

# United States Senate

WASHINGTON, DC 20510

May 20, 2011

The Honorable Tom Harkin, Chairman  
The Honorable Richard Shelby, Ranking Member  
Subcommittee on Labor, Health and Human Services and Education  
Senate Committee on Appropriations  
131 Dirksen Senate Office Building  
Washington, DC 20510

Dear Chairman Harkin and Ranking Member Shelby:

As members of the Senate Rural Health Caucus, we ask that you consider continued support for rural health care programs as you move forward with the Fiscal Year (FY) 2012 Labor, Health and Human Services and Education funding measure. We thank you for your historic leadership and support for rural health care programs, and hope that you will continue these important efforts.

While current spending for all rural health discretionary programs is relatively small, it plays a critical role in solidifying the fragile health care infrastructure common in rural communities. We understand the current constraints on the federal budget and recognize the need to eliminate wasteful and inefficient programs. However, we also believe that we must continue to support government policies that work and urge you to take into consideration the effectiveness of the rural health programs listed below.

**State Offices of Rural Health:** State offices of rural health play a key role in assisting rural health clinics, community health centers, and small, rural hospitals to assess community health care needs. This program creates a state focus for rural health interests, brings technical assistance to rural areas, and helps frontier communities tap state and national resources available for health care and economic development. In partnership with other state agencies, the state rural health offices have been essential in addressing the unique needs of rural communities. We urge your continued support for this program.

**National Health Service Corps (NHSC):** The NHSC plays a critical role in maintaining the health care safety net by placing primary health care providers in our nation's most underserved rural communities. The NHSC is a network of 8,000 primary health care professionals, and 10,000 sites as of September 30, 2010. However, the demand for primary care providers far exceeds the supply, and the needs of our rural communities continue to grow. Rural communities must have the resources necessary to hire primary care, dental and mental health practitioners. We urge the Committee to provide sufficient funding for the NHSC program to help eliminate provider shortages across the country.

**Rural Health Outreach, Network Development and Telemedicine Grant Program:**

These grants are available to rural communities working to provide health care services through new and creative strategies, such as telemedicine and trauma care services. Grantees are also awarded needed funding to develop formal, integrated networks of providers that deliver primary and acute care services. In fact, this is the only federal rural health care program that allows communities to use these funds based on their community needs. We urge continued support for this essential grant program.

**Rural Health Research Grant Program:** This grant program supports academic-based rural health research centers that study rural health issues, including work on rural hospitals, health professionals, delivery of mental health services and the functioning of managed care systems in rural areas. Rural health research centers have also conducted analysis of the impact of the Balanced Budget Act of 1997 (BBA), the Balanced Budget Refinement Act of 1999 (BBRA) and the Beneficiary Improvement and Protection Act of 2000 (BIPA) on the rural health care delivery system. Their work was also critical to the development of the rural equity package included in the Medicare Modernization Act of 2003 (MMA). We ask your support for this program in order to build upon the important work of the rural health research centers that assist federal legislators in crafting national rural health policies.

**Medicare Rural Hospital Flexibility Program:** The BBA created this nationwide grant program to improve access to essential health care services provided by Critical Access Hospitals (CAHs), rural health networks and rural emergency medical services. The intent is to help rural communities implement innovative rural health ideas then transition off federal funding as the projects become self sufficient. We ask the Committee to continue its support for this important program.

**Small Rural Hospital Performance Improvement Act:** This initiative provides assistance to rural hospitals under 50 beds to improve their data systems, comply with the prospective payment system, comply with regulations of the Health Insurance Portability and Accountability Act and reduce medical errors. We ask the Committee to continue its support and recognition of the unique circumstances of small, rural hospitals.

**Rural Access to Emergency Devices (AED) Program:** This life-saving competitive rural health program allows regions to purchase automated external defibrillators, trains lay rescuers and first responders in their use and places them in public areas where sudden cardiac arrest is likely to occur. We urge you to include sufficient funding to ensure rural communities are not left behind in the fight to lower sudden cardiac arrest death rates across America.

**Office for the Advancement of Telehealth (OAT):** The OAT leads, coordinates and promotes the use of telehealth technologies by fostering partnerships among federal agencies, states and private sector groups to create telehealth projects. These grants help reduce the isolation of rural providers and foster integrated delivery systems through network development. Telemedicine technologies are critically important to the delivery of care in remote rural and frontier areas. We urge the Committee to continue its support for this program.

**Area Health Education Center (AHEC):** The AHEC Programs and Centers play a critical national role in addressing health care workforce shortages, particularly those in primary care through an established infrastructure. The AHEC Program grantees support the recruitment and retention of physicians, students, faculty and other primary care providers in rural and medically underserved areas by providing local, community-based, interdisciplinary primary care training. We ask the Committee to support the AHEC Programs and Centers.

**Consolidated Health Centers Program:** Community Health Centers (CHCs) provide services to an estimated 17 million people living in underserved areas, with about half of the users being from rural areas. These providers are a vital part of the rural health care safety net and play an enormous role in access to care for those living in rural and frontier areas. We urge the Committee to support continued funding for this important provider network.


**Health Professions:** We ask the Committee to provide adequate funding for the Health Professions programs, in particular the Quentin Burdick Rural Training Program. These programs are the main source of education and training for rural health care providers, and help to ensure that individuals have access to quality health care.

Maintaining fiscal discipline is a top priority and we want to work with you toward that goal. However, we hope you will consider the important role these programs play in rural communities as the Committee prepares to mark up the FY 2012 funding measure for the Department of Health and Human Services.

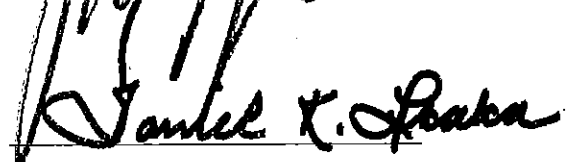
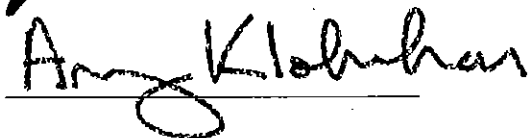
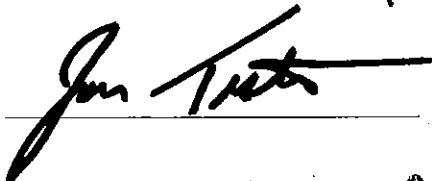
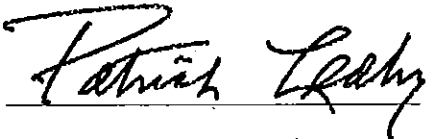
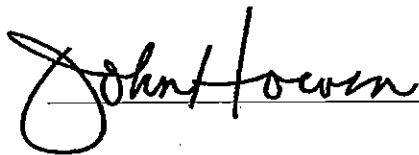
Sincerely,



Senator Kent Conrad



Senator Chuck Grassley



Marl Udall

Tom Udare

Jim Johnson

Carl Levin

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