

Addressing Rural Health Needs: COVID-19, Equity and Access to Care

NIHCM Foundation

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February 28, 2022



NRHA

Your voice. Louder.

NRHA is a national nonprofit membership organization with more than 21,000 members, made up of a diverse collection of individuals and organizations with the common goal of ensuring all rural communities have access to quality, affordable health care.

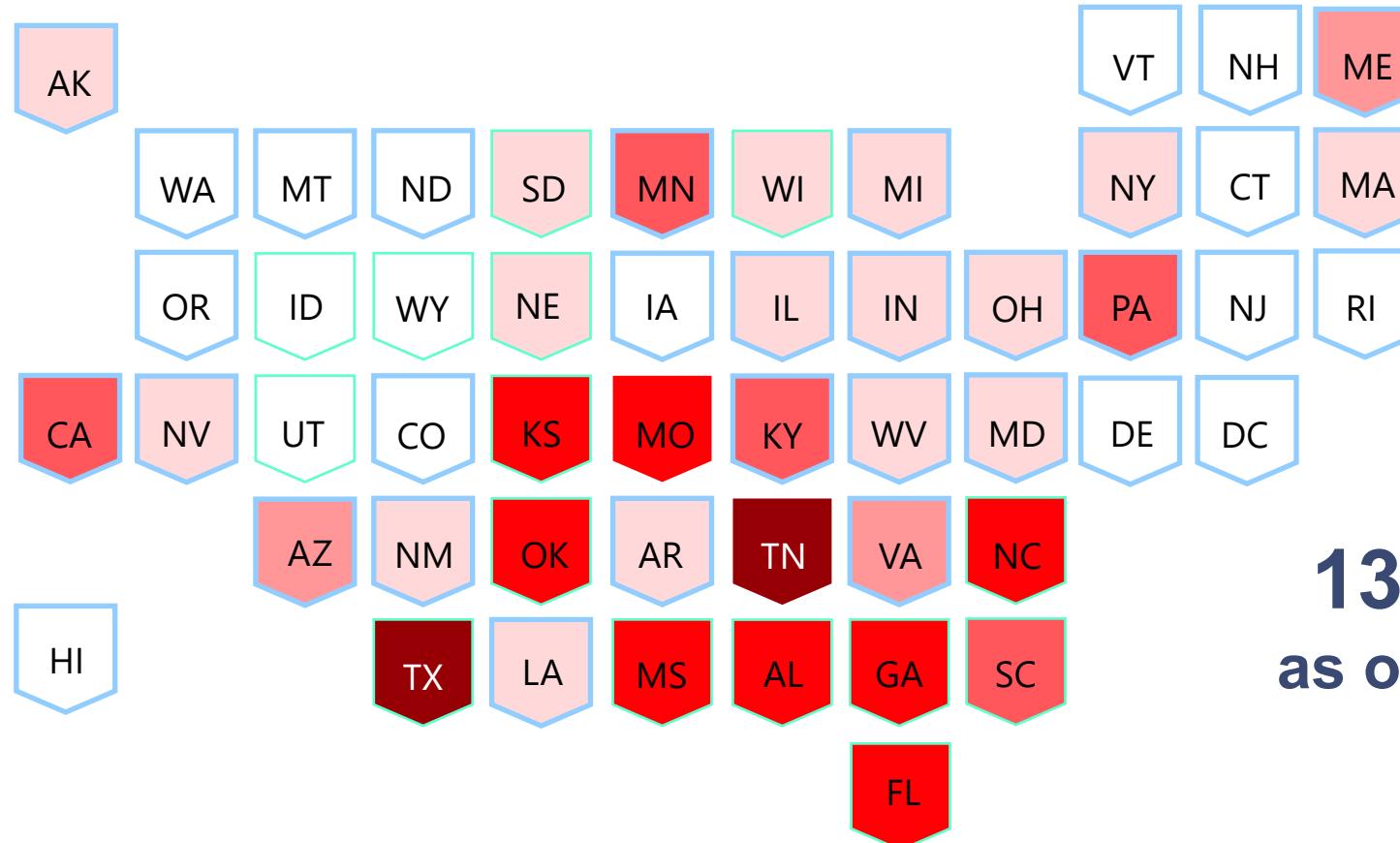
Our mission is to provide leadership on rural health issues.

