

April 2004 - The Rural Health Care Coalition: Just What the Doctor Ordered

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By Congressman Jerry Moran

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Access to a hospital, a community pharmacy, long-term care, a local health professional - this is the simple wish list for many small towns dotting the American landscape. All people - young and old - should have access to these basic health care services. However, due in part to problems created by Congress, our doctors, nurses, hospitals and other health care providers are struggling to meet the needs of rural communities. During my term as Chairman of the House Rural Health Care Coalition (RHCC), bringing this issue to the attention of Congress has been my top priority.

For the last three years, I have served as the Chairman of the Rural Health Care Coalition and have fought to improve the delivery of rural health care by equalizing Medicare reimbursements between rural and urban health care providers. On behalf of the RHCC, I sponsored legislation to enhance access to rural hospital, physician, home health care and ambulance services.

During my first year in Congress, in 1997, legislation was passed that made dramatic cuts in Medicare payments for hospitals, home health agencies and other health care providers. The eventual outcome of that legislation, which I did not support, was that Medicare has struggled to keep pace with rising costs, and the majority of hospitals are losing money when caring for Medicare patients. Worse yet, federal payments vary dramatically from state to state, and even city to city. Hardest hit are rural areas which receive lower reimbursements than other parts of the country.

The 181 members of the RHCC, both Republicans and Democrats, have played a key role in the fight to restore funding to rural providers. In 1999, after visiting Kansas and meeting with our health officials, the chairman of the powerful Ways and Means Committee introduced legislation that included many RHCC priorities to restore funding, ease the burden of

paperwork requirements and direct additional resources to rural health care providers. In 2000, the RHCC was again successful in restoring additional funding for rural providers when Congress passed a second bill that put funding back into the Medicare program to make health care services more affordable.

Last year, Congress again took a significant step towards restoring funding for our rural providers by enacting legislation to equalize Medicare payments between hospitals in rural and urban areas. In addition, Medicare reimbursement rates for rural physicians were increased to help recruit and retain physicians who practice in rural communities. This new law will also help ensure the availability of both air and ground ambulance services, which is particularly important in rural communities that lack physicians and other health care personnel. Rural home health care services will also receive better reimbursements so that patients can continue to receive care in their homes.

Through the efforts of the Rural Health Care Coalition, progress has been made to better ensure that all people, regardless of where they live, have access to quality health care. Hospitals and health care providers are essential, not only to maintain our quality of life, but also for the survival of our communities. Our seniors, as well as our young families, will not be able to remain in communities that lack adequate health care services. Our health care providers remain a lifeline to the quality of life that we enjoy in rural America. I will continue to work to protect that way of life now and for future generations of Kansans.