



U.S. House of Representatives

COMMITTEE ON WAYS AND MEANS
1139 LONGWORTH HOUSE OFFICE BUILDING
Washington, DC 20515

September 7, 2023

Health Care Stakeholders,

Patients across America are facing increasing health care facility closures, travel distances, and wait times, driven by a shrinking health care workforce, health care consolidation, and patchwork financing models. This access challenge is uniquely difficult for patients and families living in rural and underserved areas in America.

Patients living in rural America must travel twice as far to access basic primary care services, compared with their urban counterparts.¹ Independent community pharmacies, a front-line access point for many rural patients, have decreased in number by more than 16 percent in the last 20 years.² Many health care facilities cease to offer certain specialized services, such as maternity care.³ In worse cases, a convergence of problems leaves entire facilities to shutter. According to one report, as many as 178 rural hospitals closed between 2005 and 2022, and more than 600 are at risk of closure.⁴ Similarly, post-acute care is inaccessible for many individuals, with hospitals struggling to appropriately discharge patients into nursing homes, home health, or other settings of post-acute care.⁵ With health care work force shortages projected to exceed 100,000 physicians and one million nurses, patient access to health care will only continue to worsen.^{6,7}

The Committee will identify how geographic barriers, misaligned Medicare payment incentives, and consolidation may be driving facility closures and workforce shortages – hurting overall access to health care – while innovative care models and technology are improving such care. **The Committee is seeking broad stakeholder input on these policy areas, with an emphasis on solutions to reshape our nation’s health care system and bring new access to care in rural and underserved areas.** Simply extending the broken status quo is insufficient. Instead, the Committee will explore bold new solutions to incentivize access to care and improve our nation’s health for future generations.

Thank you for your input and thoughtful response.

Jason Smith
Chairman
House Committee on Ways and Means

¹ <https://srhrc.tamu.edu/publications/travel-burdens-07.2021.pdf>

² <https://www.ruralhealthresearch.org/alerts/504>

³ <https://www.marchofdimes.org/maternity-care-deserts-report>

⁴ http://ruralhospitals.chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf

⁵ https://www.hanys.org/communications/publications/scope_of_complex_case

⁶ <https://www.aamc.org/data-reports/workforce/data/complexities-physician-supply-and-demand-projections-2019-2034>

⁷ <https://www.nursingworld.org/practice-policy/workforce>

Request for Information: **Improving Access to Health Care in Rural and Underserved Areas**

Comment Submission Guidelines

Individuals or groups wishing to respond to this RFI should email comments to WMAccessRFI@mail.house.gov no later than 5:00 pm ET on October 5, 2023 as attachments in .doc or .pdf format. Submissions must be less than 10 pages and pertain to one or more of the topics below.

Comment Topics

Geographic Payment Differences

The Committee is requesting comments on policies to improve existing payment methodologies to end the perpetuation of historical payment inequities and to reduce opportunities for abuse. This includes a review of the area wage index and the geographic practice cost index. Comments should address proposals that ensure adequate payments to health care facilities while avoiding harmful cliffs and perverse incentives. Feedback is also requested on how best to ensure adequate payments to providers without creating unjustified disparities.

Sustainable Provider and Facility Financing

The Committee is requesting comments on policies that support the long-term health of medical providers and facilities to ensure access to care for patients in rural and underserved areas. This includes proposals to simplify and streamline Medicare's outdated patchwork of rural hospital adjustments and designations while ensuring adequate payments for safety net hospitals. Comments should describe improvements needed to Medicare payment systems and structure to incentivize providers to operate in rural and underserved areas. Feedback is also requested on regulatory or financing changes needed to ensure facilities in rural areas maintain critical inpatient services while promoting access to specialized services, such as maternity care.

Aligning Sites of Service

The Committee is requesting comments on policies to lower patient costs for patients by equalizing payments for identical care provided at different settings of care. Comments should address how Congress should approach equalized payment policies that lower costs while preserving access to care and discouraging health care consolidation. Feedback is also requested on how Congress should reinvest savings into Medicare to correct reimbursement disparities and improve patient access to care in rural and underserved areas.

Health Care Workforce

The Committee is requesting comments on policies to revitalize the health care workforce across the country to improve patient access to care, especially in rural and underserved areas. This includes policies that develop new providers and specialties in areas of the country where shortages are most acute, encourage providers to spend more time on patient care than paperwork, and ensure independent practice remains a viable option in a highly consolidated health marketplace. Comments should address existing barriers that prevent health care professionals at all levels from best providing health care services for patients. Feedback is also requested on how policies like nursing home staffing mandates at the state or federal level impact the health care workforce availability in other settings of care and the adequacy of how graduate medical education (GME) slots are being distributed in rural America.

Innovative Models and Technology

The Committee is requesting comments on policies to advance innovative care models and technology, especially those that improve access to care in rural and underserved areas. This includes examples of successful models or technology which improve patient outcomes in rural and underserved areas. Comments should address proposals that can be replicated at the federal level while ensuring providers with limited resources can participate. Feedback is also requested on how recent Medicare flexibilities may have bolstered access to care. Thought should be given to addressing how these policies can maintain and not diminish quality of care or increase overall costs to taxpayers.