The Rural Landscape

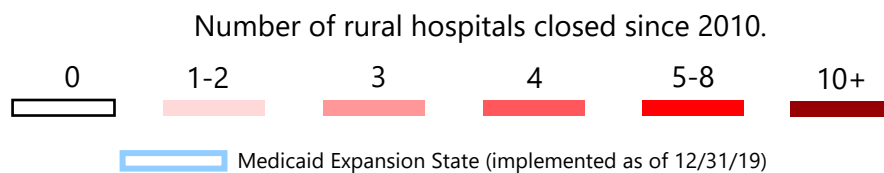
Fragile Rural Health Safety Net Pre-COVID-19

- Vulnerable populations
- Systemic workforce shortages
- Scattered populations with inherent access to care issues
- Limited resources for providers
- Inadequate Medicare, Medicaid and private insurance coverage
- Lack of Medicaid expansion and high uninsured populations
- Rural provider closures

Rural Hospital Closures

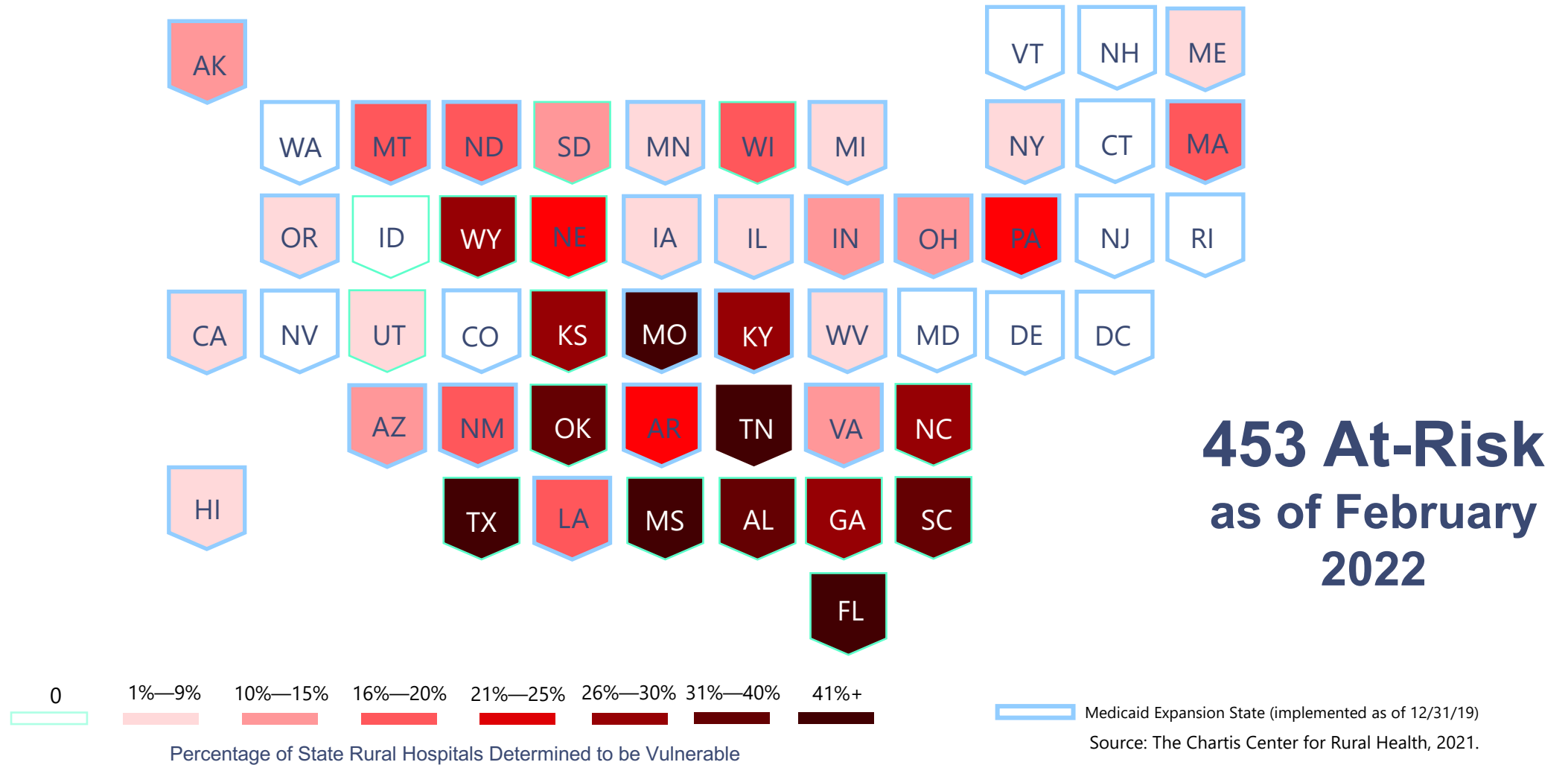


138 Closures
as of February 2022



Source: Sheps Center, UNC
Source: The Chartis Center for Rural Health, 2022.

