



A Rx for Improving Minnesota's Rural Healthcare *by Senator Norm Coleman*

For those living in urban areas, such as the Twin Cities, it would be inconceivable to drive more than an hour just to get to the emergency room. Folks in places like Duluth or Rochester don't have to go far to get the latest medical technology to treat conditions like congestive heart failure or diabetes. But for residents of rural Minnesota, access to quality healthcare can be much more challenging. In a state that leads the nation in quality and innovative healthcare, access to the best healthcare possible should never depend on where you live.

During my many travels across this great state, I have made it my priority to visit the Critical Access Hospitals that serve our rural communities and provide healthcare to more than 1.6 million Minnesotans. These 25-bed hospitals play a vital role in ensuring that local residents receive the medical care they need close to home. In fact, there are 80 critical access hospitals spread throughout Minnesota – the third largest number in the nation. And while the care and dedication I see at these hospitals is nothing short of remarkable, too often I hear the same concerns from hospital administrators – difficulty staffing their facility, payment challenges, and the need for the latest technologies to better serve their patients.

It's become increasingly clear that we need to put a plan in place that focuses on the long-term sustainability of Minnesota's critical access hospitals and rural healthcare as a whole. To that end, I am unveiling a comprehensive rural healthcare package.

Right now, many rural hospitals in Minnesota simply can't compete with large urban area hospitals for federal funding to purchase the newest medical equipment. To remedy this, I am introducing the Critical Access to Health Information Technology Act, which would give smaller rural hospitals a competitive edge for Health Information Technology grants. Advances in health care technologies improve the overall quality and productivity of health care systems,

and rural health care facilities should not be left out in the cold.

Mental health services is another area in which rural healthcare providers need additional resources to keep pace. My legislative plan contains the Working Together for Rural Access to Mental Health and Wellness for Children and Seniors Act, which will provide federal grants to bolster rural mental health assistance.

Among the greatest challenges rural hospitals face are personnel shortages. In fact, I remember visiting last year with a rural provider who told me he had been offered a job in a city hospital that would have meant more money, less hours and would be better for his résumé. This is often the case for physicians and nurses across rural Minnesota. My legislative package will seek to address this healthcare provider shortage by boosting rural nurses and expanding nursing education opportunities. For places with a physician shortage or for rural residents who are homebound, my Remote Monitoring Access Act will enable Medicare to cover physician services involved with remote management of certain conditions—a critical aspect of rural health care for patients who often cannot see their physicians face to face on a regular basis.

In addition to personnel shortages, rural hospitals also are often saddled with inadequate reimbursement rates, leaving these health care providers – who are already being stretched thin – to absorb the difference. The Rural Health Services Preservation Act will ensure that critical access hospitals receive fair reimbursement under Medicare Advantage programs.

We must also ensure that all of our rural hospitals are adequately maintained and that the construction of new critical access hospitals in vital areas of the state is not held up by bureaucratic red tape. As part of my legislative package, \$1.6 billion would be allocated over five years to provide for the reconstruction and rehabilitation of critical access hospitals.

Last summer, during a visit to the city of Walker, I was approached by a local mother who was in distress about the healthcare services available for her son with asthma. With the closest hospital over an hour away, she is constantly worried about getting her son the medical attention he would need in the event of an emergency. Her story is a perfect example of the critical role CAHs play in small communities. I have been working to find a solution to this problem and, as part of my initiative, will introduce legislation to allow a critical access hospital in Walker by exempting the county from a federal rule that was keeping the County from building its first critical care hospital.

Your zipcode should never be a factor when it comes to quality healthcare. It is my hope that these initiatives will help sustain our vital rural health care systems to ensure that no one—regardless of location—should ever have to worry about access to healthcare services.