. 2902, The Strengthening Our Rural Workforce Act** - This bill ensures the Primary Care Training and Enhancement programs are strengthened by creating more training positions for family, general internal, and general pediatric physicians, and guarantees that training has a rural focus. The bill also robustly funds Area Health Education Centers and creates a high-level commission to report to Congress both short-term and long-term solutions to the workforce shortage crisis in rural America.
- **H.R.2788/S. 1037, The Rural Health Clinic Modernization Act** - This important bill allows Rural Health Clinics the flexibility to contract with Physician Assistants and Nurse Practitioners and allows RHCs to be the distant site for a telehealth visit. Additionally, beginning in CY 2020, the upper limit (or cap) on reimbursement will increase to \$105 per visit, in CY 2021 to \$110 per visit and in CY 2022, to \$115 per visit. Thereafter, cap is adjusted annually by MEI.
- **S. 2406, The Rural America Health Corps Act** - This legislation creates a new \$25 million program that bolster the existing rural NHSC placements and provides funding for up to five years – an increase from the current two-year forgiveness period – for doctors, dentists, behavioral health specialists, and nurse practitioners.



EMS Shortages

Providing EMS care is literally the difference between life and death for many people. As rural closures of critical access hospitals escalate, ambulance services are more important now than ever before. According to GAO, ambulances are reimbursed below cost by Medicare, which has hampered the ability of ambulance service providers to hire new staff, update equipment, and provide life-saving around the-clock services in their communities, especially those in economically distressed areas. Without frequent add-on payments authorized by Congress, these providers must often operate at a loss. **SUPPORT: H.R. 4938.**

- **H.R. 4938, The Medicare Ambulance Access, Fraud Prevention, and Reform Act of 2019** - This legislation will permanently increase the rate at which ambulance providers are reimbursed by Medicaid, allow ambulance services that serve low population areas to continue to receive additional rural Medicare funding and eliminate burdensome, duplicative paperwork requirements.



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Maternity Care Shortages

Pregnant women living in rural America face unprecedented barriers to maternity care. Over 200 rural maternity wards in the U.S. closed between 2004 and 2014. Rural hospitals, facing financial constraints across the nation, are shutting down OB units, leaving 54% of rural counties without hospital-based OB care. In 1985, only 24% of rural counties lacked such care. Rural hospital and OB unit closures mean rural women in labor increasingly face lengthy journeys to the hospital, sometimes even hours long. This contributes to an increase in births outside hospitals, births in hospitals without OB care, and in preterm births - all of which carry greater risks for mom and baby. **SUPPORT: H.R. 4243/S. 2373.**

- **H.R. 4243/S. 2373, The Rural Maternal and Obstetric Modernization of Services Act (The Rural MOMS Act)** - This important bill implements several strategies to improve maternal health for women in rural parts of the country. Specifically, the bill creates grants to train physicians, medical residents (including family medicine and OB/Gyn residents) and fellows to practice maternal and obstetric medicine in rural community-based settings. The bill also expands the use of telehealth to improve health care quality and access.



Mental Health Workforce Shortages

Sixty percent of Mental Health Professional Shortage Areas are in rural communities, and 13% of rural counties have no behavioral health providers. Sixty-five percent of rural counties do not have a practicing psychiatrist, and 81% lack a psychiatric nurse practitioner. **SUPPORT: S. 2741/H.R. 4932.**

- **S.2741/H.R. 4932, The CONNECT Act** - This bill promotes higher quality of care, increased access to care, and reduced spending in Medicare through the expansion of telehealth services. Specifically it removes geographic restrictions and adds the home as an originating site for mental health services; This bill removes geographic restrictions on FQHCs and RHCs to furnish telehealth services as distant sites, removes the geographic and originating site restrictions for facilities of the Indian Health Service facilities and allows for the use of telehealth in the recertification of a beneficiary for the hospice benefit.



Telehealth Solutions

Telehealth helps rural providers deliver health care services by connecting rural providers and their patients to services at distant sites and promoting patient-centered health care. Telehealth allows rural providers to provide quality healthcare without requiring patients to travel long distances to access specialty care. Expanding telehealth services in rural areas will increase access to care for rural communities. **SUPPORT: S. 2408 & S. 1618.**

- **S. 2408, The Telehealth Across State Lines Act** - This legislation creates uniform, national best practices for the provision of telemedicine across state lines. It also includes a five-year grant program to incentivize the expansion of effective telemedicine programs to reach rural communities. Lastly, it will authorize the creation of a new payment system to incentivize the adoption of telemedicine.
- **S. 1618, The ECHO 2019 Act** - This bill increases access to health care services in rural areas and for medically underserved areas and populations through grants and technical assistance to evaluate, develop, and expand the use of technology-enabled collaborative learning and capacity building models.



Stop the Widening Mortality Gap Between Rural and Urban America

The rates of the five leading causes of death (heart disease, cancer, unintentional injuries, chronic respiratory disease and stroke) are all higher among rural Americans. According to a 2017 CDC report, the, "Death rate gap between urban and rural Americans getting wider," and if this trend is not addressed, "the rural population will not only continue to decline but the dependency ratio will increase." Minorities, especially indigenous populations, consistently experience premature deaths in rural communities. **SUPPORT: Creating an Office of Rural Health within the Centers for Disease Control and Prevention.**



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