Rural Hospitals Vulnerable to Closure



Population Health Disparity

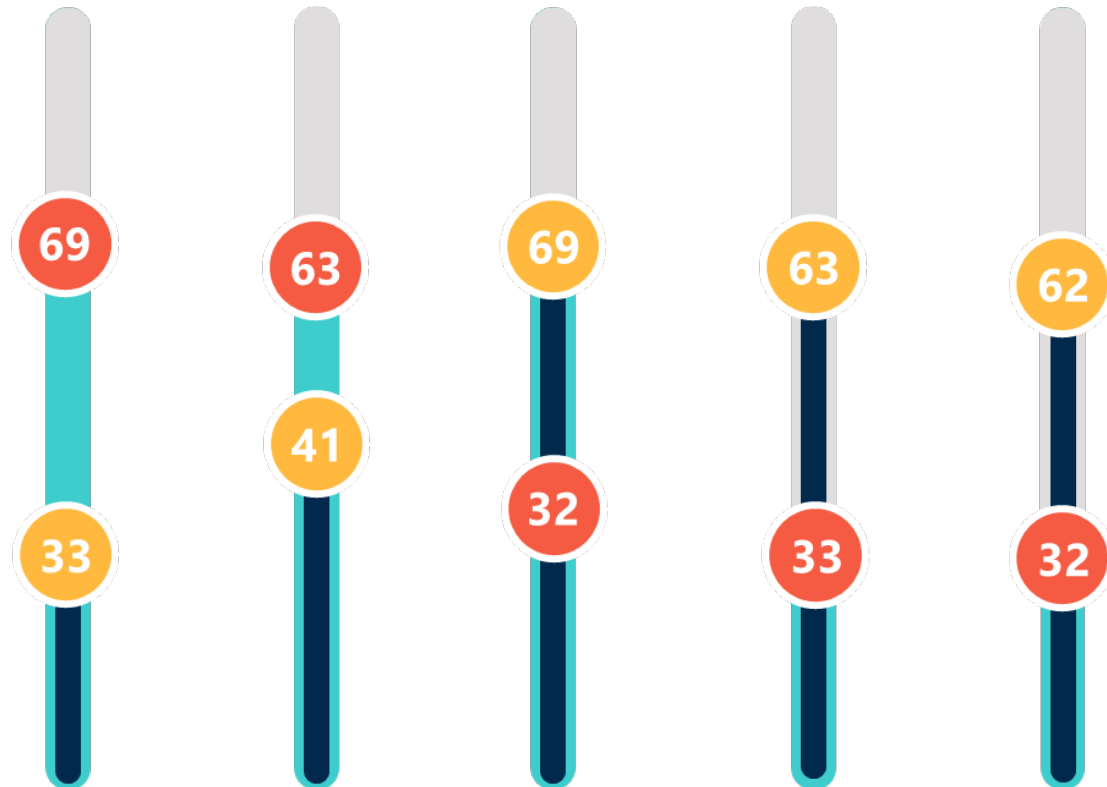
Percentile Ranking



Rural



Urban



Over 65

Diabetes

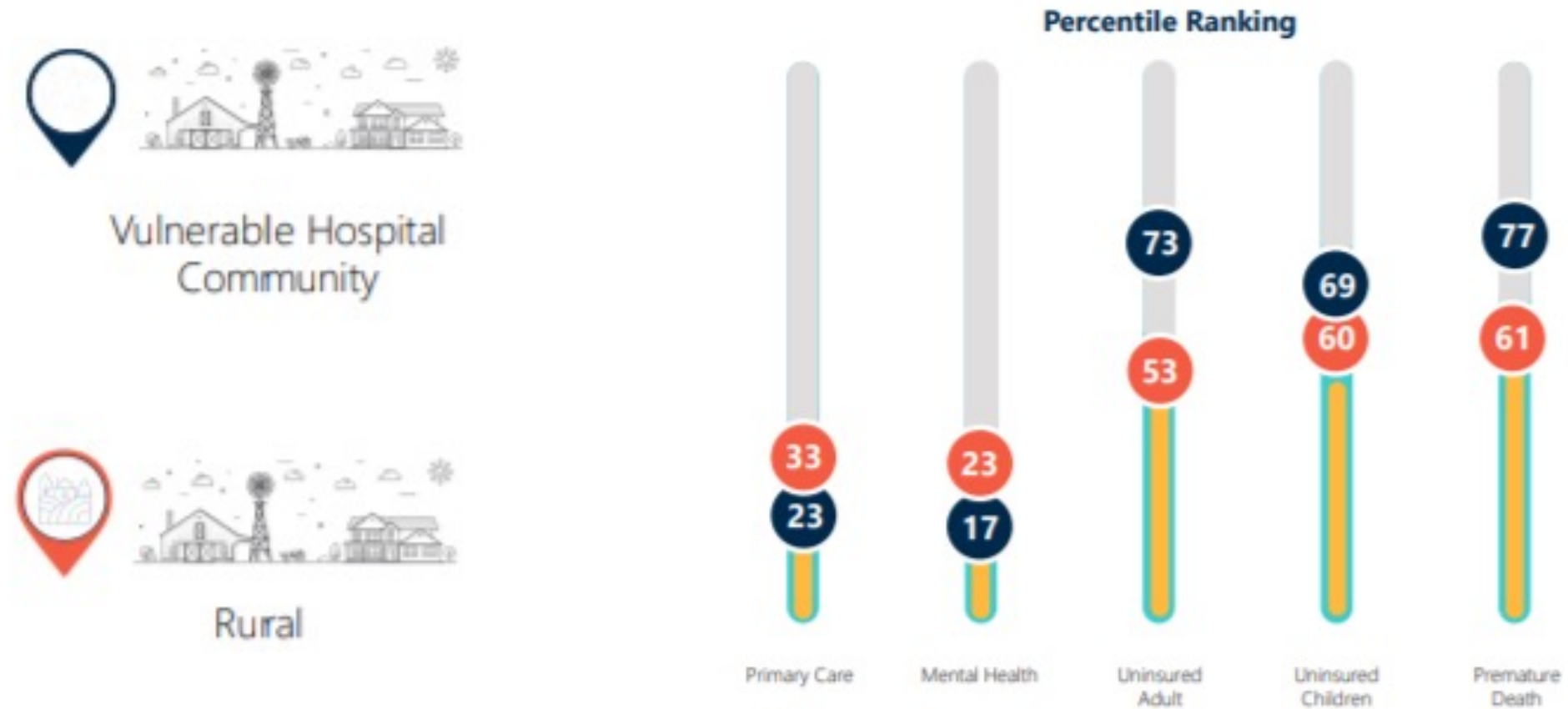
Median HSHLD Income

Access to Primary Care

Access to Mental Health

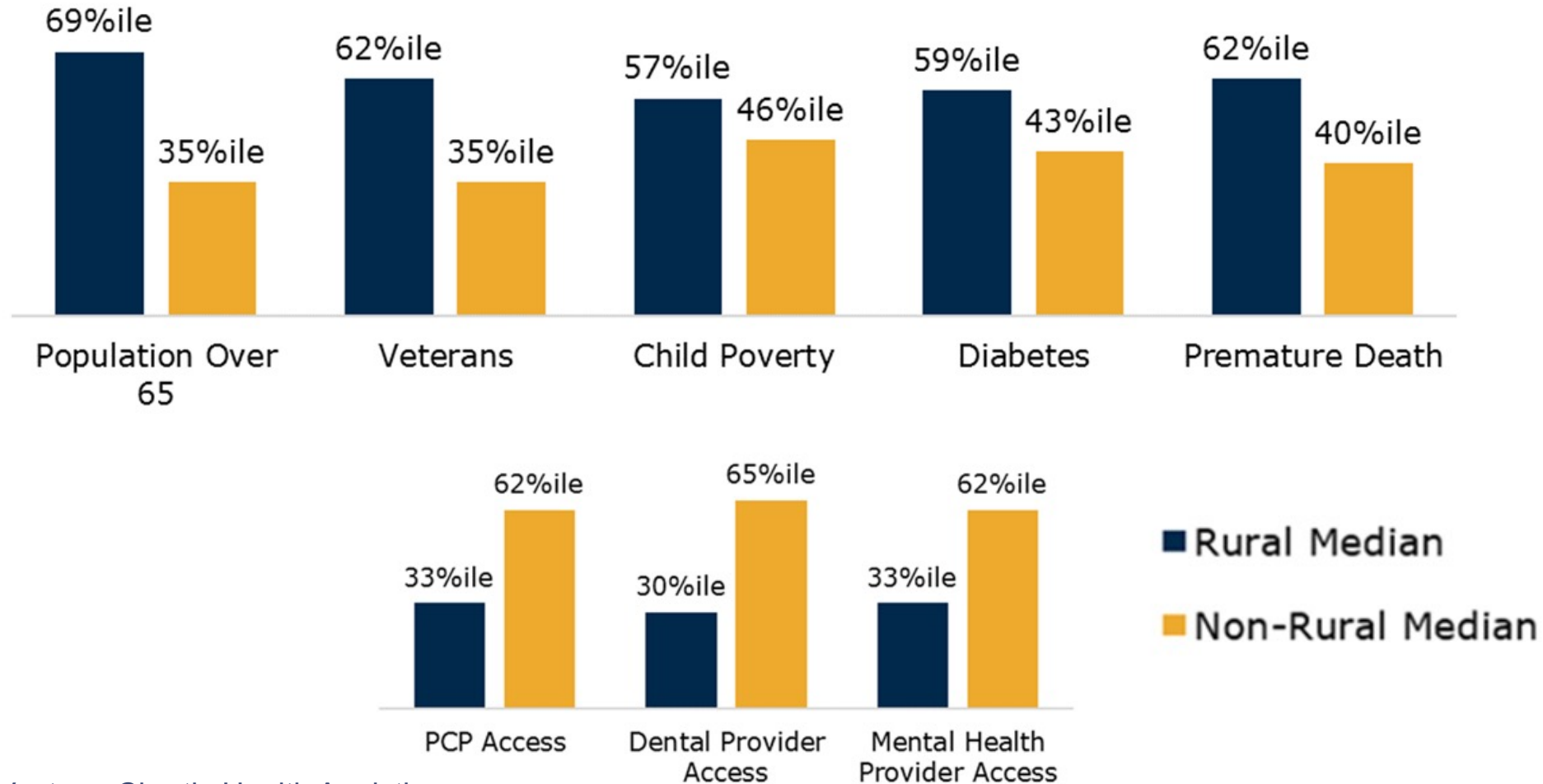
Source: The Chertis Center for Rural Health, 2022.

Where the Safety Net is Weakest



Source: The Chartis Center for Rural Health, 2022.

