

Improving Support for Rural and Underserved Health Care

Whether through greater funding or more flexibility, rural and underserved communities are having their health care needs prioritized in this package.

Among other provisions, the package includes:

- Helping save rural hospitals by letting them become a new Rural Emergency Hospital, which gives them the Medicare funding and flexibility to offer health care services their community needs.
 - More specifically, the policy creates a new, voluntary Medicare payment designation that allows struggling Critical Access Hospitals (CAH) or small, rural hospitals with less than 50 beds to convert to a Rural Emergency Hospital (REH).
 - o This would preserve beneficiary access to emergency medical care in rural areas that would otherwise be left with nothing if their CAH or rural hospital closed.
- Extending payments to help physicians in areas where labor cost is lower than the national average.
- Dedicating funding to train new doctors at rural and underserved medical schools.
- Giving greater flexibility for rural and urban hospitals to partner and address the physician workforce needs of rural areas.
- Reforming in a comprehensive way how Rural Health Clinics (RHCs) are paid.
- Allowing RHCs and Federally Qualified Health Centers (FQHCs) to furnish and bill for hospice attending physician services when RHC and FQHC patients become terminally ill and elect the hospice benefit.
- Extending the Rural Community Hospital Demonstration and Frontier Community Health Integration Project demonstrations five years.
- Expanding access to mental health service through utilizing telehealth which improves beneficiary access, particularly in areas low on mental health professionals.
- Allowing for Physician Assistants to directly bill Medicare, expanding beneficiaries access to care providers in areas lacking health providers.
- Fixing payment for oxygen and oxygen equipment that allows for increased affordability and access to those supplies in rural areas.

The Ways and Means Rural and Underserved Task Force, co-chaired by Rep. Brad Wenstrup (R-OH), Rep. Jodey Arrington (R-TX), Rep. Terri Sewell (D-AL), and Rep. Danny Davis (D-IL), was created in July 2019 to better understand the health and social inequities facing those who live in rural and underserved areas and work toward policies that would eliminate these inequities and strengthen the American health care system for them. As part of a November 2019 request for information (RFI), the Task Force identified four policy areas of focus moving forward: (1) addressing direct social determinants of health; (2) enacting payment system reforms; (3) strengthening technology and infrastructure; and (4) reinforcing our workforce.