

U.S. Senate Special Committee on Aging

A Hearing on “Growing Old in Rural America” on July 31st, 2008

Testimony: “Assuring Healthcare ‘Reform’ Doesn’t Bypass Rural America” by Tim Size, Executive Director, RWHC

Rural health is at risk with healthcare reform. It is at risk without it. Rural does not drive this train, but we have a voice that must be heard.

Healthcare in America is neither equitable nor can it continue to work as we have known it. We must continue to make it better. I would like to address three such issues today that must have significantly greater attention in Washington DC and in each of our states:

- ✓ **Make the Health Workforce a Priority**
- ✓ **Hold Medicare Advantage Plans Accountable**
- ✓ **Invest in Healthy Communities**

Both nationally and in Wisconsin, rural health’s many successes are a testament to the endurance and creativity of rural communities. Reform needs to build on that strength, not weaken it.

Regarding Workforce—the soon to explode retirement of baby boomers will lead to a critical shortage of workers. Our current approach to growing the next generation of doctors, nurses, pharmacists and therapists is in critical disarray. Think Keystone Cops. We don’t know where we need to go or how to get there. Many rural communities already face staff shortages. But when it starts raining in the suburbs, expect a (t)sunami in rural communities.

The Association of Academic Health Centers has just released “*Out of Order, Out of Time: The State of the Nation’s Health Workforce*” which focuses attention on the critical need for a new, collaborative, coordinated, national health workforce planning initiative. They draw three critically important conclusions:

- “A broader, more integrated national strategic vision than our historic approach to health workforce policymaking and planning is needed if complex and urgent health workforce issues are to be addressed effectively.
- A new mechanism is needed to serve the currently unfilled integrative role that existing health workforce policymaking and planning processes are not designed, and are ill-equipped, to serve.
- It is critically important to act immediately to develop and implement an integrated, comprehensive national health workforce policy before intensifying health workforce needs outpace available resources, putting U.S.” seniors at substantial risk.

Regarding Medicare Advantage—MA plans are gaining rural market share (now 23% in rural Wisconsin); the potential consequences to rural health are significant, and potentially quite negative.

In a 2007 report to the DHHS Secretary, his National Advisory Committee on Rural Health noted that “Rural America cannot wait to see what MA does or doesn’t do. Potential problems need to be identified and resolved before the MA program becomes entrenched and less readily adjusted. If not, the negative impact on the rural healthcare infrastructure could take a generation to rebuild. Medicare beneficiaries should not be required to lose access to local services to obtain the promise of increased benefits.”

The National Rural Health Association has numerous specific recommendations about how CMS should enhance the accountability required of Medicare Advantage plans; details are included in my written testimony.

Rural health provides care to smaller communities at some distance from larger urban hospitals and clinics. We do so even as patients are attracted or forced out of town. Laws have long required insurers to respect the right of people to receive healthcare locally. These laws will continue to be stretched and tested. Protecting access to local care for Medicare Advantage must be a high rural priority.

Regarding Healthy Communities– The American Hospital Association (AHA) is definitely on target when they call for America’s hospitals to get serious about individual and community wellness. In their agenda “*Health for Life, Better Health, Better Healthcare*” the AHA says “Without change, America’s healthcare capabilities and finances will be overwhelmed. As a society we must: provide access to education and preventive care, help all reach their highest potential for health and reverse the trend of avoidable illness. As individuals we must achieve healthier lifestyles, take responsibility for our health behaviors and choices and each one of us must take action...”

Reform is about people getting the care they need at a cost our country can afford. Equally important, reform must help individuals and communities to become healthier, to not need as much healthcare. If the growing need for care is not reduced, costs will explode, whatever the reform. Unlike Lake Wobegon, two out of every three counties in rural Wisconsin are less healthy than average. This is not because of poor rural healthcare. It is due to too much smoking, drinking and eating. It is due to too little exercise, education, jobs and income.

Reform without the bigger picture will fail. At the very least, healthcare reform must lay down a road map to make our seniors and communities as healthy as we know they can be.

In summary, healthcare reform must address factors unique to the rural context and achieve the following:

- ✓ **Make the Health Workforce a Priority**
- ✓ **Hold Medicare Advantage Plans Accountable**
- ✓ **Invest in Healthy Communities**

Thanks.