Rural Populations are Older, Less Healthy, Less Affluent and Have Limited Access Care



Source: iVantage Chartis Health Analytics

Digital Equity and Telehealth in Rural

Telehealth During COVID-19

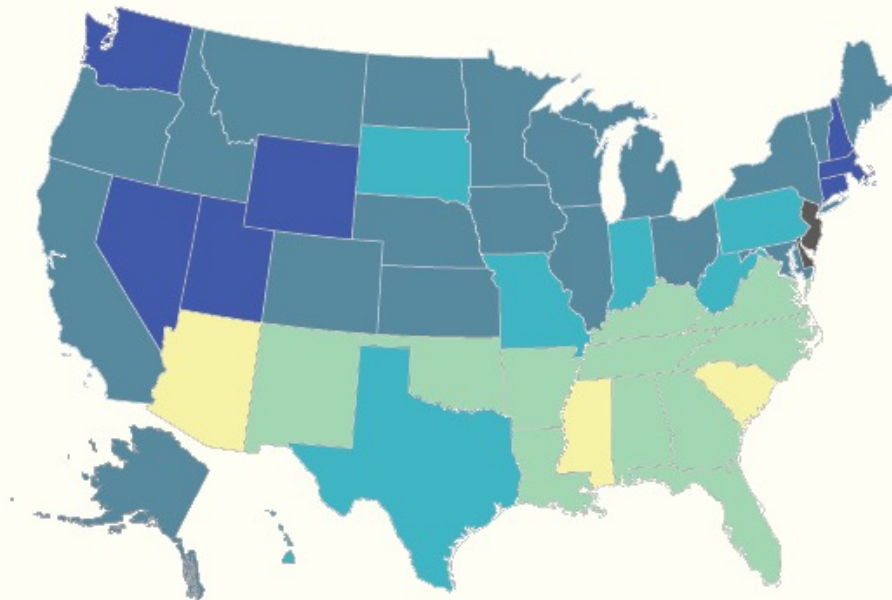
- CARES Act provided the largest expansion of telehealth flexibilities in history for the duration of the public health emergency.
 - Medicare to pay for telehealth services provided by a Federally Qualified Health Center (FQHC) or a Rural Health Clinic (RHC) (Sec. 3704).
- The administration, through the 1135 waiver process also enhanced telehealth access.
- Unfortunately, all notable telehealth provisions are tied to the end of the public health emergency.
- NRHA is adamant that telehealth provisions be extended beyond the duration of the public health emergency so rural providers and patients can continue an increased access to care.

Rural Utilization of Telehealth

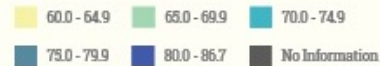
- According to [ASPE's 2021 report](#), "Black and rural beneficiaries had lower use of telehealth compared with white and urban beneficiaries, respectively. Telehealth use varied by state with higher use in the Northeast and West, and lower in the Midwest and South."
- Why is this?
 - Broadband accessibility;
 - Provider readiness and infrastructure.

The Digital Divide in Rural America

RURAL HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS



% Rural Households with Broadband Subscriptions



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year variable B28002. Rural refers to outside OMB-designated metropolitan areas.

HOUSEHOLDS WITH BROADBAND SUBSCRIPTIONS

Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

83%
METROPOLITAN

VS

73%
OUTSIDE METROPOLITAN

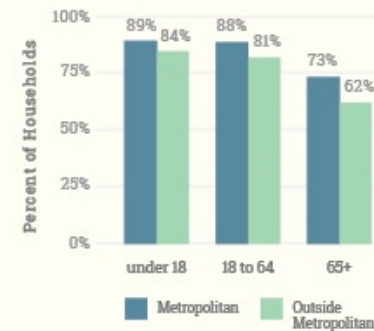
BROADBAND SUBSCRIPTIONS

BY INCOME



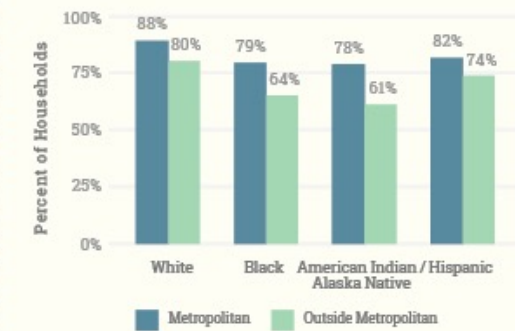
Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY AGE



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

BY RACE / ETHNICITY



Source: Housing Assistance Council tabulations of American Community Survey 2010-1 year.

Broadband Access and Health Outcomes

- High-speed internet access is the biggest obstacle to providing high-quality telehealth services.
 - Historic investment in broadband services this fall.
- Lack of broadband access during social distancing may have created additional health disparities in rural areas.
- According to the Robert Wood Johnson Foundation, areas with limited broadband access also had higher rates of chronic diseases (obesity and diabetes) resulting in "a double burden."
- Limited broadband access could create further isolation, which could contribute to other adverse health outcomes.

Provider Readiness and Infrastructure

- Another obstacle is hesitation from providers to invest in telehealth services.
- Because all provisions are tied to the end of the public health emergency, we have heard from providers an uncertainty of the future.
- Congress must signal telehealth is here to stay.
- Capital investment funding should also be made available to help vulnerable providers acquire the technology they need to provide services to their communities.
- Audio-only is critical in rural communities.

Key Rural Telehealth Legislation

- CONNECT Act ([S. 1512/H.R. 2903](#))
 - Comprehensive telehealth legislation that includes the extension of several CARES Act flexibilities. Included is the permanent extension of RHCs and FQHCs to serve as distant-site providers, with payment parity.
- Telehealth Modernization Act ([S. 368/H.R. 1332](#))
 - Makes permanent CARES Act provisions with no modifications.
- Protecting Rural Telehealth Access Act ([S. 1988](#))
 - Allows payment-parity for audio-only health services. Brings CAHs into the fold, and updates RHC and FQHC payment rates to consider geographic constraints.
- Telehealth Extension and Evaluation Act ([S. 3593](#))
 - Two-year extension of telehealth services. Provides payment parity for RHCs and FQHCs. Brings CAHs into the fold.

Will telehealth flexibilities be extended?

- Federal government is operating under a continuing resolution (CR) through March 11.
- NRHA expects Congress to pass a full year spending bill at that time.
- Expectation is that this vehicle will be an Omnibus package. NRHA sees this as an opportunity to extend telehealth services beyond the public health emergency.



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